

HEALTH & SAFETY MANUAL



Contents

1. Purpose of this Health and Safety handbook	2
2. Statement.....	3
3. General duty of Employees	4
4. Top 5 Hazards.....	4
5. Training & Information – Orientation, in-service training and reviews.....	8
6. Employee Participation in H&S	8
7. Host Employers’ Responsibility	9
8. Medications Policy	10
9. Infection Control	16
10. Challenging Behaviour Prevention and Escalation Policy.....	23
11. Responding to Risk Events.....	29
12. Protection of Children from Abuse	33
13. Safe carrying, lifting and manual handling	35
14. First Aid	37
15. Animals.....	38
16. Emergencies.....	38
17. Natural Disaster.....	39
18. Hazards.....	41
19. Incident, injury reporting and documenting	42
20. Supporting a Safe and early return to work	43

1. Purpose of this Health and Safety handbook

Through the provision of important procedures and guidelines, this Health and Safety Handbook (**Health and Safety Handbook**) will help you, your colleagues and others to stay healthy and safe in the workplace.

Health and Safety at Work legislation rightly makes health and safety everyone's responsibility. Therefore, this Health and Safety Handbook applies to all workers, including, but not limited to contractors and volunteers.

Please read this Handbook carefully and ensure you comply with the guidelines set out below.

Any failure to comply with health and safety requirements is taken very seriously by the Business. As an employee, you may be subject to disciplinary action (up to and including the termination of your employment) in the event you:

- breach the policies and/or procedures contained in this Health and Safety Handbook
- breach any other health and safety policy or procedure made known to you
- take any action that could threaten the health or safety of yourself, your colleagues or others

Appropriate action which may be taken in relation to other workers includes, but is not limited to, termination of their engagement with Apex Care.

A strong health and safety culture achieves more than just lower injury rates. If a workplace feels safe and secure, productivity and employee wellbeing are also going to be high. Employees have also proven to be more committed to company goals and work well together as a team in workplaces where a positive culture exists.

Creating a positive safety culture is essential for our team's success

We can do this by:

- ❖ Nothing takes precedent over safety
- ❖ All personnel share the same responsibility for safety
- ❖ The safety systems are constantly improved
- ❖ Communication occurs openly between the workforce and management
- ❖ Management plays an active role in demonstrating safety as a top priority
- ❖ Stopping work for valid safety concerns is not met with negatively

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 2 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

2. Statement

Apex Care is committed to promoting a safe and healthy work environment.

This is the responsibility of each member of the organisation from senior management to each member of the Apex Care staff. All are committed to the H&S of each other, clients and those that are in operational contact with the business.

Apex Care encourages all staff to participate in and be proactive to ensure H&S is being always practiced in and around their workplace, promoting awareness to minimise risk and reporting any hazards early as part of our preventative action plan.

Apex Care actively pursues best practice in occupational H&S with a strong dedication to continuous improvement. We are committed to complying with all related H&S legislation and best practice standards.

We are dedicated:

- In taking steps and practicing a safe work environment with minimal hazards and incidents
- To provide employees with information and ensure employees are regularly educated on safe working procedures to protect them from risks that may arise
- Accurate reporting of incidents/injuries and prompt assessing
- Providing employee consultation opportunities within H&S if interested
- Taking all practicable steps to ensure the H&S of all people that are involved in the operation of Apex Care or come in contact with the operation of business e.g. customers, clients, visitors
- Working with ACC on an appropriate rehabilitation programme.

All employees must:

- Co-operate with Apex Care policies and procedures relating to H&S
- Attend all in-services and training seminars e.g. infection control, managing challenging behaviour
- Attend support worker meetings where H&S related education is provided
- Observe and practice all safe work procedures e.g. site safety check
- Be aware of fire safety and emergency procedures in their place of work
- Accurately report all incidents that occur while at work that cause harm or injury to self or another
- Know where H&S information is available
- Read, understand and sign all Apex Care H&S policies
- Understand they have the right to refuse work that is likely to cause serious harm.

Apex Care's responsibilities to workplace safety

- Be aware and comply with all relevant legislation
- To address H&S issues, incidents or concerns with URGENCY
- Encourage and support employee consultation and participation in development of H&S policies and meetings
- Encourage accurate incident/accident reporting
- Identifying hazards that may put themselves or their employees at risk
- Encourage reporting of near misses and conduct a risk assessment on each hazard
- Investigate and review all reported incidents, injuries and near misses
- Support a safe and early return to work
- Inform contractors of all hazards and guide them through an appropriate induction programme
- Notify WORKSAFE if a "serious harm" occurs
- Encourage and support employee consultation and participation in regular H&S meetings

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 3 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- All senior management to take an active role in H&S including participation in all H&S coordination, meetings and policy/document reviews
- To monitor the health of the employees and the condition of the workplace to prevent illness or injury
- Management must review all health & safety policies and procedures every year.

3. General duty of Employees

Take all practical steps to ensure that you are safe at work and that you do not harm other people. If something is not safe you are to take appropriate action. Section 19 of the Health and Safety in Employment Act 1992 states: Duties of Employees - every employee shall take all practicable steps to ensure:

- a) the employee's safety while at work
- b) that no action or inaction of the employee while at work causes harm to any other person

Report dangers, so that we can eliminate if practicable, or otherwise isolate or minimise, all significant hazards, report to your safety officer or the person in charge immediately, every hazard or safety problem that you notice. However, if you can make things safer first, do so, so that you comply with the Act by ensuring others are not harmed.

TWO IMPORTANT RULES

1. *Prior to commencing work at a home, motel venue or facility, the Apex kaimahi must complete the Apex Care Site Safety form, found here: <https://tinyurl.com/yc4penaw> - you can add this link to your phone. Please read the site emergency policies if available, and if they're not, follow Apex Care's emergency policy.*
2. *Make sure that you read this handbook thoroughly prior to commencing work and keep this book nearby in case you need to refer to something. This Manual works in conjunction to the Employee Handbook.*

4. Top 5 Hazards

4.1 Fatigue

Most occupational fatigue symptoms result from disturbances of sleep and the biological clock. Reports of fatigue are higher among shift workers than among day workers. Physical exertion is also a source of fatigue, keeping fit will help towards how you are affected by fatigue.

It is normal for workers to feel tired or drowsy after prolonged mental or physical effort at work. Fatigue, however, is more than feeling tired or drowsy. Fatigue is a state of physical and/or mental exhaustion. It can reduce a person's ability to perform work safely and effectively. Fatigue reduces alertness. This may lead to errors, and an increase in workplace incidents and injuries.

Some of the signs of fatigue include:

- feeling drowsy
- headaches
- dizziness
- difficulty concentrating
- blurred vision or impaired visual perception
- a need for extended sleep during days off work.

Fatigue may impact on workers ability to:

- concentrate and avoid distraction
- think laterally and analytically
- make decisions

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 4 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- remember and recall events and their sequences
- maintain vigilance
- control emotions
- appreciate complex situations
- recognise risks
- coordinate hand-eye movements
- communicate effectively.

How to reduce Fatigue

- **Before going to bed:** Do something relaxing that promotes tiredness, avoid caffeine at least 4 hours before sleep, do not drink alcohol before bed or rely on sleeping medication.
- **Sleeping environment:** Create a peaceful, calm environment where you are not affected by light, temperature, or noise.
- **Eating:** Establish a normal eating schedule that promotes a balanced diet.
- **Exercise:** Exercise can make a big difference to your physical and mental health and your ability to cope with irregular working hours.

Apex Care Responsibilities:

The Business has a duty to ensure, so far as reasonably practicable, the health, safety and welfare at work of all its workers. In particular, it is responsible for identifying fatigue:

- Consulting with workers when fatigue is identified as a hazard
- Assessing fatigue to determine the seriousness of this
- Controlling fatigue risks in consultation with the workers who are required to carry out the task.

For over-night positions, we have developed guidelines for safe practice:

- If the staff member works 24 hours, they must have at least 12 hours off
- If the staff member works 48 hours, they must have at least 24 hours off
- If the staff member works 72 hours, they must have at least 48 hours off
- Working more than 72 hours in one stretch is prohibited.

Worker responsibilities:

In order to reduce the likelihood of fatigue impacting on work, workers are responsible for:

- ensuring that they are fit for duty. This means they are in a fit state to complete their work and are not adversely affected by drugs, alcohol, lack of sleep or other factors
- taking required periods of rest
- accurately and honestly completing required records such as work diaries, logbooks and run sheets
- ensuring medical assessments are completed where required
- reporting any health issues which may impact on their work and manage them appropriately.

When assessing risks, contributors to fatigue should not be considered in isolation. For example, job demands, hours of work, environmental conditions, personal issues may all increase the risk of fatigue for workers. The risks of incident due to fatigue may increase if workers work long hours without breaks. These risks may increase when a worker is new to their job and are adjusting to work demands or has had changes in shift times.

Controlling the risks

The best way to control the health and safety risks arising from fatigue is to eliminate the factors causing fatigue at the source. If elimination is not reasonably practicable, the risks must be minimised.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 5 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

Strategies to minimise the risks of fatigue include:

- ensure workers take regular, quality, rest breaks in their working day
- ensure working hours are manageable. If longer working days are required, the Business will consider staggered start and finish times, and/or longer rest breaks and periods off work (and carefully monitor a worker's ability to cope)
- negotiate if overtime is required. The Business will monitor and place limits around overtime worked and avoid incentives to work excessive hours
- design rosters well to allow for good sleep opportunity and recovery time between workdays
- avoid working during periods of extreme temperature, or minimise exposure through job rotation
- limit periods of excessive mental or physical demands
- where possible, be aware of personal circumstances that affect your workers and provide support. Encourage time off where circumstances require
- create a positive work environment where good relationships exist, and workers are encouraged and supported.

4.2 Aggressive Behaviour

Work related violence is any incident where a person is abused, threatened, or assaulted in circumstances relating to their work. This includes a range of actions and behaviours that can create a risk to the H&S of the worker including physical and/or psychological injuries.

Examples of work-related violence include, but are not limited to:

- biting, spitting, scratching, hitting, kicking
- pushing, shoving, tripping, grabbing
- throwing objects, damaging property
- using or threatening to use a weapon
- sexual assault.

Aggressive behaviour can include:

- verbal abuse and threats
- angry and hostile behaviour
- antagonism and jeering
- intimidation and insults
- shouting and swearing
- encroaching on someone's personal space e.g. standing too close
- stamping feet
- banging, kicking, or hitting items.

When dealing with an aggressive client always remember to

- Stay calm and assure them you care
- Don't take their actions and behaviour personally
- Use your best listening skills
- Express empathy
- Act quickly
- Control your body language, don't enter their personal space
- Do not allow yourself to be put into a compromising situation
- Remove yourself from the location if you are in danger
- Call police when required
- Complete an incident form and report immediately.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 6 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

4.3 Slips, Trips & Falls

Slips, trips and falls account for many of the injuries in the workplace. However, they can also cause very serious injuries, leaving workers with long-term problems that can significantly affect their quality of life. Falls from relatively low heights can cause serious injury. Many slips, trips and falls are preventable, and there are often solutions you can put in place to eliminate or control the risk by communicating with co-workers, management and visitors about hazards and take time to step back and assess any potential hazards in your work area.

It is up to us as individuals to take responsibly of workspaces, act on and/or report any potential hazards to management.

Watch out for:

- Poor housekeeping/messy sites
- Ground clutter
- Uneven or slippery floor surfaces
- Poor lighting
- Unmarked changes in floor levels
- Damaged flooring
- Carrying heavy or unwieldy loads

Solution:

- Keep work and access areas clean and tidy
- Pay attention to surrounding & clean as you go
- Make sure they are clearly marked or resolve hazard
- Keep areas well lit
- Make sure they are clearly marked and identified
- Use signage and notify management of hazard
- Use mechanical lifting aid when available, ask for help

4.4 Injury During an Escalated Event

De-escalation is an early intervention to managing aggressive behaviour, it is paramount that you take all steps within a safe parameter to deescalate aggressive behaviour to avoid a crisis.

When confronted with an escalated situation:

- Be very aware of your surroundings, think of where you have positioned yourself in the room and where the exits are
- Be aware of what could cause harm and your own behaviour as not to provoke the client further
- Avoid holding direct eye contact, being within reach, or crossing professional boundaries
- Be aware of your tone of voice, body language and statements that you deliver
- When possible, remove yourself from the room and call the police.

If injury occurs ask for help from someone around you, if you are alone call the ambulance and or police. All instances must be reported as soon as possible.

4.5 Inappropriate Physical Contact

Inappropriate physical contact includes but is not exclusive to touching involving hands, shoulders, arms, the face, legs, feet or genitals.

An individual can feel personally violated by certain kinds of touching. Each individual has their own personal boundaries, it is important to be sensitive to these boundaries on first contact and consistently throughout your shifts with the client.

Inappropriate touching falls into two categories:

- **Contact of a Physical nature:** This is unsolicited or unwanted touching that involves any touching where consent from that person has not been given to physical harm or injury.
- **Contact of a Sexual nature:** This is unsolicited or unwanted touching that involves a person's genitals, buttocks or private parts or the intent is of a sexual nature.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 7 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

Where it is known that someone we support has sexualised behaviour towards staff, we take every effort to be cautious of how this is staffed thinking about the mix of staff and hours worked in order to minimise an incident occurring.

It is essential that “Professional Boundaries” are upheld at all times
For more information on professional boundaries see our professional boundaries policy on our staffroom website.

5. Training & Information – Orientation, in-service training and reviews

Pre-employment / Orientation / Supervision

Before employment commences, new employees must go through an orientation. Part of this is discussing safe practices and health and safety policies.

Process of Orientation:

1. All new employees complete the online induction programme via TheStaffroom www.apexcarenz.com
2. This induction covers all policies and procedures and work practices
3. All staff attend induction via Zoom or in person where all health and safety policies and procedures are discussed
4. All staff must complete the clinical induction with our RN
5. All staff can access the Employee Handbook located on The Staffroom
6. All staff complete the induction questionnaire

6. Employee Participation in H&S

Actively Participating

Active participation is the only way that we will achieve a safe work environment. To do this, you can

- Attend staff meetings to discuss H&S issues
- Completing and reading the Site Safety checklist
- Report incidents/ near misses when they happen
- Annual H&S questionnaire

Ongoing training & Review

It is the condition of employment that the employee should attend all quarterly meetings. If you cannot attend, you must notify the office with an explanation.

All in-service training is taught in an easy and comprehensive way. They are explained in logical terms and the purpose of all safety procedures are laid out and explained. All employees will be notified of the time and place of ongoing training this is also on the staffroom website.

Pre-Screening

Apex Care may require staff to undergo authorised pre-employment health screening and ongoing health monitoring programmes that involve the checking of individual employees who are exposed to specific health risks. All potential employees will be asked questions regarding their health status, previous injuries, previous claims and any ongoing injuries.

Post Critical Event Testing – Exit Testing

Apex Care may require staff to undergo post critical event testing or exit testing. Employees consent will be asked for prior. An event that may require post critical testing would be needle stick injury, contact with bodily fluids.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 8 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

Identifying/ monitoring health hazards

It is important to determine whether exposure to the hazard will result in adverse health effects. The Hazard Risk Assessment document should be used to complete this process.

Level of exposure and probability of adverse health effects

Look for a relationship between the exposure to the hazard and whether or not that will result in adverse health effects.

Assess the frequency and exposure of the hazard to an employee

Determine the intensity, frequency, and duration of exposure of the hazard to an employee.

Potential Risk

Combine the assessments of level of exposure and frequency of exposure to find the potential risk.

Hazards that will require close monitoring

Hazard	Route of Exposure/ Likely health risk	Typical jobs / Process	Controls to be considered
Back injury	Disc Injury, Spinal Compressions, Muscle injury	Manual Handling	Use of lifting equipment, Lifting aids, Training in safe lifting techniques, regular monitoring of lifting techniques. Regular involvement in physio
Chemical Exposure	Inhalation, Skin Contact, Eye conditions, Allergies, Asthma, Respiratory conditions	Cleaning Surfaces	Assessment of hazardous chemicals. Staff training in the use of MSD's and safe practices. Training in the use, care and replacement of PPE
Infection	Inhalation, skin penetration, Skin or mucus contact with infectious agents. Hep A, B, HIV, Tetanus, Fungal infections	Contact with infectious agents	Infection control using safe working practices – Universal precautions. Appropriate immunisation programme.

Sub-optimal test results

When the results of any health monitoring are regarded as sub-optimal the management shall:

- Ensure that the information is communicated to the employee in a sensitive manner
- Ensure that the test results remain confidential
- Ensure that the employee receives appropriate and timely medical treatment
- Ensure the employee receives counselling as needed
- Ensure the employee understands that we maintain an open-door policy and we will support him/her in all ways appropriate
- Ensure the employee receives appropriate advice on rehabilitation
- Encourages the employee to return to work as soon as possible.

7. Host Employers' Responsibility

Site specific inductions

When you arrive on a new site that you have never attended before, your host employer should conduct a site-specific induction that will include:

- Orientation of facilities
- Fire exits /evacuation plan/emergency procedures and contact personnel and assembly points
- Specific training/induction on tasks and equipment to be used.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 9 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

The induction process and site inspection of a new location is to ensure you feel comfortable and safe at your new work location. It should also inform you of any specific hazards on the site that you need to be aware of. This inspection is documented in the onsite safety checklist. Any changes made must be passed on to Apex Care immediately.

Host employers are responsible for the provision of a safe working environment. They must ensure that all equipment provided to you is in a safe condition for use and provide instruction, training, and supervision as necessary to ensure your safety.

Host employers must also consult with you on any changes to systems of work that directly affect your safety.

Support workers should consult with Apex Care immediately if:

- You identify a hazard that cannot immediately be rectified
- You have not had a site-specific induction when you first start an assignment
- You are asked to undertake additional duties of which you have not been instructed
- You are directed to use equipment different to that originally required of the job.

Ongoing monitoring of hazards by on site staff

Support Workers are given information at induction and through the ongoing education programme on how to identify, document and report hazards. Support Workers daily update the onsite hazard register with any new hazards and report them to the office for further investigation and follow up.

Preventing accidents and injuries at the host site

Apex Care staff are to follow the H&S plan of the host site. It is important that Apex Care staff make themselves familiar with this plan along with the care plan of the tangata whairoa.

Alcohol, Smoking and Drugs

- Do not consume alcohol or drugs during, or prior to starting work with your client. The safety and welfare of your client is your responsibility
- Do not smoke or vape on site
- Tell your employer as soon as possible if you are sick or taking prescription medication from a doctor that may impair or affect your performance
- Alcohol and drugs are prohibited in the workplace. This is serious misconduct, and you will be addressed accordingly
- If a young person has these, ask them to hand them over and report to Apex Care
- If they are over 18, call the office to find a safe way forward.

8. Medications Policy

As a support worker you will often need to oversee medication. It is recognised that support workers do not have specialist nursing knowledge, skill or judgement regarding medication administration; even so, they are accountable under the Health and Disability Commissioner Act 1994 and must adhere to the Code of Health and Disability Services Consumers' Rights.

Apex Care will:

- Implement medication practice policies and processes that are in line with current legislation and standards, reflected in this policy
- Ensure the medication policies and processes are aligned to tikanga and other specific cultural customs and values

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 10 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- Implement systems to identify and document all people who receive medication support from the provider
- Register an incident report for medication errors and corrective action in order to mitigate their recurrence
- Clearly outline employees' responsibilities and obligations for each medication support category i.e. Independent, Prompting/supervision and Administration as below
- Ensure training is in place and employees are verified as competent to perform medication support functions
- Maintain accurate education, training and competency records
- Ensure that, where appropriate, employees access the Apex Care CNM (CNM), either onsite, by telephone or electronically
- Liaise with primary care and relevant pharmacists and prescriber's Registered authority e.g. RN
- Work within their scope of practice and understand their responsibilities in relation to medication support, including direction and delegation to enrolled nurses and the unregulated workforce
- Support and promote people's independence in terms of their medication
- Ensure people receiving support with medication have a Medication Administration Record (MAR) (also known as a Signing Sheet)
- Ensure people receiving support with medication have support plans that clearly identifies the categories of medication support they require
- Accurately communicate instructions regarding medications to support workers.

Support Worker will

- Pass an annual medication competency as appropriate
- Adhere to the support plan
- Work under the direction/delegation of an RN or delegated authority when assisting with medication
- Escalate issues or adverse events to the Apex Care CNM/person responsible
- Seek training and support as required.

It is recognised that support workers do not have specialist nursing knowledge, skill or judgement regarding medication administration. Even so, they are accountable under the Health and Disability Commissioner Act 1994 and must adhere to the Code of Health and Disability Services Consumers' Rights.

a. Medication Support Categories

Providers should encourage people to actively participate in their own care. They should foster people's independence, choice and control in relation to their medication. For the purposes of this policy, people using medication at home fall into three distinct medication support categories, following an assessment:

1. **Independent:** This person is safe to independently administer their own medication, or they have a reliable family/whānau member or friend who can assist them. The person does not require any assistance from an Apex Care staff member.
2. **Prompting/supervision:** It has been determined that the person cannot reliably remember to take their medications on their own and they do not have a reliable family/whānau member or friend to assist them. Apex Care prompts or supervises the person to safely administer medication according to the support plan developed by the CNM.
3. **Administration:** It has been determined that, due to physical, cognitive or behavioural ability, the person cannot safely administer medication, and they do not have a reliable family/whānau member or friend to assist them. Apex Care physically assists the person to safely administer medication according to the support plan developed by the CNM.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 11 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

NOTE: Support plans must note the relevant category. People may move between categories over time. If a person is under 18 years of age, where a power of attorney or guardianship is in place, a separate process may be required.

b. Medication competency assessment

Best practice indicates that providers must be able to provide evidence that all staff involved in supporting people with medication are verified as competent to do so. The CNM will assess the competency of the support workers in alignment with the Medication Guidelines for the Home and Community Support Services Sector (Ministry of Health, 2019).

Competency sign-off must include the core competency minimum requirements set out here. This consists of a theory component as below. Competency training must include understanding of how to respect a person’s dignity, individuality and cultural needs and values.

Staff must receive guidance and oversight from the RN according to the individual support plans they are involved with e.g. where a person is prescribed high-risk and non-pre-packaged medications, support workers should have received specific training on this.

Apex Care staff member demonstrates their understanding of:

- The three categories of medication support:
 - Independent
 - Prompting/Supervision
 - Administration
- The five + three rights (Rs):
 - right person
 - right medication
 - right dose
 - right time
 - right route
 - right to refuse
 - right indication
 - right documentation
- Correct documentation of the type of medication
- The correct process to follow and document if:
 - the medication has specific instructions, e.g. ‘take with food’
 - the medication is not in a pre-packaged medication blister pack
 - a medication error occurs or is detected
 - if there was any major change from their usual health status. This could include a tangata whaiora being:
 - seriously unwell, extra hard to wake up or very confused
 - dehydrated from a very poor fluid intake, vomiting or diarrhoea
 - suddenly refusing food if this wasn’t normal for them
 - has taken non prescribed medication/illicit substances/alcohol
 - In these situations, you need to discuss your concerns with Apex Care immediately, who will seek advice from a GP or pharmacist or Healthline.
- the person is refusing to take his/her medication
- the person is reporting or exhibiting side effects or adverse effects
- the medication has an expired date

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 12 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- the support worker is being asked to administer medication and has not completed their medication competency
- The difference between prescribed medication and a person's own over-the-counter medication – what you can and cannot administer
- The risks associated with medication administration and how to minimise/remove them
- The importance of respecting people's dignity, individuality and cultural needs and values
- Informed consent, including people's right to actively participate in decision-making on service delivery.

c. Documentation

The Medicines Act 1981 Section 19 states that a prescription medicine may only be administered to a person in accordance with the directions of the authorised prescriber or delegated prescriber of the medicine. Any person whose medication support category is Administration or Prompting/supervision requires a signed medication order.

d. Pro re nata (PRN) or 'as needed' medications

The medication order may include pro re nata (PRN) or 'as needed' medication. If 'as needed' medication is prescribed, the designated prescriber must include clear instructions. These may include: recognising specific symptoms that suggest medication is needed; the frequency of doses; the minimum time between doses; the dose range; and the maximum dose allowed in 24 hours.

e. Medication administration record

A medication administration record (MAR) is used to document that a prescribed medication has been administered to a person. Documentation on the MAR must include the following:

- the date and time the medication was given
- the dose given (only for non-packaged medication)
- the signature or initials, name, and designation of the staff member administering the medication.

f. Medication errors

The term 'error' refers to a person taking or being given:

- the wrong medication
- medication at the wrong dose
- medication at the wrong time
- medication via the wrong route
- or not receiving the medication at all.

g. Mitigating errors

In circumstances where there is more than one person requiring medication administration living in the same house, the provider must have a system in place to ensure that staff check people's identities prior to having their medications administered.

Note: Providers could make use of photographs where circumstances require identification of a person prior to medication administration.

h. Medication not administered

Reasons for medication not being administered may include:

- the person not being available
- medication being dropped or spilt

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 13 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- medication missing
- the person refusing medication
- medication expired
- medication being stopped/withheld by the prescriber
- medication being stopped/withheld on advice from the CNM in conjunction with the client’s delegated authority e.g. an RN.

The MAR must show documentation to reflect why the medication has not been administered, informing the CNM of the incident and taking advice to ensure the safety of the person.

i. Adverse reactions

The World Health Organization definition of an ‘adverse drug reaction’ is ‘A response to a drug which is noxious and unintended, and which occurs at doses normally used in man’ (WHO 1972). An adverse response to medicine is always undesirable and may not be predictable. Such a response may result in temporary or permanent harm, disability or even death; it may necessitate acute admission to hospital.

In emergency situations involving adverse reactions, staff must call **111** and follow the instructions they receive over the phone. Support workers must report suspected adverse reactions to Apex Care who are responsible for reporting them to the Centre for Adverse Reactions Monitoring (CARM)

j. High-risk medications and controlled drugs

High-risk medicines are most implicated for causing serious adverse drug events. Such medications can potentially cause significant harm even when they are used as intended.

Controlled drugs are medications that are classified under the Misuse of Drugs Act 1975 and that have some potential for abuse or dependence. Prescribing of controlled drugs is more tightly controlled than prescribing of other medicines, reflecting the risk that they pose.

High-risk medications and controlled drugs include but are not limited to the following:

- warfarin
- insulin
- entérale nutrition (non-pre-packaged)
- cytotoxic medicines
- fentanyl
- morphine
- medications with a variable dose.

Administration of any high-risk medications or controlled drugs is prohibited due to the level of risk. An exception would be when working directly with a client and asked to administer a high-risk medication in consultation with the prescribing practitioner and under the close guidance of our registered nurse. This must be both medication specific and person-specific. The medication-specific guidance below provides a broad overview only.

k. Overdose and Poisoning

In the event of a person intentionally or accidental overdosing do not hesitate to contact the **National Poisons Centre (NPC) on 0800 764 766** for advice. For immediate assistance contact **111** and follow their advice. Once the person has the necessary support notify Apex Care office staff. All support workers are trained and kept up to date with basic first aid.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 14 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

I. Non-pre-packaged medications

This section refers to the support of people under 'prompting/supervision' or 'administration' medication categories when their medications are not in a blister pack. The following are examples of non-re-packaged medications.

- **Enteral nutrition (e.g. nasogastric feeding):** The person's support plan/medication order must specify the appropriate quantity and frequency of enteral nutrition and supplements to be given.
- **Eye drops/ointment:** The person's support plan/medication order must provide clear instructions, including which eye(s) the medication is to be administered to and how much medication is to be administered (eg, how many drops). Training and assessment must include the correct techniques for the safe administration of eye drops and eye ointment.
- **Ear drops:** The person's support plan/medication order must provide clear instructions, including which ear(s) the medication is to be administered to and how much medication is to be administered (eg, how many drops). Training and assessment must include the correct techniques for the safe administration of ear drops.
- **Nasal sprays/nebulisers/ inhalers/oxygen:** The person's support plan/medication order must provide clear instructions, including how much medication is to be administered. Training and assessment must include the correct techniques for the safe administration of medication via these routes.
- **Suppositories/enemas/pessaries:** The person's support plan/medication order must provide clear instructions, including how many dose units are to be administered and how often. Training and assessment must include the correct techniques for the safe administration of suppositories, enemas and pessaries, including the correct positioning of the person.
- **Topical preparations (e.g. creams, lotions, ointments):** The person's support plan/medication order must provide clear instructions, including how much of the product is to be applied. Training and assessment must include the correct techniques for the safe administration of topical medications.
- **Sublingual tablets/sprays:** The person's support plan/medication order must provide clear instructions, including when and how much medication is to be administered. Training and assessment must include the correct techniques for the safe administration of medication via these routes.

m. Supply, checking, storage and returns

The person or their family/whānau is responsible for their medication supply, checking, storage and return of medications. If the person is supported by Oranga Tamariki, processes for this will be discussed at the time of referral.

- **Supply:** Medication should be collected from the issuing pharmacy by a family/whanau member or delegated contact or delivered by the pharmacy. If the person or their family/whānau are unable to do so, and there is no other delegated person, the support worker may be required to liaise with the prescriber or the pharmacist to ensure continuity of supply i.e. when new prescriptions are required. In this instance, the service agreement/consent and support plan must specify the responsibilities of each party regarding the services to be provided, and how costs associated with delivery of medication will be met. When a new supply of medication arrives, a designated staff member must check the medication is correct according to individual medication orders.
- **Checking:** Medication orders and reconciliation are the responsibility of the prescriber. When a change in medication occurs for a person within the Prompting/supervision or Administration categories, the CNM is responsible for updating the person's support plan and communicating changes to the support worker.
- **Storage:** Medications should be stored safely and securely in a suitable location under appropriate conditions according to the person's social and environmental situation and pharmacy instructions. Prescribed medications must be stored in their original pharmacy-dispensed packaging. Storage considerations include:

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 15 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- storing the medicines in a place unable to be accessed by children or vulnerable or unauthorised people
- the use of a lock box
- following special instructions for correct storage. Generally, medications are stored at room temperature unless otherwise specified.

Note: According to tikanga best-practice guidelines, where fridges and freezers are used to store food, drink and medication for human consumption, they should be clearly marked and not used for any other purpose (Te Rūnanga o Ngāti Whātua 2014).

n. Personal Medications

If a staff member is taking medications while working, they need to ensure they only bring what is necessary with them e.g. If they are taking Panadol a whole box should not be brought to work, only the required doses for that shift. The person they are supporting should not see or know about these medications. All medications should be kept in their vehicles.

This policy is completed in alignment with the Medication Guidelines for the Home and Community Support Services Sector (Ministry of Health, 2019)

9. Infection Control

The broad definition of infection is the invasion of tissue by pathogenic organisms. Infections generally result from a combination of factors, including:

- the presence of micro-organisms
- a compromised or weakened status of the host, and
- the chain of transmission of the micro-organism.

Bacteria, viruses and other organisms, which can cause disease in humans, may be found wherever people live and work.

Identifying Infection Transmission Hazards

Micro-organisms are transmitted by various routes and the same infective agent may be transmitted by more than one route. There are several main routes of transmission:

- blood borne transmission through such things as sharp tools or contact with cuts or scratches
- direct contact through person to person contact or via contaminated articles or equipment
- droplet transmission such as through sneezing, coughing or talking
- airborne transmission through microscopic droplets or dust particles
- gastrointestinal infection through contaminated food or fluid or via an infected food handler, and/or
- vector borne infections transmitted by carrier insects or animals such as mosquitoes, flies or rats.

The source of infection may be clients/customers, staff or visitors and the person may either be acutely ill or in the incubation (window) period of a disease. They may be a chronic carrier or colonised with the infective agent but have no apparent disease.

Contaminated items in the environment, including surfaces, equipment or food are other possible sources of infection.

The ability to resist infection varies depending upon age and underlying medical conditions. Other factors such as nutritional status or drug therapy may also reduce a person's immunity, making them more susceptible to infection.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 16 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

Persons who have been recently exposed to trauma or who have recently undergone surgery, or invasive therapeutic and/or diagnostic procedures will also have an increased susceptibility to infection.

Assessing Infection Transmission Hazards

As part of the risk management approach, the Organisation has an obligation to ensure that persons and visitors to the workplace are not exposed to any infections, as far as is reasonably practicable.

The overall risk of infection can then be assessed based on:

- what are the aspects of the task or procedure that facilitates transmission of infection
- what existing controls are in place
- what is the likelihood of transmission
- what are the likely consequences of transmission, and
- what factors will increase or decrease the risk of transmission.

Controlling Infection Transmission Hazards

The Organisation will ensure, as far as reasonably practicable, that the risks associated with infections in the workplace are controlled. The process of controlling exposure to infection transmission risks will be determined in consultation with all personnel in the workplace who are required to carry out the task and will include:

- the development of infection control principles
- the development of administrative requirements designed to minimise the risk of infection transmission
- the development of effective work practices and procedures
- ensuring that all staff required to undertake a task that may potentially expose them to infection through their work have enough training, skills, knowledge, level of competence and education and/or qualifications to undertake the task, and
- a regular review of our policies and procedures.

If exposure to infections within the workplace have been assessed as a risk, consistent with national and international requirements, the Organisation will adopt a three-level approach to infection control precautions.

The three-level approach involves:

- Level 1 – General: infection control procedures for the prevention or minimisation of transmission for all persons at a workplace
- Level 2 – Standard: infection control procedures for persons who may come into contact with blood and/or bodily fluids such as first aid persons, and
- Level 3 – Transmission-based precautions: provides a high level of protection to all persons at the workplace following identification of a positive transmission and assumes that Level 1 and Level 2 controls are in place

Level 1 Controls – General

Infectious agents can be spread in a variety of ways, including:

- breathing in airborne germs – coughs and sneezes release airborne pathogens, which is then inhaled by others
- touching contaminated objects or eating contaminated food
- skin-to-skin contact – transfer of some pathogens can occur through touch or by sharing objects, and
- contact with body fluids – pathogens in saliva, urine, faeces or blood can be passed on via cuts or through the mucus membranes of the mouth and eyes.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 17 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

The first level relates to general procedures designed to eliminate or minimise the risk of infection transmission. These infection control procedures will involve good personal and environmental hygiene, including:

- regular hand hygiene such as handwashing or hand sanitising at all times – washing hands with water and soap for at least 20 seconds, or using alcohol-based hand sanitiser can prevent the spread of many pathogens, especially after visiting the toilet, before and after preparing food, and after touching clients/customers or equipment. Wet hands will be dried with a single use paper towel
- routine environmental cleaning and disinfection, including high contact points such as door handles, lift buttons and telephone equipment as well as high traffic areas such as reception areas
- promotion of respiratory hygiene and cough etiquette, such as covering the nose and mouth with the crook of the elbow or with a tissue when coughing or sneezing, and dispose of tissue in a closed bin
- any cuts or open wounds will be appropriately treated and covered with a waterproof dressing
- appropriate waste bins will be provided to dispose of contaminated tissues and other dirty items, and
- appropriate use of PPE such as gloves when undertaking cleaning and disinfection procedures. PPE and training on its use will be provided to all personnel in the workplace in accordance with manufacturer’s guidelines and Australian and New Zealand Standards. PPE will be removed before leaving the work areas where the cleaning and disinfection is taking place.

Level 2 Controls – Standard health procedures

The second level of control is referred to as ‘standard precautions’ and will be applied to all persons at the workplace, clients/customers or visitors regardless of their diagnosis or presumed infection status wherever there is potential contact with:

- blood
- body fluids, secretions and excretions (except sweat)
- non-intact skin, or
- mucous membranes, including eyes.

Standard precautions will involve the use of safe work practices and protective barriers, including:

- hand hygiene
- routine environmental cleaning
- managing spills
- waste management
- the safe use and disposal of sharps
- decontamination of equipment
- appropriate use of gloves
- appropriate use of facial protection/masks
- use of protective clothing
- appropriate device handling
- appropriate handling of any laundry items and/or protective clothing, and
- incorporation of respiratory hygiene and cough etiquette.

Level 3 Controls – Transmission based precautions

Additional control measures will be initiated where persons are known or suspected to be infected with pathogens. These precautions are in addition to the general and standard precautions and are referred to as Level 3, or ‘transmission-based precautions’ (TBPs).

Transmission-based precautions (TBPs) are used in addition to standard precautions when standard precautions alone may be insufficient to prevent transmission of infection.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 18 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

The three types of additional precautions are:

- airborne precautions which must be applied where the infected patient is known or suspected to be infected with pathogens that can be transmitted by an airborne route for eg Aspergillus, Legionella, Pulmonary tuberculosis, Chickenpox, Measles and Coronaviruses. These will include isolation of the infected person and in the case of a Coronavirus exposure, use of a type P2 or N95 mask that meets the requirements of Australian and New Zealand Standard, *AS/NZS 1716:2012 Respiratory Protection Devices*
- droplet precautions which must be applied where the person is known or suspected of being infected with pathogens that can be transmitted by droplet route for eg Influenza, Bordetella pertussis (whooping cough), Rubella, Listeria, E. coli, Salmonella and Coronaviruses. These will include isolation of the infected person, maintaining a separation distance of at least one and a half metres, the use of protective gloves and eyewear and the initiation of room cleaning protocols, and
- contact precautions designed to reduce the risk of transmission of micro-organisms by direct or indirect contact for eg viral Gastroenteritis, Clostridium difficile, Methicillin-resistant Staphylococcus aureus (also known as MRSA or staph) and Coronaviruses. These will include additional precautions to eliminate contamination of environmental surfaces and equipment through the use of protective gloves and the implementation of additional room cleaning protocols.

Safe Handling, Use and Disposal of Sharps

A sharp is any object that can inflict a penetrating injury and includes needles, broken glass and any other sharp object or tools designed to perform penetrating procedures. The potential for the transmission of blood borne viruses is greatest when devices such as needles or knives are used. As such, the Organisation will develop a policy and procedures for the safe handling, use and disposal of sharps.

Environmental Cleaning

Environmental cleaning refers to the appropriate cleaning of surfaces found in the workplace. Deposits of dust, soil and microbes on surfaces are a potential source of associated infections. The following basic principles should be followed:

- written cleaning protocols should be prepared, including methods and frequency of cleaning
- cleaning procedures must be commensurate with the level of risk and tailored accordingly
- standard precautions (including wearing of personal protective equipment (PPE), as applicable) must be implemented when cleaning surfaces and facilities
- cleaning methods should avoid generation of aerosols
- all cleaning items should be changed after each use and cleaned and dried before being used again. They should also be changed immediately following the cleaning of blood or body fluid/substance spills. Single-use cleaning items are preferred, where possible, such as lint-free cleaning cloths
- sprays should not be used, because they can become contaminated and are difficult to clean. Sprays are not effective, as they do not touch all parts of the surface to be cleaned
- detergents should not be mixed with other chemicals, and
- all cleaning solutions should be prepared fresh before use.

The Organisation will ensure that a person is identified and nominated as being responsible for the implementation, management and evaluation of the cleaning service provided.

Managing Spills of Blood, Body Fluids and Substances

The Organisation will ensure there are procedures in place for dealing with blood, bodily fluids and substance spills.

The basic principles of blood and body fluid/substance spills management are:

- standard precautions should apply, including the use of PPE, as applicable

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 19 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- spills should be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and should be avoided), and
- generation of aerosols from spilled material should be avoided.

The management of spills should be flexible enough to cope with different types of spills whilst also considering the following factors:

- the nature (type) of the spill for example chemical substances, sputum, vomit, faeces, urine or blood
- the pathogens most likely to be involved in these different types of spills – for example, stool samples may contain viruses, bacteria or protozoan pathogens, whereas sputum may contain *Mycobacterium tuberculosis*
- the size of the spill – for example, spot (few drops), small (<10cm) or large (>10cm)
- the type of surface – for example, carpet or impervious flooring
- the location involved – that is, whether the spill occurs in a contained area (such as office), in a public location or within a community premises, and
- whether there is any likelihood of bare skin contact with the soiled (contaminated) surface.

a. Cleaning spills – equipment

Standard cleaning equipment, including a mop, cleaning bucket and cleaning agents, should be readily available for spills management. It should also be stored in an area known to all staff.

To help manage spills in areas where cleaning materials may not be readily available, a disposable ‘spills kit’ could be used, containing a large (20 L) reusable plastic container or bucket with fitted lid, containing the following items:

- appropriate leak-proof biohazard bags and containers for disposal of waste material
- a designated, sturdy scraper and pan for spills
- absorbent mats and paper
- approximately five sachets of a granular formulation containing 10,000ppm available chlorine or equivalent (each sachet should contain sufficient granules to cover a 10cm diameter spill)
- disposable rubber gloves suitable for cleaning
- eye protection (disposable or reusable)
- plastic apron, and
- a respiratory protection device, for protection against inhalation of powder from the disinfectant granules or aerosols (which may be generated from high-risk spills during the cleaning process).

Single-use items in the spills kit should be replaced after each use of the spills kit. With all spill management protocols, it is essential that the affected area is left clean and dry before use of the area.

b. Cleaning spills – procedures

- Care should be taken to thoroughly clean and dry areas where there is any possibility of bare skin contact with the surface.
- PPE should be used for all cleaning procedures and disposed of or sent for cleaning after use. Hands should be washed and dried after cleaning.
- Where a spill occurs on a carpet, shampoo as soon as possible. Do not use disinfectant. Steam cleaning may be used instead.
- Wash hands thoroughly after cleaning is completed.

c. Cleaning spots or small spills

Spots or drops of substances or other small spills (up to 10cm) can easily be managed by wiping the area immediately with paper towels, and then cleaning with warm water and detergent, followed by rinsing and drying the area. Dry the area, as wet areas attract contaminants.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 20 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

d. Cleaning large spills

Where large spills (more than 10cm) have occurred in a 'wet' area, such as a bathroom or toilet area, the spill should be carefully washed off into the sewerage system using copious amounts of water and the area flushed with warm water and detergent.

Large spills that have occurred in 'dry' areas should be contained and generation of aerosols should be avoided.

Granular formulations that produce high available chlorine concentrations can contain the spilled material and are useful for preventing aerosols. A scraper and pan should be used to remove the absorbed material. The area of the spill should then be cleaned with a mop, and a bucket of warm water and detergent. The bucket and mop should be thoroughly cleaned after use and stored dry.

Waste Disposal

The Organisation will ensure that procedures are in place for the correct management of all waste generated and that they are compliant with regulations and guidelines administered by other Government agencies e.g. Environmental Protection Agencies and Local Government Ordinances.

All waste should be stored in secure areas until collected. Waste should be removed from workplace areas each day and more frequently as needed, such as from specialised areas. Waste bags should be tied before removing from the area. Items considered as biohazard will be managed with support from either/or the local pharmacy and council waste disposal service for the area.

a. General waste disposal

Place in general waste bin for removal.

b. Biohazard waste disposal

Place in biohazard bags as soon as possible. Biohazard bags have a biohazard symbol and are currently coloured yellow.

Medical/Other Conditions

Due to the potential hazards associated with this workplace such as possible exposure to pathogens and infection, persons working at the workplace are required to disclose any medical condition or disability, which may affect their capacity to participate in specific work activities that may impact upon their health and safety or the health and safety of others.

If a worker becomes aware of any condition, disability or impairment (temporary or otherwise), which may potentially affect their capacity to participate safely in work activities, or activities related to their work, they should immediately advise management as soon as practicable so that a suitable and applicable risk assessment can be undertaken.

All such discussions will be considered strictly confidential in accordance with the Organisation's privacy policy. Any medical information disclosed will be used only for the purpose for which it was collected and will not be disclosed to other parties unless permitted by law, without the consent of the person making the disclosure.

Dealing With Covid-19 In the Workplace

COVID-19 spreads through respiratory droplets produced when an infected person coughs or sneezes. A person can acquire the virus by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 21 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

a. Cleaning and disinfection

The best way to protect all persons in the workplace from the risk of exposure to COVID-19 is by implementing appropriate cleaning and disinfecting measures for the workplace. Combined regiment of cleaning and disinfection will be the most effective method in eliminating or spread of the COVID-19 virus in the workplace.

Workplace should be cleaned at least once a day. More frequent cleaning may be required in some circumstances. If equipment is shared between persons, it should be cleaned between uses, where practicable.

Cleaning is to be performed using detergent and water and once cleaned surfaces should be disinfected. This would include any time there has been an instance or suspected case of COVID-19 in the workplace or where any persons in the workplace are likely to touch a surface.

b. Hygiene

Good hygiene is necessary to stop the spread, therefore each worker must:

- frequently wash their hands with soap for at least 20 seconds or use a hand sanitiser with greater than 60% ethanol or 70% isopropanol before and after eating and going to the toilets
- limit contact with others, including shaking hands
- stop touching their eyes, nose and face when their hands are not washed
- cover their mouth while coughing and sneezing with a clean tissue or elbow, and
- put used tissues straight into the bin.

The Organisation will ensure that adequate supply of hand washing soap dispensers, sanitisers and tissue paper is readily available to all persons in the workplace.

c. Self-isolation

If a worker suspects that they have contracted COVID-19 or if they have been in the presence of someone infected by the COVID-19, they must isolate themselves (self-quarantine) and advise their manager immediately. This is to be followed by contacting their doctor or a nearest hospital until more thorough examination has taken place.

Worker Responsibilities

To ensure the overall success in controlling the risks related to infections at this workplace, persons working in the Organisation must be able to implement the established infection control measures and follow the protocols that have been developed. To this end, the Organisation will ensure that they:

- have been trained and deemed competent by the Organisation in the infection control protocols of this workplace before undertaking any work where they may come into direct contact with clients/customers or members of public, waste from their respective tasks and equipment, instruments or apparatus used
- have enough training, skills, knowledge, level of competence and qualifications required to undertake any task that may potentially expose them to the risk of infection at work or undertaking work related activities
- have enough skills and training in the effective use of all PPE required by the Organisation to eliminate or minimise the risk of infection to themselves or others at work
- follow any reasonable instruction given to them by the Organisation designed to eliminate or minimise the risk of infection to themselves or others at work, including the mandatory use of PPE when and where required
- actively participate in the development and review of the Organisation’s infection control protocols and procedures

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 22 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- actively participate in the development and review of the Organisation’s administrative requirements designed to minimise the risk of infection transmission at work
- will advise management immediately when they become aware of any potential exposure to infection to themselves or others at work during their work
- do not undertake any activity, action or inaction that may knowingly place themselves or others at work at risk of exposure to an infection, and
- will advise management immediately when they become aware of contracting any illness or disease or having become aware of any condition, disability or impairment (temporary or otherwise), that may potentially affect their capacity to participate in specific work activities or where specific work activities may further impact upon their health, safety or welfare or the health and safety of others at work.

Disclosure

To ensure we respect the choice and safety of all our staff. We will need to disclose when a workplace has an unvaccinated staff member or client. This is done with the person’s consent.

10. Challenging Behaviour Prevention and Escalation Policy

This policy and procedure is applicable to all tangata whaiora we support regardless of age, gender, ethnicity, status, location, setting, mental health, diagnosis, and/or behavioural problems.

Three behavioural categories identified:

- Physical aggression e.g. biting, spitting, hitting, hurting, damaging objects, throwing things
- Verbal aggression e.g. cursing, shouting, name-calling, threatening, intimidating
- Non-aggressive behaviour such as pacing, dressing or disrobing inappropriately and constant requests for attention.

Procedure

Monitoring will occur from both a top down and bottom-up approach, in the following sequence:

1. Implementation of Stakeholder casefiles (e.g. behavioural support plan, risk management plan etc.) across kaimahi, with subsequent follow-up and supervision
2. Proactive Environments (Early risk management)
3. Prevention strategies
 - Person-centred approach
 - Strength-based practice
 - Trauma-informed care
 - Positive Behavioural Support (PBS)

Behavioural Support Plans/ Risk Management

Behaviour management and risk management plans are always created by the lead agency or psychologists/medical staff that are involved in the case. Apex Care takes care to implement these appropriately and with coordination with the social workers/lead agency.

The support plans and/or behaviour management plans are an important platform from which kaimahi can use their understanding of the tangata whaiora to begin building a positive relationship with. It may provide a wealth of information on history, current presentation, health, wellbeing, diagnosis (if any), and behavioural challenges, all within the context of their culture, gender, age and stage of their lifespan development. This will also assist the leadership team and kaimahi to build more robust behavioural interventions there on in.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 23 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

Proactive Environment strategy includes:

- Maintain appropriate prosocial behaviour and positive relationships and interactions
- Provide structure, boundaries, consistency, and teachable moments
- Kaimahi to engage closely with any available risk management plans provided
- Consider all likely scenarios and modify the environment accordingly (e.g. securing dangerous items or potential weapons)
- Consider health and safety, expectations, communication, instruction and support.

Taking a Person-centred approach:

- Is values-based and aims to discover and act on what is important to the tangata whaiora
- Supports the process of continual listening and learning
- Recognises the importance of people's history, including previous trauma, and focusses on what is important now and in the future
- Recognises that people have the right to self-determination and should be supported to make their own decisions as part of the learning process
- Relies on collaboration with the person and those who are able to provide support, including whanau, friends, social workers, clinical teams and the wider community

Using Strengths-based practice:

- Identify, nurture, celebrate, and help build capacity around the positive qualities and character strengths the tanga whaiora possess; beyond the symptoms, problems, difficulties that may hinder their progress
- Assess strengths with strengths-based discovery questions.
- Support tangata whaiora to focus on the successful strategies and skillset they already have
- Support tangata whaiora to set their own goals for personal and/or professional development
- Be solution-focussed – change is inevitable, but it must be led by the person in question.

Behavioural Interventions

To implement positive behaviour supports, begin by assessing the undesired behaviour before setting goals for more desired ones. Implement strategies for achieving the behaviour change and monitor the outcomes. For repeat challenging behaviour a **functional analysis** will be considered. A functional analysis assessment is a tool that will determine the need and motivation behind the behaviour, and identify the events that trigger and maintain problem behaviour. This will provide insight as to why the tangata whaiora may be doing what he/she is doing. The focus of this exercise is to help better understand the needs of the tangata whaiora and what his/her behaviour may be communicating to us. Understanding what the tangata whaiora is trying to gain or avoid will help kaimahi meet this need; thus, maximising the wellbeing and minimizing escalations, and improving the support provided each time the situation is encountered.

A Positive Behaviour Support (PBS) strategy includes:

- A cohesive team approach
- Assess undesirable/ challenging behaviours
- Consider the needs and preferences of the tangata whaiora
- Implement strategies for meeting needs and achieving behavioural change
- A focus on short and long term goals for desired behaviour
- A focus on the strengths of the tangata whaiora
- A focus on facilitating strengths-based skill building and personal development
- Use positive reinforcement to increase desirable behaviours and positive punishment to decrease the undesirable ones (*refer to definition*).

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 24 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

Crisis management

Before the deployment of any de-escalation/ crisis management strategies it is essential to that Apex care liaises with the key stakeholders and lead agencies, including psychologists, to ensure that we are responding in a way that meets their therapeutic response.

Signs and Triggers

Anticipating and preventing potential conflict is important for staff readiness and preparedness. Being prepared, alert, and aware of the signs and triggers that may potentially escalate the tangata whaiora will help to altogether avoid, or at least minimise, escalation of tangata whaiora. Moreover, Apex's preventative practices are designed to focus on positive behavioural supports and take a strengths-based approach whilst meeting the needs of tangata whaiora alongside community engagement.

Warning signs, including but not limited to:	Possible Responses
Confusion	
<ul style="list-style-type: none"> • Change in body language • Change in tone of voice • Change in eye contact • Seeking attention • Tangata whaiora is showing behaviour that is characterized as minor warning signs. Early intervention is key to diverting tangata whaiora back to "safe place". 	<ul style="list-style-type: none"> • Listen to their concerns • Ask clear/concise questions • Provide facts • Reassure that you will support the tangata whaiora • Distraction <p>An example of when this may happen is when tangata whaiora is being transferred. The location and time is unknown which can cause anxiety and a sense of urgency for the tangata whaiora.</p>
Frustrated	
<ul style="list-style-type: none"> • Pacing/Fidgeting • Change in tone of voice (aggressive) • Change in body language • Change in vocabulary (cursing) • Impatient • Tangata whaiora is showing behaviour that is escalating, their reactions are quick and abrupt, their ability to process information has decreased. 	<ul style="list-style-type: none"> • Refer to steps above • Go to a quiet place • Attempt to clarify concerns and reassure support <p>An example of when this may happen is when the possible responses above have been unsuccessful, or the responses were successful for a limited time. The sense of not being in control or the feeling of the unknown can cause tangata whaiora to become distressed.</p>
Blame	
<ul style="list-style-type: none"> • Yelling/Shouting • Cursing • Use of explicit language • Pushing boundaries • Testing limits • Delirious • Displacing responsibility and finding fault in others actions for their situation. The blame could be diverted to you and this behaviour is characterized as potentially crossing over to dangerous territory. 	<ul style="list-style-type: none"> • Refer to steps above • Disengage with interactions • Secondary staff may be required • Provide facts • Use teamwork approach to problem solve • Create a "Yes" momentum to reinforce positive affirmation.
Anger – You make a judgement call	
<ul style="list-style-type: none"> • Defying Rules • Aggressive behaviour • Change in stance and disposition • Shouting/Screaming • Clenching fists 	<ul style="list-style-type: none"> • Do not engage • Distance yourself • Call Crisis team (number is on the back of ID Badge) as an option to talk to tangata whaiora • Prepare to evaluate and isolate

<ul style="list-style-type: none"> Tangata whaiora is displaying behaviour that is categorised as risky and at this stage staff and tangata whaiora safety is the most important 	<p>An example of when this can happen is when a tangata whaiora has become triggered and the impact of the present emotions and events cause a further escalation of the situation. The possible responses above have become inapplicable.</p>
Hostile – You make a judgement call	
<ul style="list-style-type: none"> Making threats Escalated aggressive behaviour Destroying property Self-harming Behaviour is out of control Unable to reason 	<ul style="list-style-type: none"> Disengage completely until deemed safe Attempt to isolate tangata whaiora if you can do so safely Remove yourself if isolation is unsuccessful Call police Follow Apex emergency procedure
Suicidal ideation	
<ul style="list-style-type: none"> Psychomotor agitation, such as pacing around a room, wringing one's hands, and removing items of clothing and putting them back on Talking about suicide or dying, expressing regret about being alive or ever having been born Feeling or appearing to feel trapped or hopeless Feeling intolerable emotional pain Having or appearing to have an abnormal preoccupation with violence, dying, or death Talking about revenge, guilt, or shame Being agitated, or in a heightened state of anxiety Experiencing changes in personality, routine, or sleeping patterns Consuming drugs or more alcohol than usual, or starting drinking when they had not previously done so Getting hold of a weapon, medications, or substances that could end a life Talking about being a burden to others Saying goodbye to others as if it were the last time Seeming to be unable to experience pleasurable emotions from normally pleasurable life events such as eating, exercise or social interaction. 	<ul style="list-style-type: none"> Stay Calm Validate feelings, and listen Let them talk about their thoughts of suicide – avoiding the topic does not help Ensure all things that may be harmful are removed e.g. medications, knives, graters. Be aware of other things that might be a risk. E.g. electrical items, glass, clothing. Call your local mental health crisis assessment team or go with them to the emergency department (ED) at your nearest hospital. If they are an immediate physical danger to themselves or others, call 111. Remain with them and help them to stay safe until support arrives. Try to stay calm and let them know you care. Keep them talking - listen and ask questions without judging. Do not agree to keep secrets about their suicidal thoughts or plans Don't pressure them to talk to you. They might not want to talk, or they might feel more comfortable talking to someone who is not as close to them.

De-escalation

De-escalation strategies are included as part of our compulsory on boarding and induction process. Many of these techniques and ideas taught are based around the universal MAPA (Management of Actual or Potential Aggression). Having an awareness of the individual needs of the tangata whaiora enables us to be able to predict and plan for potential escalations and proactively respond to their individual needs accordingly. Apex Care is committed to managing aggressive, disruptive behaviours in a way that maintains the health, wellbeing, dignity, and respect of the tangata whaiora and kaimahi involved.

De-escalation Strategies

These involve the skill and expertise to *assess a situation, determine a supportive approach* and the *ability to implement the solution* which successfully de-escalates the situation.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 26 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

The following process is particularly important:

1. **Assess** - the situation to determine the level of escalation, risks and source of conflict
2. **Adapt** - develop a specific approach to addressing the assessed problem
3. **Attend** - implement the plan with your selected de-escalation techniques

Note: This is a continual process. Whether you *improve* or *worsen* the situation or *make no impact at all*, you will only be able to have the right response when you continually assess and respond accordingly.

This is not a one-size fits all strategy because different people have different needs. Even if the same technique is used on the same person with the same issue, on a different day, the outcome may be different. Kaimahi must remain adaptable in the moment to respond to the needs of the tangata whaiora they are supporting.

This **principle-based approach** employed by Apex Care is founded on a number of guiding principles provided by 'The Crisis Prevention Institute' (CPI, 2017) and is **based on ethical best practice** that maintains a set of core values and principles that are applicable to any person of any age, at any level of care, in any setting.

Most importantly, it upholds that the rights of the tangata whaiora are respected and that any form of physical or restrictive interventions are only used as the last resort, in the least restrictive way possible, in order to maintain the safety of that person and/or others.

Fundamental to this approach, is that restrictive interventions are never used to coerce, enforce rules, punish, or in a way that is degrading or abusive to the tangata whaiora. Underpinning this approach to de-escalation are several key principles that must be practiced at all times (CPI, 2017):

1. **Understanding behaviour**, as well as the factors and circumstances that enables it, allows our service to deliver high-quality outcomes that enhance the lives of the tangata whaiora, and allows them to thrive.
2. The preservation of **positive relationships** between kaimahi and tangata whaiora that access the services of Apex Care is important to the **integrity of our core values**. Thus, maintaining trust, autonomy, and receptivity to the needs of the tangata whaiora in crisis, is paramount to the de-escalation/crisis management process.
3. The **right to make choices** is a given. The tangata whaiora are at all times granted the right to exert control over their own life, including when making misguided decisions. On the other hand, kaimahi will attempt to provide **support that will counterbalance** the right to autonomy with the responsibilities that come attached to it. Whilst autonomy means still allowing individuals to take risks, the responsibility is still to protect them from harm. The organization will always work collaboratively with the tangata whaiora in crisis, as well as with all other parties to ensure the safety and best outcome for that person.
4. Any use of physically restrictive interventions must be **compliant with the relevant legislation and sector-specific guidelines**. Should anyone be subject to such an intervention they must still be treated with the utmost dignity, care, compassion, and respect.
5. Any use of physically restrictive interventions must be integrated into an overall behaviour management plan **based on the principles of Positive Behaviour Support** – focused on primary and secondary measures, and based on a range of positive, proactive, preventative, and non-restrictive practices.
6. Any use of physically restrictive interventions should be assessed and **approved ONLY in the context of a reactive, emergency strategy in order to manage risk behaviour**.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 27 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

7. Before choosing to use physical interventions, kamahi must first draw on their prior training and skillset that allows them to **prevent, decelerate, and positively influence** the tangata whaiora's behaviour.

De-escalation strategy includes:

- Keep calm
- Protect the safety of tangata whaiora
- Ensure other person, visitors and staff are safe and reassured at time of event and provide follow up reassurance after the event
- Remove disturbing stimuli and/or unsafe items
- Be careful not to invade tangata whaiora's "personal space"
- Do not approach in a hurried or threatening manner
- Establish rapport, keep your voice calm, do not enter into an argument
- Allow the person to express strong feelings
- Acknowledge that they have been heard
- Distract tangata whaiora by changing subject or using distracting techniques
- Listen to what is being said
- Negotiate a way forward
- Stay with tangata whaiora until they calm down or until assistance arrives
- Ensure low stimulus environment
- Ensure time for recovery.

Kaimahi to document the following information in the tangata whaiora's daily notes:

- Time of onset
- Duration of the event
- All persons present at the time
- Circumstances leading up to the event
- What happened during the event
- What happened immediately after the event
- Time the relatives were advised of the situation
- Successful and unsuccessful interventions implemented.

Aggressive and disruptive behaviours

- Tangata whaiora dignity and rights are respected and maintained when managing disturbing behaviour
- Inform Apex office as soon as possible of an incident of aggression or disruptive behaviour
- Staff to remove themselves for safety
- Medical examination required if behaviour unexpected.

Update individuals care plan

- Senior staff member to commence behaviour observation chart if appropriate
- Multidisciplinary Review meeting is arranged to review care management
- This may include referral to an ICAMHS or psychologist.

Incident report and debrief

- An accident/incident form is to be completed as soon as possible after the event stating what happened and the actions taken
- A debriefing session arranged as soon as possible after the event with the staff involved and appropriate health professional team present
- Positive as well as negative aspects are to be analysed and actions taken as appropriate.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 28 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

Staff training

Apex Care employees are required to hold mental health accreditations and/or undergo frequent upskilling and competency training in a number of key areas crucial to the support of the tangata whaiora. This aims to provide the framework for learning the necessary skills and team strategies embedded in a philosophy which prioritises health, wellbeing, care, safety and security.

Our kaimahi are trained to take a strength-based approach and use positive behavioural support strategies. If challenging behaviour/s eventuate in an escalation, our kaimahi are trained in a range of de-escalation and crisis prevention strategies, ensuring the safety of both our employees and tangata whaiora in our care. Facilitating this process teaches kaimahi to respond in a manner that is entrenched in our professional values, minimising risk and harm reduction when encountering risky behaviours.

11. Responding to Risk Events

Individual and Relationship factors that increase risk for people:

Individual:

- Previous suicide attempt
- Mental illness, such as depression
- Social isolation
- Criminal problems
- Financial problems
- Impulsive or aggressive tendencies
- Job problems or loss
- Legal problems
- Serious illness
- Substance use disorder

Relationship:

- Adverse Childhood Experiences (ACE) such as child abuse and neglect
- Bullying
- Family history of suicide
- Relationship problems such as a break-up, violence, or loss
- Sexual violence

In addition to this there are the added risk factors for marginalised communities of Māori and Pasifika who are over-represented in the statistics for mental health and addictions, corrections and youth welfare.

Apex Care endorses and supports the use of a trauma informed care approach, alongside, wherever possible, family/whanau inclusion. This would be dependent on consent from the customer and the client.

Triggers

Triggers can present as internal (a memory, a thought, an emotion, a nightmare) and external (a comment made by someone in person, a phone call, a smell). This can make the person more vulnerable to intense emotions, and difficulties with expressing their needs. This can present in numerous ways, often with anger, feeling defensive, use of drugs and/or alcohol, self-harm to numb emotional pain.

Risk generally comes in two main categories:

Risk to Self:

- Self-harm

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 29 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- Suicide
- Inadvertent risk (neglect, drugs and alcohol, exhaustion if experiencing mania)

Risk to others:

- Assault to others
- Assault to property
- Others, includes risk to service, reputation

De-escalation and early intervention tips

Early Warning Signs	Indicators	What may help
Early intervention is best, as soon as you notice the Early Warning Signs. These can include, but are not limited to:	<ul style="list-style-type: none"> • Change in body language • Change in tone of voice • Change in eye contact • Pacing/Fidgeting • Increased/use of swearing/insults/abusive talk • Impatience • Isolating/withdrawing/shutting down 	<ul style="list-style-type: none"> • Listen to their concerns • Actively listening without interruption • Reassure that you are there for them and you care • Sitting with the person in silence • Giving some space (and keeping an unobtrusive eye on them and increase to 4x usual distance) • Distraction or redirection • Burn off some energy with an activity. • Call Apex Care for support, available 24/7. Use the threshold of, “If I am wondering if I call Apex Care” to call Apex Care. If the person would prefer not to talk with you, they call or text 1737 for free support 24/7
Late Warning Signs	Indicators	What may help
Not limited to:	<ul style="list-style-type: none"> • Yelling/Shouting • Use of explicit language • Making provocative statements • Making threats against themselves/you/others • “Squaring up” posture 	<ul style="list-style-type: none"> • Increase your personal space area. When people are running high on adrenaline their personal space area increases, so move away but remain where you can still communicate effectively. • Increase your use of validation skills
Crisis	Indicators	What may help
	<ul style="list-style-type: none"> • Making threats (to the point you feel there is a possibility this will be followed through) • Escalated aggressive behaviour • Destroying property Self-harming (for example, if the person has locked themselves away and 	<ul style="list-style-type: none"> • Disengage/distance completely and do not reengage, exit the property. • Call police (and ambulance if indicated) • Follow Apex emergency procedure

	<p>there is significant concern for their health)</p> <ul style="list-style-type: none"> • Behaviour is out of control • Unable to reason 	<ul style="list-style-type: none"> • Call Crisis team (number is on the back of ID Badge) as an option to talk to tangata whaiora
Self-Harm & Suicide	Indicators	What may help
Please remember what can increase the risk on the first page of this policy	<ul style="list-style-type: none"> • Self-harm and suicide risk support. This can vary between pacing/agitation, through to quiet and withdrawn. Sometimes there are no signs. • Talking about suicide or dying, expressing regret about being alive or ever having been born • Feeling or appearing to feel trapped or hopeless, and in emotional pain. Experiencing changes in personality, routine, or sleeping patterns. Sometimes people after a period of severe depression suddenly feel better (as they have made a decision to end their life) • Consuming drugs or more alcohol than usual, or starting drinking when they had not previously done so • Getting hold of a weapon, medications, or substances that could cause them harm • Talking about being a burden to others • Getting their affairs in order, arranging what possessions will go to who, getting rid of their belongings. • Writing “goodbye” letters, emails, or texts. Veiled comments on social media sites 	<ul style="list-style-type: none"> • Do your best to stay calm, it is normal to feel anxious on the inside, just try not to show it on the outside. • Validate feelings (discussed below) and listen without judging the person. • Do your best to gently remain with the person, at the same time do not invade their sense of personal space. • Discreetly ensure all things that may be harmful are removed e.g. medications, knives, graters. Be aware of other things that might be a risk. E.g. electrical items, glass, clothing. • Call your local mental health crisis assessment team or go with them to the emergency department (ED) at your nearest hospital. • If they are an immediate physical danger to themselves or others, call 111. Remain with them wherever possible and help them to stay safe. It is ok to breach confidentiality in situations like this, and it needs to happen. • People who frequently self-harm often have a specialist care plan in place from CAMHS or Oranga Tamariki. Please make sure this is followed. Consistency is critical to promote the best outcome for the person.

What is Emotional Validation:

Emotional validation is a simple and effective tool for people who work in mental health services. Communicating when a person is overwhelmed with emotion does not usually work well. Validation from others is one of the best tools to help emotionally sensitive people manage their emotions effectively. Plus it helps role model skills so that the person is able to learn to self-validate their emotions.

How it is done

Emotional Validation is best remembered in six levels. The goal here is to practice these so they feel natural to you when needed. A simple tool to use, that if you feel in doubt as to what to do in the moment, is validate!

- Level One: Active Listening
- Level Two: Accurate Reflection
- Level Three: Articulate Non-Verbals
- Level Four: Historical Context
- Level Five: Relay the Normal Human Experience
- Level Six: Radical Genuineness

Please remember these are suggestions and different people have different needs. Even if the same technique is used on the same person with the same issue, on a different day, the outcome may be different.

Staff Safety

Keeping yourself safe is just as important as keeping the person supported safe. If you find yourself fearing for your safety do not hesitate in removing yourself from the situation and calling emergency services. After an event, office staff will want to make contact with you to see how you are, and arrange for a debriefing session with those involved. Remember EAP is available to support with processing events. Adverse event investigations are used to help understand what happened and put in place strategies to help prevent further events like this in the future. The Clinical Nurse Manager will review the case file and events to formulate a plan moving forward in collaboration with those involved.

Site Safety Checks:

- A site safety checklist is completed at the beginning of every new shift and recorded in client's files alongside the daily notes. Any risks identified are immediately discussed with Clinical Nurse Manager and a plan devised.
- Random site checks are performed from time to time by the clinical Nurse Manager.
- Staff are encouraged and taught to always monitor and report any potential risks immediately.

Review Of Risk Management Plans and Support Plans:

- Regular reviews of support plans are carried out to ensure they are up to date and include any risk management that our staff need to be aware of.
- The level of risk is constantly assessed, and should it be raised then a plan is discussed with the customer, staff, and management in an MDT meeting to ensure safety of staff and the Tangata at all times.
- Regular communication is held between customers and Apex to keep both parties up to date with the most recent information or any changes that may occur.
- Regular staff debriefs and peer reviews are undertaken to give staff the opportunity to discuss their concerns and any further support that may be required.

Escalation Prevention:

It is important to observe the behavioural changes to the person you're supporting, you are more likely to be successful in preventing an escalation than in de-escalating a situation. Early intervention can prevent the situation becoming dangerous. Indicators can be:

- A triggering event e.g. a phone call
- A person clenching their fists or tightening/untightening their jaw
- Sudden change in body language
- A change in voice tone

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 32 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- Pacing and fidgeting
- A change in eye contact
- Disruptive behaviours

Emergency Response Plan:

In any situation there is always the potential for a situation to escalate and for risk to self or others to become imminent. In these situations, we train and encourage staff to act accordingly, but to always consider their own safety as paramount. Where there is risk staff are to take the following steps:

1. Assess level of risk e.g. mild, moderate or severe.
2. Attempt to de-escalate situation whilst making sure you are always aware of an exit plan.
3. If this is unsuccessful or if there is EVER any imminent risk to yourself or anyone else, then dial 111 immediately for police and/or ambulance and remove yourself from danger immediately.

Incident Reporting and Investigation:

- All incidents reported are investigated within 24 hours
- A debrief and full discussion is had with staff and our Clinical Nurse Manager.
- EAP counselling services offered if required
- Once incident has been reviewed and actioned this is all documented and saved on file.
- Processes are reviewed and changed as necessary to prevent future incidents and or/minimise any future risk.

12. Protection of Children from Abuse

The objective of this policy is to ensure that all Apex Care staff operate in ways which ensure that children are protected from harm. This involves being able to recognise and identify signs of abuse and to know how to respond appropriately.

Managing and responding to disclosures and allegations

The Oranga Tamariki Act, 1989, defines child abuse as “...the harming (whether physically, emotionally, sexually), ill-treatment, abuse, neglect, or deprivation of any child or young person”. The definitions set out below provide some indicators of abuse and these should not be seen as an exhaustive list or as a check list.

- **Physical Abuse** is a non-accidental act on a child that results in physical harm. This includes, but is not limited to, beating, hitting, shaking, burning, drowning, suffocating, biting, poisoning or otherwise causing physical harm to a child. Physical abuse also involves the fabrication or inducing of illness.
- **Emotional Abuse** Emotional abuse is any act or omission that results in impaired psychological, social, intellectual and/or emotional functioning and development of a child.
- **Sexual Abuse** is an act or acts that result in the sexual exploitation of a child, whether consensual or not. Sexual abuse can be committed by a relative, a trusted friend, an associate, or someone unknown to the child.
- **Neglect** is any act or omission that results in impaired physical functioning, injury and/or development of a child. It may also include neglect of a child’s basic or emotional needs. Neglect is a lack of action, emotion or basic needs.

a) Identifying Abuse

Staff should be alert and aware of the fact that child abuse can occur in many different settings and forms and may come to light in a variety of different ways. These can include, but are not limited to:

- Direct or indirect disclosure by the child
- Direct or indirect disclosure from someone known to the child

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 33 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- Suspicions of abuse by those involved with the child
- Allegations and/or direct observations or signs displayed in the child’s physical or emotional behaviour
- Direct witnessing of abuse.

If a member of staff is unsure about what might constitute child abuse, they should ask for advice and guidance from the Apex Care Clinical Nurse Manager. This will be investigated with the appropriate authorities being the social worker, the parent/guardian (if appropriate) and Apex Care management. Apex Care will respond to allegations of child abuse in a manner which ensures the child’s safety is the first and paramount consideration.

We are aware of the signs of potential neglect:

- Physical signs (e.g., looking rough and uncared for, dirty, without appropriate clothing, underweight)
- Developmental delays (e.g., small for their age, cognitive delays, falling behind in school, poor speech and social skills)
- Emotional abuse/neglect (e.g., sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm)
- Behavioural concerns (e.g., disengagement/ neediness, eating disorders/substance abuse, aggression)
- Neglectful supervision (e.g., out and about unsupervised, left alone, no safe home to return to).
- Medical neglect (e.g., persistent nappy rash or skin disorders or other untreated medical issues).

b) Reporting an Abusive Situation

It is important always to search for the cause of a change in the service user’s behaviour or unexplained physical symptom. If a tangata whaiora shows one or more of the signs of abuse, it does not automatically mean he or she is being abused, but it must be reported. Children need to know that staff are listening and taking seriously the information that has been divulged. When child abuse is disclosed, staff will respond positively to ensure the child’s future protection. It is important to record what is said at the time, if appropriate, or as soon as possible following the disclosure. It may not be appropriate to enquire into further details at this stage.

A staff member must report to the tangata whaiora Care Coordinator if:

- A tangata whaiora shows a change in mood or behaviour or any of the signs previously described
- A person is observed behaving towards a tangata whaiora in a way that makes the staff member feel uncomfortable
- A tangata whaiora tells the staff member that they are being abused by another person
- A person tells the staff member that they are abusing the tangata whaiora
- A visitor or family member tells a staff member that they have observed abusive acts
- The staff member observes an action or inaction that may be considered abusive
- This list is not exhaustive.

If there is an immediate threat to the tangata whaiora, the staff member will:

- Remain calm
- Consider whether taking immediate action to stop the abuse can be done safely, without endangering the tangata, themselves or others
- Call the Police if necessary
- Call for ambulance if necessary or seek medical assistance
- Report the incident to the tangata whaiora Care Coordinator by telephone immediately
- Call Apex Care 0800 # and advise
- Reassure and comfort the tangata whaiora.

If there is no immediate threat to the tangata whaiora the staff member will:

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 34 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- Reassure and comfort the service user – listen and hear
 - give time to the child to say what they want
 - reassure them that they were right to tell
 - tell the child that they are being taken seriously and that they are not to blame
 - explain that they have to pass on what the child has told them as soon as they are aware that the child is making a disclosure
 - give an age-appropriate explanation to the child of what the child can expect to happen next
- Staff must not:
 - make the child repeat the story unnecessarily
 - promise to keep secrets
 - attempt to ask extra questions or to investigate in any way. This is not our role
 - remove any items involved in the incident or disturb the area
- Call the Apex Care 0800 # to advise and seek advice
- When possible, complete an Apex Care Incident Form
 - Record the facts, including observations, with time and date
 - What was said and by whom, using the person’s words
 - What action has been taken, by whom and when
- All allegations or instances of harm will be reported via phone and in writing.
- All allegations will be logged on the incident register.
- Apex Care office will report to the tangata whaiora Care Coordinator immediately.

CHILD PROTECTION OVERVIEW – RESPONDING TO DISCLOSURE:

When disclosures of abuse come directly from a child, it is important that you take what the child says seriously. This applies irrespective of the setting, or your own opinion on what is being said.

When a child tells you what has been happening to them, or when you witness or suspect child abuse, it is important that you, as the adult, remain calm and confident.

RESPOND: Respond to the person (adult or child) – believe what they tell you and/or what you see.

SAFETY: Ensure the safety of the child. Always take action in the short term to ensure the immediate safety of the child. This will mean contacting Police (111) or Oranga Tamariki (0508 326 459) if you think there is an immediate risk to the child.

RECORD: Record immediately all initial statements, observations and concerns to avoid misinterpretations or confusion at a later date.

CONSULT: Do not make decisions alone. Consult with your Apex Care Management in the first instance. Oranga Tamariki is always available to give advice.

REPORT: Decide to act on your concerns.

SUPPORT: Seek support for yourself. Responding to a child protection issue can be stressful.

Think “what if I’m right?” Not “what if I’m wrong?”

13. Safe carrying, lifting and manual handling

The most common types of injuries are from lifting people or heavy and awkward objects – causing back strains, sprains, hernias, spinal injuries, torn ligaments and muscles.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 35 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 36 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

Manual handling describes everyday activities like:

- Carrying
- Rolling
- Pushing
- Lifting
- Lowering loads

There is also the risk of occupational overuse syndrome from using muscle groups repetitively for long periods of time while doing the same activity.

6 Steps to follow:

- 1) Stop & think
- 2) Position your feet
- 3) Bend knees and keep back straight
- 4) Get a firm grip
- 5) Lift with legs, keep back straight & keep load close to body
- 6) Control the lowering of the load



Please remember to:

- Stretch often
- Ask for help when required
- Use equipment when available
- Never allow the load to interfere with normal walking - if it does, the load is too heavy
- Ensure that your vision is not obstructed at any time while carrying the load

Lifting aids/ hoist policy

Wherever possible, lifting aids must be used such as hoists. It is Apex Company policy that all hoists must be manned with a minimum of two staff members - this includes one Apex Care worker and one staff member from the facility that houses the hoist. Apex Care will provide training to ensure you are qualified to use this equipment.

14. First Aid

All staff must hold a current First Aid certificate while working for Apex Care. We will provide training and refresher training every two years.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 37 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

Suggested minimum contents for workplace first aid kits:

- | | |
|----------------------|-------------------|
| Band-aids | Gauze / dressings |
| Sling | Thermometer |
| Mouth shield for CPR | Crepe bandage |
| Scissors | Eye Patch |
| Tape | Saline solution |

Remember:

- Always receive first aid treatment following an accident
- Know where the first aid kit is, and let the employer know if stock needs to be replenished
- Keep wounds clean and covered when working with clients or using cleaning chemicals or handling animals etc
- Log an Incident Report within 24 hours.

15. Animals

It is important to ensure health and safety of the tangata whairoa, their whānau and yourself when pets and animals are present on site. This can be ensured by being aware of any hazards caused by pets, rodents and/ or insects.

Things to be aware of:

- Pets e.g. cats, dogs & birds – is restraint required, any allergies, loss of fur that can create an unhealthy and/ or contaminated environment
- Infestations of rodents and/ or insects
- Animal excrement/urine.

Remember when meeting or greeting a dog:

- Speak to them gently with a calm happy voice.
- **Do not** enter a property before the dog has been properly restrained or you know it is safe to be around the animal
- **Never** approach or touch an unfamiliar dog
- **Never** tease or threaten a dog. Remember even small dogs can bite
- **Do not** surprise a dog by sneaking or creeping up on them
- **Do not** interrupt a dog while they are feeding or sleeping.

16. Emergencies

Emergency policy for employees off site

It is everyone’s responsibility to read and understand the emergency evacuation policy of the premises they are working at prior to commencing work. Apex prompts this when you complete your site safety check. As part of this:

- Make sure you have access to a working phone and that your client is aware of the evacuation route.
- If you are working in a private residence or other accommodation, ensure you have made yourself aware of the exits and where emergency equipment can be located.

Common dog expressions



If working at a healthcare facility and an emergency occurs on that premises, you are to follow all instructions from the appointed warden or senior staff member on that shift.

If there is no emergency plan on premises or you are unclear, please notify Apex Care immediately.

Emergency response review

After a critical event has occurred, we must conduct a review of the response and that everything carried out has been up to standard, this also allows the opportunity to ensure that we are up to date with current legal requirements.

17. Natural Disaster

Emergencies likely to occur in Private Homes, facilities or in the office

- Fire
- Earthquake
- Bomb threat
- Intruders
- Floods
- Volcanic Eruption
- Tsunami

Earthquake

- **If you are inside** a building, move no more than a few steps, drop, cover and hold. Stay indoors till the shaking stops and you are sure it is safe to exit. In most buildings in Aotearoa New Zealand, you are safer if you stay where you are until the shaking stops
- **If you are in an elevator**, drop, cover and hold. When the shaking stops, try and get out at the nearest floor if you can safely do so
- **If you are outdoors** when the shaking starts, move no more than a few steps away from buildings, trees, streetlights, and power lines, then Drop, Cover and Hold
- **If you are at the beach or near the coast**, drop, cover and hold then move to higher ground immediately in case a tsunami follows the quake
- **If you are driving**, pull over to a clear location, stop and stay there with your seatbelt fastened until the shaking stops. Once the shaking stops, proceed with caution and avoid bridges or ramps that might have been damaged
- **If you are in a mountainous area** or near unstable slopes or cliffs, be alert for falling debris or landslides.

Information sourced from <https://getthru.govt.nz/earthquake>

Bomb Threat

Stay calm, call 111, follow evacuation procedure, do not enter the building until it is said to be safe by police.

Intruder

- Try to avoid any contact with the intruder
- Call 111, secure yourself in a safe room, Activate emergency alarm if possible. You can attract attention by breaking windows and loudly shouting things like "Go away", "Somebody call the Police"
- If you cannot avoid the intruder and shouting and making a noise has no effect, an alternative is to make yourself calm, then in a firm manner tell the intruder to leave
- Being assertive is an important self-defence technique

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 39 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- Display a confident manner, hold your head up, and pull your shoulders back, stand tall. Be prepared to physically defend yourself. The most vulnerable parts of an attacker's body are the eyes, nose and genital area.

Flood

Dial 111 and turn off power and gas. Listen to the radio for advice and information. Staff are to remain on duty until relieved by incoming staff. If evacuation is required ensure that medicines etc are secure and Webster packs and residents files are taken.

Volcanic Eruption

- Stay indoors, close doors and windows, keep residents calm.
- If you have to go outside, carry a torch and breathe through cloth.

Tsunami Warning

- Remember, if there is a Long or Strong earthquake, Get Gone.
- Protect yourself from the earthquake first
- As soon as the shaking stops, move immediately to the nearest high ground or as far inland as you can out of tsunami evacuation zones
- Take medications that may be needed

Fire & Evacuation

In the event of a fire alarm:

- Begin evacuation of the building
- The Fire Warden ensures that the fire service has been called using the “111” system and that the whole building is evacuated by checking toilets and rooms
- Ensure that all doors are closed after exiting
- Note the location of any person remaining in the building and the reason they are not evacuating. Only those persons who are either unable to evacuate (e.g. disabled or injured), those persons involved in firefighting or assisting in the evacuation may remain. Appoint a suitable person to assist disabled persons as necessary
- Only if conditions permit and it is safe to do so, should anyone attempt to extinguish the fire. Persons remaining in the building to extinguish the fire must have their location reported to the Fire Service on their arrival
- Assemble in clear open place away from building or in the pre-appointed assembly location.

Main Office

Management and all employees using the Office are to make themselves familiar with:

- The evacuation procedures
- Their duties during an evacuation
- Managing the escape of the building
- Location of firefighting equipment.

Daily checks will be made on all emergency exits to ensure that:

- They are kept clear of all obstacles
- Exit doors are not locked, barred, or blocked

Any fault affecting the means of escape must be rectified immediately. The evacuation procedure is kept on the wall visible for all people who enter Apex Care.

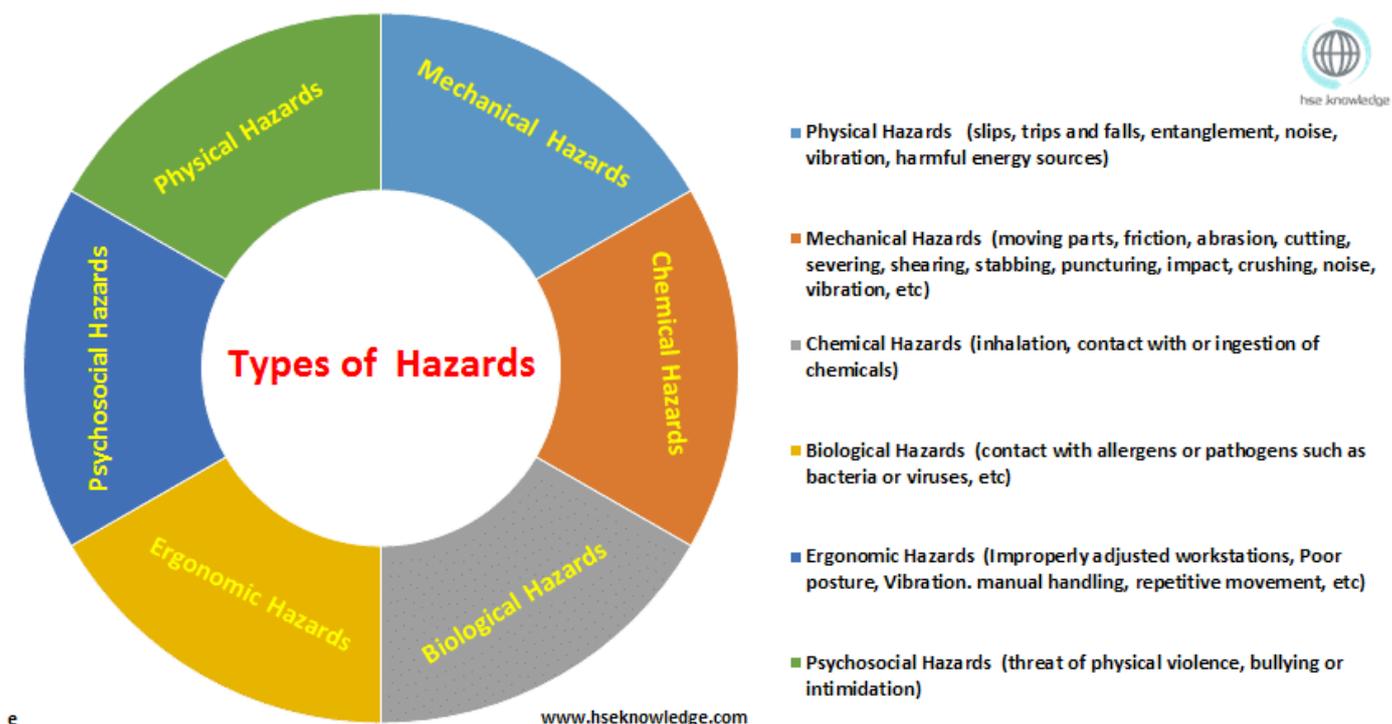
Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 40 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

Motor vehicle safety

- A client vehicle may be available to you in the form of a hire car, company or organisation vehicle.
- If you are using your own vehicle, make sure that your motor vehicle is in a drivable condition.
- It must have a current warrant of fitness and registration.
- You must have a first aid kit in your motor vehicle before using your own vehicle to transport clients
- You must hold a FULL and valid driver's licence and carry this with you whenever you are required to transport a client. *Also see Transportation and Safe Driving Policy in the Employment Handbook.*

18. Hazards

As part of the Site Safety Check, identify hazards. Examples are:



All things that you feel have the potential to cause harm to yourself or other employees should be documented on the Site Safety check and reported to the Apex Care office.

Hazard register

Our Hazard register of identified and controlled hazards is available on the staffroom website. You should have viewed this as part of your induction process.

Private Homes

When in a client's home please check for unsafe appliances, slippery surfaces, trailing cords, rugs that move, everyday items that may be stored too high or heaters too close to flammable objects. It is part of your role to report these things to the Client and your Coordinator.

Prevention is better than cure

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 41 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

People we can contact regarding hazard control

Contact Person	Contact Number
ACC	0800 222 776
<u>Ministry of Business, Innovation and Employment</u>	04 901 1499
Ministry of Health	04 496 2340
Worksafe	0800 030 040
Public Health Unit	See local DHB numbers

Hazard awareness notices

Where a hazard cannot be removed a notice alerting you to the existence of the hazard must be in place e.g. “mind the step” sign where there is any step down or up.

19. Incident, injury reporting and documenting

It is the managements and employee’s obligation to document and report all H&S hazards, incidents, injuries and near misses that occur in the workplace. All incidents/injuries/ near misses must be reported to a senior member of management within 24-hours using this link: <https://tinyurl.com/4m46apra>.

Whenever an incident or an accident occurs you must complete an “Accident / Incident Form”

This applies when an incident or accident occurs to:

- Tangata whaiora
- Damage to property
- Another staff member, or
- Yourself

The report will:

- Make sure the reported event is dealt with, the appropriate people are informed, and the events are documented correctly
- Provide information which identifies why problems occur, this will enable preventative action to be taken.

The following list will give you an idea of the sort of situation that requires a form to be completed.

- Any injury or bruising (even if cause is unknown)
- An accident requiring medical attention
- Any incident (near miss) that could have caused harm or damage.
- Any potential danger to life e.g. choking, running away, ingestion of dangerous substances, near-drowning, weapons
- Missing persons
- Any incident involving crime, theft, Police involvement etc
- Disturbances in public places or injury to the public
- Neighborhood disturbances
- Traffic accidents or incidents
- Any incidents involving damage to property
- Physical, verbal, sexual or psychological abuse

Incident investigation

- All *Injury & incident forms* need to be assessed and followed up by a senior member of management.
- This must occur with urgency as soon as the *Injury & incident form* has been received with the aim of eliminating the hazard

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 42 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

- If elimination is not possible the intention is to isolate or minimise the risk of that hazard reoccurring
- If a serious harm or injury occurs while at work, it is the manager’s responsibility to notify WORKSAFE as soon as possible and complete the online form at www.forms.worksafe.govt.nz/accidents/seriousharm. This is then sent to WORKSAFE immediately or within 24hours of incident.

Corrective action if procedures are not followed

If any member of the Apex Care team does not follow a procedure correctly, it is the management’s responsibility to investigate the circumstances of why the correct procedure was not followed. Once discussed and the reasons determined, a corrective path must be identified to ensure the event will not reoccur. The hazard and corrective procedure must be documented on the hazard register, and all staff are to be notified of the new controls by newsletter.

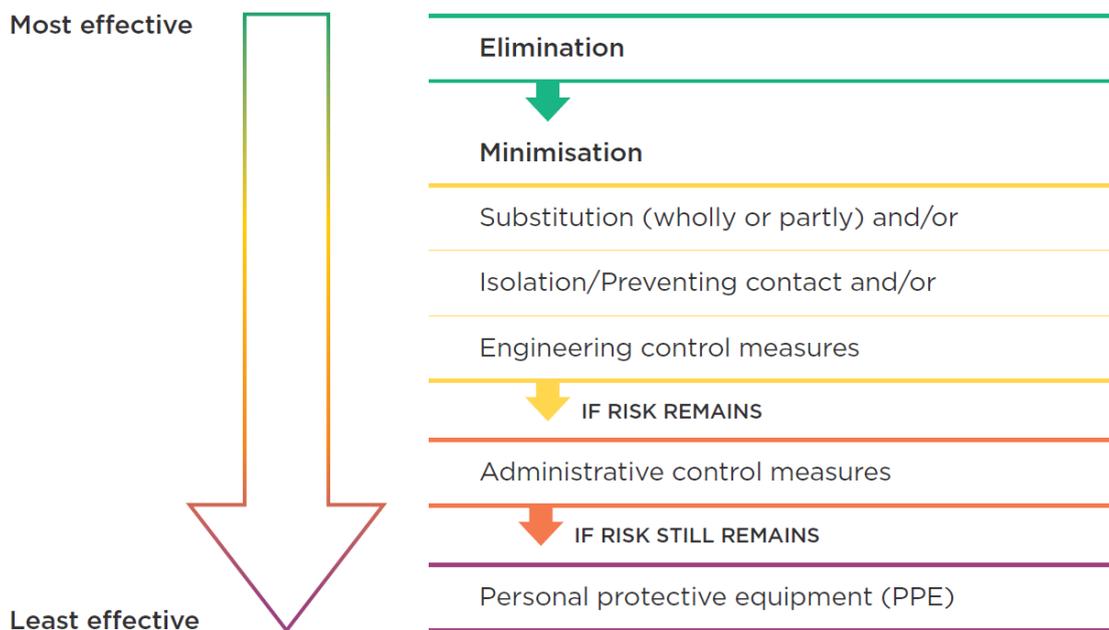
Corrective action if procedures are not followed

If any member of the Apex Care team does not follow a procedure correctly, it is the H&S Coordinator and managements responsibility to investigate the circumstances of why the correct procedure was not followed.

Once discussed and the reasons determined, a decision must be made to ensure the event will not reoccur. The hazard and corrective procedure must be documented on the hazard register, and all staff are to be notified of the new controls by newsletter.

Planning and reviewing and post critical event

Apex Care has put in place several systems to ensure safety in the workplace. We plan and document our review process, to reflect planned changes. Any identified areas of improvement result in corrective actions. In a post critical event review Apex Care will review all relevant policies to address where we may be able to improve our policies and procedures and management of risk.



20. Supporting a Safe and early return to work

Apex Care is dedicated in supporting their employees through injury and helping them to return to the workplace safely and quickly. When management has been made aware of an employee’s injury, the employee will be advised to stop work and seek medical advice if necessary. Management is expected to provide support through this process.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 43 of 44
Creation Date 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023

Until a medical expert has cleared you and proof of that clearance has been shown to a member of management, we will be unable to place you back at work.

The emphasis is placed on a safe return to work, not a quick return to work. Regular contact with the injured employee will be maintained on a weekly basis. It is also important for us to keep up to date with changed circumstances.

All contact needs to be documented on the “*assisting employees to a safe and early return to work*” form Management can access further information on supporting employees via the ACC website.

www.acc.co.nz

ACC Claims

Apex care works under the ACC legislation to:

- Manage H&S in the workplace
- Work to prevent injuries to the staff
- Manage any claims of work-related injuries and rehabilitation

If an employee suffers an accident, Apex may work closely with your ACC Case Manager to help get you back to work and fully independent. If you are entitled to any financial compensation or assistance, ACC will calculate the correct amount and arrange prompt payment to you.

Apex Care will pay 80% of the first week before the claim is then taken over by ACC.

Accidents Outside of Work

If you have an accident outside of work hours you will be able to apply for cover with ACC.

Accidents at Work

The procedure is as follows:

- Tell your Coordinator / Manager
- Complete an Incident / Accident Form (with your Coordinator / Manager)
- Go to your GP for treatment
- Tell your treatment provider that you are claiming for a work-related injury.
- Complete the injured-persons section of the ACC18 or ACC45 certificate yourself
- Provide a copy of the ACC18 or ACC45 form with complete details to your Coordinator/Manager within 24 hours and keep the employee’s copy for your own records.

General Information provided to staff at orientation

- You are to complete an accident/ incident report if you have an accident at work. This is needed to verify your claim.
- If serious harm has occurred, we will advise WORKSAFE
- If you are employed in more than one job at the time of injury, and you are unable to work in either of the positions, you may be entitled to claim compensation for loss of earnings. You must provide us with the details of your earnings from the other job.
- You have the right to ask how your medical history information will be used. It cannot be used to discriminate against you and is covered by the privacy legislation.
- In most cases a decision on your claim will be made within 21 days of being lodged. However gradual-process injuries may take up to 2 months. If this needs to be extended then you will be informed in writing.

Responsible: Clinical Nurse Manager	Document ID: P052 Version 3	Page: 44 of 44
Creation Date: 29 July 2021	Reviewed: May 2022	Reviewed Date: April 2023