

Employee and related requirements

Staff education and training

Education and training is integral to ensuring that client and carer needs are met through the provision of appropriate, well-managed services, delivered by staff with relevant skills and knowledge. Both paid staff and volunteers at all levels should be encouraged and supported to expand their skills and knowledge. The effectiveness of education and training in ensuring quality services is dependent on staff members being supported in learning and practicing new skills and knowledge.

In accordance with the Community Care Common Standards funded organisations are responsible for staff members having the relevant qualifications, skills and knowledge required to undertake the activities that they are allocated to do and have access to registered vocational training and appropriate, quality inservice training.

To enable appropriate training to be identified HACC organisations should undertake education and training needs analysis and develop and implement training plans. All staff members and volunteers are expected to have current skills and knowledge relevant to their role.

Funded organisations that use volunteers exclusively (except for the paid volunteer coordinator) or a mix of volunteers and paid staff are expected to provide recruitment, training and supervision appropriate to the volunteer role. In order to achieve this, volunteers should be offered ongoing training and information as well as appropriate levels of supervision and support. Volunteers are not expected to undertake registered vocational training.

HACC staff members should take the responsibility for ongoing development of the skills and knowledge necessary to fulfil their roles and responsibilities. The HACC program benefits from a diverse workforce with people from many culturally and linguistically diverse backgrounds. Basic English literacy and numeracy skills are required so that staff members can properly understand policies, procedures and work instructions.

Victorian HACC Education and Training Service

The statewide Victorian HACC Education and Training Service provides education and training at no cost for staff delivering services provided by the HACC program, and staff of organisations who are subcontracted to provide HACC services. HACC volunteers are also eligible to attend training and education relevant to their roles.

HACC-funded training is intended to provide training which is of specific relevance to the HACC program. It is not intended to meet all education and training needs of the HACC workforce.

This remains the responsibility of:

- HACC funded organisations to ensure that employees and volunteers have the necessary qualifications and training for the roles and tasks they undertake.
- The VET system to fund vocational education and training that leads to qualifications and the attainment of units of competency.
- The Higher Education system to fund and deliver higher education.

The Service offers a range of education and training opportunities including inservice training, registered vocational education and training, and competency based training. Training is delivered across the state utilising a variety of methods including online, face-to-face and a combination of both.

Education and training provided is developed in consultation with funded organisations to reflect the diverse needs of the HACC workforce and to support current initiatives and reforms of the HACC program. A calendar is developed each six months.

From 1 July 2013 the Victorian HACC Education and Training Service is delivered by Chisholm Institute of TAFE. As a Registered Training Organisation all trainers hold training and assessment competencies as determined by the National Quality Council. The Service has a dedicated website for training course selection and online enrolment.

Qualifications and registration

Managers, coordinators and supervisors

Staff employed to undertake management, coordination and supervision roles are expected to have skills, knowledge and qualifications appropriate to the work undertaken. There are qualifications and training to assist people to fulfil the requirements and responsibilities of these roles both at a higher education and vocational education and training level. For example, the CHC08 Community Services Training Package includes qualifications targeted to managers, supervisors or coordinators. These may be more suited to people already in the workforce.

HACC assessors

Staff employed to undertake Living at home assessments are expected to have relevant skills and qualifications. The HACC assessment framework requires that HACC assessment services transition to assessment staff with relevant higher education qualifications. Since the composition and names of qualifications change over time and a wide variety of courses are available, the following list is generic and in some cases, the registered occupation is listed. Examples include:

- registered nurse (formerly known as a division 1 nurse)
- physiotherapist
- occupational therapist
- dietitian
- qualifications recognised by the Australian Association of Social Workers
- psychology
- counselling
- disability studies
- health sciences (practice oriented, not population health oriented)
- Vocational Graduate Certificate in Community Service Practice (Client Assessment and Case Management).

Examples of relevant postgraduate diplomas, certificates and masters degrees include:

- disability studies
- aged care
- counselling
- case management
- complex care
- health promotion
- social work in health settings
- social work in mental health
- community health nursing.

Nursing

Staff providing HACC nursing must have the appropriate qualification for a registered nurse (formerly known as division 1 nurse) or enrolled nurse (formerly known as division 2 nurse). Nurses must be registered with the Nursing and Midwifery Board of Australia which is part of the Australian Health Practitioner Regulation Agency.

The enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of person-centred care as specified by the registering authority's licence to practise, educational preparation and context of care.

Allied health

Professional staff providing HACC allied health are expected to have the appropriate qualification/ registration/professional requirement as outlined in this manual. The funded occupations are: occupational therapist, podiatrist, physiotherapist, psychologist, social worker, dietitian and speech pathologist.

Health professionals must comply with the registration requirements as specified by the Australian Health Practitioner Regulation Agency unless otherwise stated as follows.

Social workers must be eligible for membership of the Australian Association of Social Workers.

Dietitians must be eligible to participate in the Accredited Practising Dietitian (APD) program, a self-regulated professional program run by the Dietitians Association of Australia (DAA).

Speech pathologists must adhere to the Speech Pathology Australia's requirements for professional self-regulation (PSR).

The type of professional service should be specified in the organisation's service agreement with the Victorian Department of Health.

As noted on the Australian Health Practitioner Registration Agency website, allied health assistants operate within the scope of their defined roles and responsibilities and under the supervision of an allied health professional.

Allied health assistants work under the direction of most allied health professions, that is, dietetics, occupational therapy, physiotherapy, podiatry, occupational therapy and speech pathology.

All allied health assistants employed with HACC allied health funding must hold either of the following qualifications:

HLT07 Health Training Package Version 4

- HLT42507 Certificate IV in Allied Health Assistance

or

HLT07 Health Training Package Version 5

- HLT42512 Certificate IV in Allied Health Assistance

They must also hold the specialisation competency unit electives for the allied health profession assisted. For example the specialisation electives for physiotherapy must be held for assistance to be given to a physiotherapist.

The allied health assistant must be provided with adequate guidance, supervision and instructions by a designated allied health professional with the relevant allied health qualification, for example a podiatrist must supervise a podiatry allied health assistant.

See *Supervision and delegation framework for allied health assistants* (Department of Health 2012).

Community care workers

The department participates in the development and review of national competency-based training that forms the Community Services Training Package. This is the framework for registered training for community care workers.

The appropriate Certificate III level qualification is the minimum standard of qualification required in Victoria for HACC program funded community care workers.

Over time the structure of the vocational education and training system has changed therefore the names and content of qualifications have changed. The qualifications recognised by the HACC program in Victoria for HACC community care workers are listed below. If a community care worker holds any of these qualifications they are not expected to complete another qualification. However if the qualification held is more than ten years old the community care worker could benefit from completing a more recently developed qualification or from gap training by doing individual competency units as required.

If a community care worker holds a qualification not listed below, gap training may also provide the necessary skills for the delivery of HACC services but this would depend on how well the qualification is related to the HACC target group and the nature of HACC service provision.

See also gap training information below.

Vocational training prior to 1994

Registered vocational (non-professional) qualifications obtained prior to 1994 are not recognised by the HACC program in Victoria.

Vocational training between 1994 and 2000

Between 1994 and 31 December 2000 community care workers providing HACC program funded services usually undertook the Certificate III or IV in Community Services (Home and Community Care) which were Victorian registered qualifications. Since 1 January 2001 these qualifications have no longer been provided. Community care workers who obtained Certificate III or IV in Community Services (Home and Community Care) between 1994 and 2000 are considered to have an appropriate qualification for the provision of HACC program funded services, however gap training may be needed to update skills and knowledge.

Vocational training from 2000 onwards

In 1999 for the first time a national Community Services Training Package was introduced. Training packages are regularly revised and qualifications and competency units updated or redeveloped. The qualifications recognised by the Victorian HACC program are listed below.

CHC99 Community Services Training Package

- CHC30199 Certificate III in Community Services (Aged Care Work)
- CHC40199 Certificate IV in Community Services (Aged Care Work)

CHC02 Community Services Training Package

- CHC30202 Certificate III in Home and Community Care

CHC08 Community Services Training Package Version 3

- CHC30308 Certificate III in Home and Community Care
- CHC40208 Certificate IV in Home and Community Care

CHC08 Community Services Training Package Version 4

- CHC30312 Certificate III in Home and Community Care
- CHC40212 Certificate IV in Home and Community Care

The Certificate IV in Home and Community Care can be either an entry level qualification or it can be the next level of training for those who already have a Certificate III qualification. It has electives recommended for advanced care work which is the relevant training for HACC community care workers along with the compulsory units and electives recommended for service coordination work for those who wish to start training in service coordination. These are two distinct job roles.

In the Community Services and Health Industry Training Packages the term service coordination means the job role of coordinating a service. It does not refer to the service coordination policy and practice as described in the *Better access to services framework* (2001), the *Victorian service coordination practice manual* (2012) and the Service Coordination Tool Templates.

The electives recommended for service coordination work do not qualify staff to do community care work with service users. A community care worker who has a Certificate III qualification may wish to do Certificate IV in Home and Community Care with the electives recommended for service coordination job roles because they wish to do this job role.

Personal care competencies and training

Where personal care tasks are undertaken by HACC funded community care workers they must be provided in accordance with the HACC Personal Care Policy.

The HACC Personal Care Policy is included in Part 3 of this manual and describes the required competencies for personal care, first aid, medication assistance, foot care and oral hygiene. These competency units are drawn from the CHCO8 Community Services Training Package and are part of the qualifications listed above for community care workers. However as some of these competency units are electives not all community care workers who hold one of the above qualifications would have all of the relevant competency units.

The policy also outlines the requirements in relation to:

- transferable skills, that is, those which are gained as part of a qualification and competencies, and which can be used with multiple people receiving HACC services
- non-transferable skills, that is, those which are specific to an individual and cannot be used with another individual.

Refer to the HACC Personal Care Policy in Part 3.

Food Safety

Where the community care worker is involved in food handling and meal preparation they must adhere to safe food handling practices including personal hygiene and cleanliness.

Employees should encourage their staff to undertake food handling training. The relevant competency unit is HLTFS207C Follow Basic Food Safety Practices. This is available as an online unit through the HACC Education and Training provider.

Competency-based gap training for all staff

Gap training refers to competency-based training provided to new or existing staff who have a qualification but need to develop competency in one or more areas.

HACC managers are responsible for identifying and organising appropriate gap training for new and existing staff. See examples below.

- A newly recruited community care worker has completed a Certificate III in Home and Community Care but did not complete one or more of the elective competencies their employer requires or they have a partly relevant qualification such as Certificate III or IV in Aged Care, Certificate III or IV in Disability.
- Existing community care workers may require gap training to address areas of competence, which may have not been gained through previous qualifications or training, such as food safety, personal care, first aid, or assistance with medication.

- VET system changes such as the development of new competency units. This particularly applies to people who have completed qualifications prior to 2003.
- To address occupational health and safety requirements for staff who work substantially in isolation from other staff, HACCC assessors may complete HLTF311A Apply first aid, with updates in accordance with the Australian Resuscitation Guidelines.
- HACCC assessors who do not have a clinical qualification such as nursing may only undertake personal care assessment for people who have stable health and are not considered to have complex care needs. Depending on their individual learning needs, assessors may benefit from the following Level IV competency unit to increase their knowledge of personal care: CHCICS401B Facilitate support for personal care needs.
- A newly recruited community care worker in a planned activity group is required to assist with personal care, and has the minimum requirement of a Certificate III level qualification but has not completed the required personal care and first aid competency units. The person is required to complete these before providing personal care to the planned activity group participants. The relevant first aid and personal care competency units from CHC08 Community Services Training Package Version 4 are: HLTF311A Apply first aid and either CHCICS301B Provide support to meet personal care needs; or CHCICS401B Facilitate support for personal care needs.

Other education and training

Orientation and induction, inservice training and informal learning which is provided through a variety of delivery modes will assist to ensure a skilled workforce that can deliver high-quality services. These complement higher education and vocational education and training.

Orientation and induction

All newly appointed HACCC staff members should participate in a planned and managed orientation and induction program. Organisations have the responsibility to ensure that staff funded by the HACCC program are oriented and inducted including the relevant requirements in relation to this policy manual and the HACCC quality framework.

Orientation is the process of introducing and welcoming a new employee to the organisation and developing their initial organisational knowledge, skills and attitudes to underpin the effective implementation of their role.

Induction is the staff member's initial introduction to a new job role and will vary according to the position and the individual's skills, knowledge, experience, role and responsibilities.

Organisations should regularly review and update their orientation and induction programs.

Inservice training

Access to inservice training which does not result in a qualification or competency, is important to enhance, extend and refresh skills and knowledge.

For example, inservice training may be beneficial in relation to:

- HACC program policies and requirements
- Community Care Common Standards guide, HACC statement of rights and responsibilities and Victorian HACC Program Complaints Policy
- occupational health and safety issues
- infection control practices
- manual handling and the safe use and maintenance of equipment
- active service model approach and person-centred care
- service coordination
- diversity planning and practice
- specific disabilities or mental health issues
- specific health conditions, such as dementia or chronic disease management
- healthy ageing, physical activity, nutrition and emotional wellbeing.

Inservice training should be based on a process of regular training needs assessment, and occur in the context of a training plan, to optimise the opportunities for HACC staff to benefit.

Informal learning

Informal learning approaches can assist staff members to further develop their knowledge and skills and reflect on their practice. Approaches such as mentoring, buddying, shadow shifts with an experienced worker, case presentations and case reviews are examples of informal learning approaches.

HACC funded organisations are encouraged to ensure that staff members have access to a range of informal learning opportunities to complement the more formal education and training requirements.

Links

Australian Health Practitioner Regulation Agency <http://www.ahpra.gov.au/>

Community Care Common Standards (CCCS) guide (Commonwealth Department of Health and Ageing 2010) <http://www.health.gov.au/internet/main/publishing.nsf/content/ageing-publicat-commcare-standards.htm>

Community Services and Health Industry Skills Council <https://www.cshisc.com.au/index.php>

HACC Living at home assessment <http://www.health.vic.gov.au/hacc/assessment.htm>

National Training Package information <http://training.gov.au>

Service coordination online learning <http://www.health.vic.gov.au/pcps/workforce/index.htm>

Supervision and delegation framework for allied health assistants (Department of Health 2012). www.health.vic.gov.au/workforce

Victorian HACC Education & Training Service <http://hacc.chisholm.edu.au>

Pre-employment checks

Departmental service agreements with HACC funded organisations require that pre-employment/pre-placement checks should be made for all staff (paid or unpaid) and students who have any contact with people using services.

The word student refers to a vocational student aged 18 years and over only, such as a student undertaking the Certificate III in Home and Community Care, a social work student or an occupational therapy student.

The purpose of pre-employment checks is to verify the applicant's identity and credentials, including formal educational qualifications and to determine their suitability for the duties of a position. All employees, volunteers and vocational students must be aged over 18 years. The forms of pre-employment checks for positions that have contact with people using services should include proof of identity, age, qualifications, referee checks and police checks.

Police Record Check

In Victoria HACC staff, volunteers and vocational students on placement must undergo a Police Record Check.

The following information is taken from *Service agreement information kit* section 4.6, 'Police Record Check Policy (including Working with Children Check)'.

The policy provides a list the circumstances or persons where a Police Record Check is required. The circumstances include either actual unsupervised contact with clients, or the potential for such unsupervised contact.

Police Record Checks can be obtained directly from Victoria Police or through an authorised service or agency accredited by CrimTrac. CrimTrac is the national information sharing service for Australia's police, law enforcement and national security agencies.

Current information on the cost of obtaining a Police Record Check can be obtained from the Victoria Police website.

Applicants and funded organisations conducting Police Record Checks may be able to access reduced fees for checks on volunteers and students on placement.

Police Record Check documentation (including consent forms, proof of identity documentation and records checks) should be used and stored in accordance with the *Information Privacy Act 2000* and any contractual requirements with the CrimTrac accredited agency.

For details see *Service agreement information kit* section 4.6, 'Police Record Check Policy (including Working with Children Check)'.

Commonwealth police check requirements for package care providers

The *Aged Care Act 1997* has different requirements for Commonwealth funded package care programs compared to Victoria. The major difference between the two is that the Commonwealth requires a police check to be conducted every three years.

Where a funded organisation provides both HACC services and Commonwealth packages, the funded organisation may wish to consider applying the Commonwealth requirement to both HACC and Commonwealth funded services. This will meet all program requirements and streamline internal organisation processes.

Full details on the Commonwealth requirement can be found on the Commonwealth's web site.

Working with Children Check

The following information is taken from section 4.6 of the *Service agreement information kit*: 'Police Record Check Policy (including Working with Children Check)'.

The *Working with Children Act 2005* introduced mandatory screening processes for people who volunteer or work with children.

From 1 July 2006, organisations receiving funding from the Department of Human Services or the Department of Health are responsible for ensuring that employees or volunteers undergo a Working with Children (WWC) Check if required. Section 9 of the Working with Children Act identifies which employees or volunteers require a WWC Check.

For details see the *Service agreement information kit* section 4.6, 'Police Record Check Policy (including Working with Children Check)'.

More information about the WWC Check visit the Department of Justice website or telephone the Working with Children Check Information Line on 1300 652 879.

Students under 18 years of age

Where a HACC funded organisation has school students on a school community services placement it is preferable that this placement takes place in a communal setting, such as a planned activity group.

Primary and secondary school students are not permitted to undertake a school community services placement that includes visits to the home of a person using HACC services.

School students must not be left alone with a person using HACC services and must be supervised at all times.

Consideration should be given to the ability of each student to cope with the placement. A Police Record Check is not required however the school and parents or guardian must ensure that only suitable students undertake a placement.

Links

Commonwealth Privacy Act 1988

<http://www.oaic.gov.au/>

Commonwealth Police Check requirements

www.health.gov.au/internet/main/publishing.nsf/Content/ageing-quality-factsheet-policechecks-guidelines.htm

CrimTrac

<http://www.crimtrac.gov.au/>

Department of Justice website for information on the *Working with Children Act 2005*

<http://www.justice.vic.gov.au/workingwithchildren/utility/home/>

Health Records Act 2001 (Victoria)

http://www.austlii.edu.au/au/legis/vic/consol_act/hra2001144/

Office of the Australian Information Commissioner

<http://www.oaic.gov.au/>

Privacy Victoria

<http://www.privacy.vic.gov.au/privacy/web2.nsf/pages/contracted-service-providers-and-agents>

Service agreement information kit for funded organisations

<http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement>

Victoria Police

<http://www.police.vic.gov.au>

Privacy and record keeping

This information is taken from the *Service agreement information kit* section 3.17, 'Privacy and Whistleblowers Act (now Protected Disclosure Act)'. You should read this section in its entirety.

The department and funded organisations are subject to a legislative privacy regime that governs the handling of personal and health information. The *Information Privacy Act 2000 (Vic)* (IPA) and the *Health Records Act 2001 (Vic)* (HRA) protect personal and health information by setting standards on how such information should be handled, from collection to disposal.

The IPA covers personal information, other than health related information, held by Victorian public sector organisations. The HRA covers health information handled by both public and private sector organisations.

It is expected that organisations have a privacy policy and procedures that incorporate the principles in the Victorian privacy legislation as minimum standards for handling personal and health information. Broadly, this means organisations should:

- collect only information which is needed for a specified primary purpose
- ensure clients know why information is collected and how it will be handled
- use and disclose the information only for the primary or a directly related purpose, or for another purpose if authorised by law
- store the information securely and protects it from unauthorised access
- retain the information for the period required by the *Public Records Act 1973*
- provide the person with access to their own information and the ability to correct incorrect information.

Funded organisations are required under the service agreement to comply with both the IPA and HRA. Funded organisations handling health information are directly subject to the HRA.

The principles in the privacy legislation can be found in the *Information Privacy Act 2000* and in the *Health Records Act 2001*. Copies can be purchased from Information Victoria telephone 1300 366 356.

The Privacy Victoria website provides information for organisations on their responsibilities under the Information Privacy Act. With regard to the Commonwealth Privacy Act, the Privacy Victoria website states:

Although some service providers may be subject to the National Privacy Principles (NPPs) under the *Commonwealth Privacy Act 1988*, if the service provider is carrying out obligations under a state contract it must comply with the Information Privacy Act (and the IPPs) rather than the NPPs under the Privacy Act.

However, it should be noted that the NPPs and Victorian IPPs are quite similar. Organisations that are required to comply with the NPPs should have little difficulty adapting compliance to the Victorian IPPs

For details see *Service agreement information kit* section 3.17, 'Privacy and Whistleblowers Act (now Protected Disclosure Act)'.

Please note that on 10 February 2013 the *Protected Disclosure Act 2012* came into effect replacing the Whistleblowers Protection Act.

Duty of care

A duty of care is a duty to take reasonable care of a person. It is a general legal standard that people receiving HACC services have a right to expect that people in funded organisations providing HACC services possess the necessary skills and knowledge to provide that service. People receiving HACC services also have the right to expect that all those who provide care will take reasonable action to avoid harming them, and to protect them from foreseeable risk of injury.

All paid staff members, volunteers and students owe a duty of care to the people they are providing a service to, and are responsible and independently accountable for their actions at all times. Nurses and allied health staff providing HACC services are therefore obliged to use their expert judgement in regard to the delegation of aspects of a person's care to a HACC community care worker.

HACC funded organisations have a duty of care to anyone who is reasonably likely to be affected by their activities. These people may include:

- the person using HACC services, including their families and carers
- certain groups of people in the community who may be indirectly affected by HACC activities, for instance, members of the public who are participating in the same community activity as a group of people using HACC services
- paid staff, volunteers and students.

Funded organisations must take reasonable care to avoid causing injury to these categories of people in the delivery of HACC services.

Levels of employees

Duty of care can be owed by different levels of employees in any particular situation. HACC program directors, service managers, team leaders, supervisors, community care workers and health professionals will all have a duty of care to the groups of people listed above. In any particular situation, each of these employees will be expected to do different things to ensure their duty of care is not breached.

HACC funded organisations should ensure that all paid staff, volunteers and students are aware of their duty of care responsibilities and provide support to employees in this duty. Types of support include staff discussion about the issue, providing written information on duty of care, specific duty statements, policies and procedure documents and training.

Funded organisations should also refer to the relevant legislative requirements inherent in the *Occupational Health and Safety Act (Victoria) 2004* to which all employers are bound.

Regulatory bodies such as the Australian Health Practitioner Regulation Agency may also take action when duty of care has been breached.

A breach of duty of care

A duty of care is breached if a person behaves unreasonably. Failure to act can also be unreasonable in a particular situation. The 'reasonableness' of what a person has done, or not done, is legally assessed, in court, by considering how a hypothetical reasonable person would have behaved in the same situation. When making decisions about the 'reasonableness' of any action, the following factors must be taken into account:

- the risks of harm and the likelihood of the risks occurring
- the types of injuries that may occur, and how serious they are
- the precautions which could be taken
- the powers which employees have
- the usefulness of the particular activity which involves risks
- any statutory requirements or specific directions from the department
- current professional standards about the issue.

Any other factor that is relevant in a particular situation must also be taken into account. The factors all need to be considered together to determine what is reasonable. No single factor can be relied upon to justify acting in one way rather than another. Staff must use their skills in decision making, noting that a person's consent does not justify acting unreasonably. If there is a real risk that someone will suffer serious harm and there are no reasonable and effective precautions possible, then the activity must not be undertaken.

Negligence

Negligence is defined by three elements, duty of care, breach of duty of care and injury. All three elements must be present in any situation for the department or the organisation to be considered negligent by a court.

- Duty of care — the department or funded organisation must owe a duty of care to a particular person.
- Breach of duty of care — the department or funded organisation must have done something a reasonable person would not have done in a particular situation. Conversely, the department or funded organisation must have omitted to do something which a reasonable person would have done. Some harm must have been caused to the person as a result of the department or funded organisation's unreasonable action.
- Injury — there must have been some harm caused by the department or funded organisation's breach of duty of care. The only types of injury currently recognised by the courts are physical injury, nervous or emotional shock and financial loss. Unless a person suffers one of these types of injury there will not have been any negligence by the department or funded organisation as recognised by law.

Occupational health and safety

Occupational health and safety (OHS) is an important consideration for all HACCC funded organisations. The fundamental nature of HACCC services means that there are many challenges to the effective management of OHS. This is because all people have individual and diverse needs, services may be delivered in a person's home environment, and in some situations specific training will be necessary to meet the needs of people using HACCC services.

An employer has a broad duty or responsibility to provide and maintain, so far as is reasonably practicable, a safe and healthy working environment for its employees. A working environment is a broader concept than the physical workplace. It includes:

- the machinery and substances used at the workplace
- the work processes including what is done and how
- work arrangements including hours of work
- the intangible environment including the presence of stress factors such as staffing levels and harassment by fellow employees, people using HACCC services.

Central to the employer's duty is the need to ensure that a workplace under the employer's control and management is maintained, so far as is reasonably practicable, in a condition that is safe and without risks to health.

Key points

An employer has primary responsibility for OHS in the workplace and what happens there. Key points are summarised below.

- Occupational health and safety obligations cannot be contracted out, and the principal employer has obligations, not only to its employees, but also to a contractor and their employees.
- Occupational health and safety responsibilities are based on the degree of effective control that the employer can exercise regardless of the number of contractors and subcontractors involved. The degree of control that can be exercised in a private home that is a workplace is relevant consideration.
- An employer is required, under s. 22(2)(b) of the *Occupational Health and Safety Act 2004 (Victoria)*, so far as is reasonably practicable, to employ or engage suitably qualified persons in relation to OHS, who can provide advice to the employer in relation to the occupational health and safety of the employer's employees.
- An employer has to ensure persons including visitors, members of the public and other contractors are also protected.
- Information about hazards (for example pets, condition of house) and risk controls must be passed to those who will be exposed to them.
- An employer must, so far as is reasonably practicable, monitor both the health of its employees and the conditions at any workplace under the control and management of the employer.
- An employer implements risk controls having regard to its employees' responsibilities, which are to cooperate with the employer to operate safely and not to put themselves or others at risk.

An example of these responsibilities is shown below (in Table 2) in relation to the provision of in-home services.

OHS for home care services

As described, contemporary occupational health and safety practice is based on identifying workplace hazards, assessing risks and then controlling risks as far as is reasonably practicable.

The majority of HACC services are provided in people's homes. Living at home assessments and service specific assessments should include the observation and recording of OHS risk information and development of an OHS plan prior to the commencement of in-home services.

Where service provision occurs in employer controlled settings, addressing occupational health and safety issues will not be so closely aligned with the process of service user assessment, but usually addressed by implementing universal precautions.

The table below illustrates typical steps in assessment and care planning and how this might impact on OHS issues.

Table 1: Example of OHS responsibilities during care pathway (Victorian Home Care Industry Occupational Health and Safety Guide, Department of Human Services and WorkCover Authority 2005)

Care pathway stage	OHS impacts
Referral	Transfer of available OHS related information
Needs assessment	Indication of possible OHS issues
Home safety assessment	Assessment of working environment
Care plan	Allocation of OHS responsibilities, OHS plan
Assignment of home care worker	Training and information for home care worker
Equipment to assist	Suitable equipment to reduce risks
Client services	Worker and client safety

Table 2: Example of OHS responsibilities for in-home services (Victorian home care industry occupational health and safety guide, Department of Human Services and WorkCover Authority 2005)

Responsibility	Typical OHS responsibilities	Examples for in-home services
HACC funded organisation	<ul style="list-style-type: none"> Assess risks in provision of service Consult with staff members Provide training Assess OHS capability of subcontractors Ensure service does not create risks to others (for example person using service, family, friends) Monitor OHS issues 	<ul style="list-style-type: none"> Home safety check Regular discussion about care plan Training in-home safety checklist OHS standards to be met by potential contractors Inclusion of person being assessed (and carer) in risk assessment process Regular reassessing of the person's support requirements
Community care worker	<ul style="list-style-type: none"> Follow procedures for safe working Report incidents and injuries Present fit for duty 	<ul style="list-style-type: none"> Follow safety procedures in care plan Advise of incidents and injuries using supplied forms Comply with any alcohol and other drugs policy
Contractor	<ul style="list-style-type: none"> Follow procedures set by managing organisation Apply specific prevention measures for the tasks contracted 	<ul style="list-style-type: none"> Meet OHS standards in service agreement Manage hazardous substances used in major property clean ups
HACC eligible person (including carer)	<ul style="list-style-type: none"> Inform service provider of any known hazards Make changes to home environment to minimise risk to community care worker 	<ul style="list-style-type: none"> Advise funded organisation of faulty equipment Secure pets where necessary Refrain from smoking while community care worker is present
Volunteers	<ul style="list-style-type: none"> No responsibilities under OHS law but common law duty of care to person (including carer) 	<ul style="list-style-type: none"> Follows OHS procedures of the funded organisation

OHS plan

An OHS plan should be developed following the home safety assessment. This plan should include assessment of tasks involved, controls to manage the risks and the provision of suitable equipment. This forms part of the person's care plan.

Depending on business rules of the organisation, the home safety assessment may be conducted by the community care worker at the beginning of the first service visit and the care plan amended following this. Refer to the *Victorian home care industry occupational health and safety guide October 2005*, pp. 18–20 for a home safety inventory template.

Duty of care

It is recognised that HACC funded organisations will also owe a duty of care to those for whom they are providing HACC services, both at common law and sometimes under statute. The *Occupational Health and Safety Act (Victoria) 2004* does not require a service organisation to sacrifice the interests of one party for the other. A funded organisation must, so far as is reasonably practicable, ensure the safety of both the worker and the person receiving the service. Where possible, conflicts need to be resolved by strategies that do not disadvantage either party.

The employer general duty of care requires a judgement to be made about what is reasonably practicable to ensure health and safety, with the context of:

- the likelihood of the hazard or risk concerned eventuating
- the degree of harm that would result if the hazard or risk eventuated
- what the person concerned knows, or ought reasonably to know, about the hazard or risk and any ways of eliminating or reducing the hazard or risk
- the availability and suitability of ways to eliminate or reduce the hazard or risk
- the cost of eliminating or reducing the hazard or risk.

In addition to the duties owed by an employer to its employees and contractors, an employer must ensure, so far as is reasonably practicable, that persons other than its employees and contractors are not put at risk by the employer's undertaking. Such persons include the person using HACC services, family carers, volunteers, members of the public and visitors to premises at which the employer is carrying out its undertaking.

Community venues

Centre-based meals, planned activity groups and carer support groups most commonly take place in a venue other than a person's home. Other HACC services may also require a community venue for service provision.

Community venues (including those owned by the HACC funded organisation) should be of a user-friendly design, domestic in scale and non-threatening.

Venues should be relevant to the service being provided and target group, and should be designed and managed in a way that maximises physical access.

When a location is needed for a new or existing service, HACC funded organisations should consider all existing community venues, especially those that receive HACC funding. For example, senior citizen centres, community centres or neighbourhood houses.

Key considerations in selecting a community venue include:

- appropriateness, in terms of scale and ambience, to the nature of the service to be provided, for example, a carer support group may require a different meeting venue style and size compared to that required by a planned activity group
- the characteristics of the people using the service, for example, people with dementia may require a secure setting with a low level of ambient noise which is designed to avoid unnecessary disorientation or confusion

- facilitating community access and inclusion, for example, easy access to shopping centres, recreational services, public conveniences, public transport and other community facilities
- physical accessibility in accordance with disability access standards
- a positive sensory environment to contribute to participants' sense of emotional wellbeing
- location in a typical community setting in the consumers' local community or with a subregional or regional focus to reflect broader communities of interest for example CALD communities
- staff and volunteer occupational health and safety requirements.

With the exception of centre-based HACC nursing and allied health, where a clinical setting is needed to meet health regulations, a medical setting is generally not appropriate for providing HACC services. Residential care/institutional settings and large halls with a stage are also not suitable for community based HACC services.

Transport provision by paid staff or volunteers

The Victorian approach is to incorporate meeting the transport needs of HACC clients into a range of funded services including domestic assistance and personal care: for example, by taking people shopping, bill paying and to other activities; through PAGs by transporting people to the PAG centre or providing the transport for outings; and through Volunteer Coordination by funding transport provided by volunteers.

Service providers should take reasonable care to ensure the safety of all concerned where paid staff or volunteers are providing transport or escort services.

It is the responsibility of the service provider to ensure they are meeting their OHS responsibilities for safe driving and client transport practices. These responsibilities are outlined in section 5.2.5 of the *Victorian Home Care industry Occupational Health and Safety Guide* (2005).

Links

Home care: occupational health and safety compliance kit — how to control the most common hazardous tasks in the home care sector (WorkSafe Victoria 2011)

http://www.worksafe.vic.gov.au/__data/assets/pdf_file/0003/8571/Home2Bcare2BOHS2Bcompliance2Bkit5B15D_June_2011.pdf

Victorian home care industry occupational health and safety guide (Department of Human Services and the Victorian WorkCover Authority 2005)

http://www.health.vic.gov.au/hacc/downloads/pdf/vic_homecare.pdf

WorkSafe Victoria

<http://www.worksafe.vic.gov.au/>

Working safely in visiting health services (WorkSafe 2006)

<http://www.worksafe.vic.gov.au/wps/wcm/connect/wsinternet/WorkSafe>
