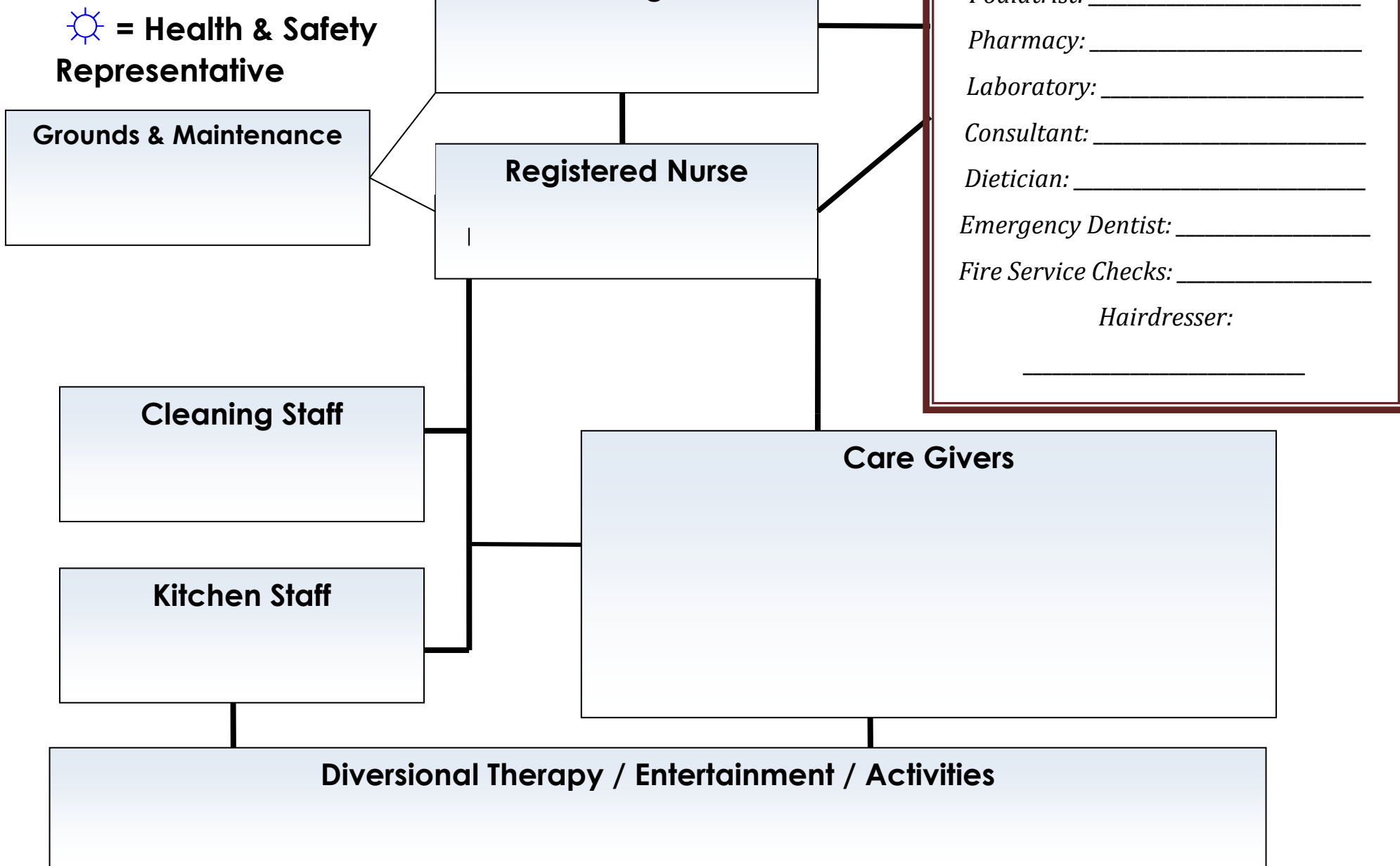


Organisational Chart



Emergency Readiness

Please as you complete the list below:

- Find the Evacuation Map
- Know the escape routes
- Know where the Fire Cells & Evacuation Points are
- Evacuation Procedures shown and understood
 - Can sound alarm and call for help [fire service – 111]
 - Can get out and get residents out in the event of fire
 - Know location of Fire Extinguishers
- Completed Fire Warden Training & Assessment of Knowledge
Free online Training: www.hh.net.nz
- Completed Health & Safety Training
Free online Training: www.hh.net.nz
- Has Read Essential, Emergency & Security Systems Policy
 - Fire Safety - Water loss
 - Tsunami - Storm
 - Intruders - Malicious Calls
 - Earthquake

Hazard Identification

- I understand that a hazard is anything that could hurt someone
- I feel confident reporting Hazards
- I have read the Significant Hazard Register. This is a list of things that could hurt someone at work and what to do to keep safe.

Accident / Incident Reporting

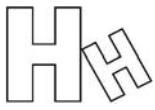
- Knows where to find Accident / Incident Forms
- I feel confident filling in Accident / Incident Forms

Sign: _____ De signa tion: _____

Date: _____

Trainee: _____ De signa tion: _____

Date: _____



Personal Privacy and Dignity

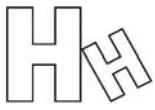
Our service is committed to meeting the requirements of the Privacy Act 1993, the Health Information Privacy Code 1994 and the Health [Retention of Information] Regulations 1996.

- All residents are referred to by their preferred name. This is clearly written in their Care Plan.
- All resident care should be given with the same dignity as I would like for myself or for my own family / whanau, not offending the beliefs of the culture known of that resident.
- I understand that residents should have private space whenever they need it and where they can be alone if they wish [so long as this is safe].
- I realise I must knock prior to entering a resident's room except in the event of an emergency.
- I understand residents have the right to private telephone conversations.
- Residents and their families or friends must be able to meet in a suitable private place where others cannot overhear.
- All residents use their own clothing and personal items. There are no "shared" items.
- I understand that resident belongings should not be lent to others without the resident's permission.
- I understand the importance of storing resident belongings appropriately and safely.
- I understand the importance of not putting any sensitive resident information on notice boards or in the public eye.
- Residents have rights regarding sexuality but these must fit within our policy and not offend others. Any sexual activity will not be the topic of interest or speculation among staff.
- Resident files are only looked at according to need and by the correct people who have permission.
- I understand the importance of using up to date records and that these records are stored safely.
- Information on computers is just as private as written notes on paper.
- I have looked at our policy / received some training in privacy and dignity issues relevant to resident care.
- I understand that I must not borrow money or other items from residents.

I have read and understand the above policy about resident Privacy and Dignity. Anything I do not understand I have asked about and received adequate explanation.

I will respect individual resident Privacy & Dignity at all times.

Sign: _____ Designation: _____ Date: _____



Confidentiality

Resident information will only be discussed in order to provide care.

REFERENCE:

NZS 8134: 2001

NZS HB 8158: 2004 Section 1.6

NZS 8153: 2002 Health Records

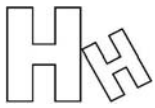
NZS HB 8169: 2002 Health Network Code Practice

1. Information may be given to family of the resident and other health professionals.
2. However, occasionally a resident may not want information passed on to their family & we respect that.
3. The person giving the information must have a clearance from Management to give such information.
4. All records about each resident are confidential. The resident must give permission to discuss these records with anyone other than those providing care.
5. These records are kept in a secure place. Access is limited to those providing care.
6. When information is passed on, for acceptable professional reasons, this must be done in such a way as to protect the privacy of the information. *For example sending a fax out may be a way of showing information to any random person and may NOT be taking care of resident confidentiality.*
7. All charts and records must be safeguarded to reduce the possibility of being passed into the wrong hands.
8. Be aware that in signing your Individual Employment Agreement that it includes a clause that makes it clear that failure to maintain resident confidentiality is regarded as serious misconduct.
9. Any staff member who disregards our confidentiality policy will be seen as having committed a serious misconduct and may be considered for dismissal.

I have read and understand the Confidentiality Guidelines above. Anything I do not understand I have asked about and received adequate explanation.

I will respect individual resident confidentiality at all times.

Sign: _____ Designation: _____ Date: _____



Work Injury Declaration & Knowledge Assessment

YOU ARE INJURED / HURT YOURSELF AT WORK!

There are many ways you can hurt yourself. It is our responsibility to warn you about how you might get hurt at work and to take ALL PRACTICAL STEPS to prevent you, and anyone else, from harm.

Please look carefully at our **Significant Hazard Register**

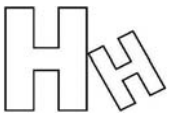
Please select the BEST answer below:

QUESTION	YES	NO
Have you filled in a Health Questionnaire		
Do you know what form to fill in if you are hurt at work? <small>[If you are hurt badly someone will do this for you & take you to medical aid]</small>		
We have a doctor and we will pay for your visit if you use our doctor.		
Is it OK to go to your own doctor and tell them that you hurt yourself at work when you know that you have the same problem at home?		
Do you accept that we want to know FIRST before you go to the doctor if you hurt yourself at work so we can BEST help you.		
Do you accept that if you go to the doctor you must report back to us so that we keep safe staffing levels & so we can help you with your rehabilitation		
We pay 80 % of your first weeks pay if you are injured at work and cannot return on light duties. That is we will pay you what you were rostered to work or what your usual work hours are.		
ACC pay 80% of your wages after that if they accept your claim.		
ACC allocate you a Case Manager		
We like to work closely with this Case Manager, from day one, to assist best possible recovery and assist you return to normal activity.		
It is your responsibility to participate in your rehabilitation so long as it is in your capacity to do so.		
It is better to return to work than to stay on ACC		

I have read and understand my responsibility towards Injury Management. Anything I do not understand I have asked about and received adequate explanation.

I will inform a senior person at once if I suffer injury or hurt from my work. I will not claim hurt or harm from outside work as solely work related:

Sign: _____ Designation: _____ Date: _____



Training Program & Individual Employee Training Record

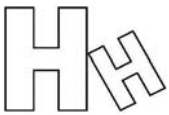
EMPLOYEE NAME: _____ **Position** _____

Induction Start Date: _____

Health & Safety Induction Training [complete prior to starting work].

<input type="checkbox"/> Emergency Readiness	<input type="checkbox"/> Accident & Incident Reporting & Complaints	<input type="checkbox"/> Hazard Identification [Significant Hazard Register]	<input type="checkbox"/> Work Injury Procedure [Reporting declaration]	SIGNED OFF BY TRAINER: _____ DATE: _____
<input type="checkbox"/> Employee/ Employer Responsibility	<input type="checkbox"/> Infection Control [basic] & Hazardous Waste	<input type="checkbox"/> Issue Personal Protective Equip [gloves & gowns]	<input type="checkbox"/> Rehabilitation [Employee responsibility]	SIGNED OFF BY EMPLOYEE: _____ DATE: _____

Essential Training:	Trainer Name	Date & Comment	Employee Signature
<input type="checkbox"/> Code of Rights	Training Resource Module 1		
<input type="checkbox"/> Privacy & Dignity	Training Resource Module 1		
<input type="checkbox"/> Confidentiality	Training Resource Module 1		
<input type="checkbox"/> Consent & Informed Consent	Training Resource Module 1		
<input type="checkbox"/> Fire Warden Training	Training Resource Module 2		
<input type="checkbox"/> Work Place First Aid & CPR	Training Resource Module 2	Includes Emergency Care	
<input type="checkbox"/> Safe Prescribing	Training Resource Module 3		
<input type="checkbox"/> Safe Medication Administration	Training Resource Module 4		
<input type="checkbox"/> Understanding Diabetes & Insulin	Training Resource Module 5		
<input type="checkbox"/> Controlled Drugs Awareness	Training Resource Module 6		
<input type="checkbox"/> Pain Management	Training Resource Module 6		
<input type="checkbox"/> Managing Challenging Behaviour	Training Resource Module 7	Focus on de-escalation	
<input type="checkbox"/> Non restraint Policy	Training Resource Module 8		
<input type="checkbox"/> Wound & Skin Management	Training Resource Module 9		
<input type="checkbox"/> Moving & Handling	Training Resource Module 9		
<input type="checkbox"/> Prevention of Abuse & Neglect	Training Resource Module 10		
<input type="checkbox"/> Infection control	Training Resource Module 11		
<input type="checkbox"/> Reducing Pain / Comfort Cares	Training Resource Module 12		
<input type="checkbox"/> Reducing Falls	Training Resource Module 13		
<input type="checkbox"/> Understanding Incontinence	Training Resource Module 13		
<input type="checkbox"/> Safe Food Handling			
<input type="checkbox"/> Transportation of Residents			
<input type="checkbox"/> Sexuality & Intimacy			
<input type="checkbox"/> Death & Dying			
<input type="checkbox"/> Treaty Of Waitangi			
<input type="checkbox"/> Aging Process Promoting Independence			
<input type="checkbox"/> Answering the phone			



Training Program & Individual Employee Training Record

Staff Employment Process & Induction Record

Name _____ Position: _____ Date Commenced: _____

	Date or \checkmark
Employment agreement read, understood and signed	
Conditions of employment discussed / Job description given and discussed	
Hours of work discussed and agreed upon - one month trial advised	
Added to roster [buddy allocated for induction days] - Duty list given	
Declarations:	
- To respect resident privacy & dignity	
- To maintain resident confidentiality	
- Understanding of Work Injury Process	
- Has read & understood what comprises Serious Misconduct	
Policy Manuals Read & Understood (signed)	
- Resident Rights	
- Service Delivery	
* Safe Medication Administration Education	
* Infection Control Standard Precautions	
* Infection Control Contact Precautions	
* Infection Control Airborne Precautions	
- Health & Safety	
* Shown significant Hazard Register	
* Safe Lifting Policy & Education	
* Reporting hazards at work	
* Dealing with hazardous material – Gloves / goggles / gowns & safe disposal	
- Accidents & Incidents	
- Observations & Recordings	
- Emergency Planning including Evacuation procedures	
Communication	
- Communication Books & Hand over after shift finishes	
- Release of information (Policy read, understood & signed)	
- Telephone system	
- Call bell system	
- Complaints procedures / Opportunities for improvement	
Resident Care Planning Explained & Understood	
Meal times routines explained & shown	
Resident Personal Cares – Buddy system until confident & competent	
<input type="checkbox"/> Safe showering procedures	
<input type="checkbox"/> Grooming & resident hygiene	
<input type="checkbox"/> Eating assistance	
<input type="checkbox"/> Pressure area prevention & cares	
<input type="checkbox"/> Laundry service & clothing care	
Special equipment	
* Lifting apparatus shown	
* Hearing aids use, storage and care.	
Laundry Services & resident Clothing Care explained and shown	

Signed by employee: _____

Staff Appraisal Form

Circle → First Week / 1 months / 6 months / or annual

Name: _____ Position: _____

Date: _____

	Focus for improvement	Working well	Can teach this to others
ATTRIBUTES			
Able to carry out instruction			
Attends in-service			
Has initiative / good ideas			
Is reliable / punctual / flexible			
Accepts responsibility			
Works without supervision			
Reports observation correctly			
RELATIONSHIPS – has positive relationships with:			
Residents			
Co-workers			
Visitors			
Community / other organisations			
Management			
PERSONAL QUALITIES			
Neatly / interestingly dressed			
Listens actively			
Kind			
ALWAYS MAINTAINS / promotes			
Residents' safety			
Residents' privacy / dignity			
Residents' work readiness			
Residents' right of choice			
Resident Community involvement			
Maximises Residents' independence			
Enables Residents' activities / interests			

Employer Comment / Career Development:

Employee Comment

Employee Signature: _____

Manager/ supervisor signature: _____

Date: _____

Emergency Readiness

Please as you complete the list below:

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- Know the escape routes
- Know where the Fire Cells & Evacuation Points are
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Accident / Incident Reporting

- Knows where to find Accident / Incident Forms
- I feel confident filling in Accident / Incident Forms

Sign: _____ De signa tion: _____

Date: _____

Train er: _____ De signa tion: _____

Date: _____

Hazard Identification

Example Hazard Identification & Control / Building Maintenance Log

Location: Community House Tahiri

Month: January

Check by: Team Leader Selwyn Slacker

Ref. No.	HAZARD	Tick	an Option	Safe Work Practice & Person Responsible	Sign off date
1	Gate to spa broken - risk drowning [visitor child]		Eliminate ⇒	Mary Hard Worker	
			Isolate ⇒	ring contractor	
		√	Minimise ⇒	REPAIR TODAY	
2	No gloves available - Infection Risk		Eliminate ⇒	Sandy Lee	Sign ONGOING! PLEASE
			Isolate ⇒	Gloves out of stores	
		√	Minimise ⇒	ATONCE	
3	Garden Shed not locked - risk chemicals unsecured - risk tools unsecured		Eliminate ⇒	Selwyn Slacker	Achieved 30 Jan 06 Sign
			Isolate ⇒	Locked Shed	
		√	Minimise ⇒		
4	245 Ton shelf in shed - poisons risk - inappropriate chemical	√	Eliminate ⇒	Removed	Achieved 30 Jan 06
			Isolate ⇒		
			Minimise ⇒		
5	Light bulb blown in hall - falls risk in dark		Eliminate ⇒	Mary Hard Worker	1 Feb Mary Sign
			Isolate ⇒		
		√	Minimise ⇒	Replaced	
6			Eliminate ⇒		
			Isolate ⇒		
			Minimise ⇒		

Name three hazards from the Hazard ID sheet, above.

- 1.
- 2.
- 3.

INCIDENT/ BREAKAGE!

You see a broken window in the shed outside. Glass has fallen on the ground and you clean it up using protective gloves. There are still sharp bits of glass in the window and you are worried that visitors' children could get cut if they played around the area.

Please record this on the Hazard Identification Form for Community House Tahiti, above.

Knows how to fill in **Hazard Identification / Building Maintenance Form**

What would you do about the broken glass still in the window?

ACCIDENT!

A visitor twists their ankle on the step. They tripped over some shoes left on the step. It happened at 1pm today. They had an x-ray and nothing was broken. The doctor gave panadol and a bandage and now the person is resting with their foot up.

Please fill in the form to describe this accident.

Has filled in the **Accident / Incident Form on the next page**

Name one of our Health & Safety Representatives?

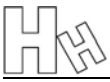
Where is the list of Health & Safety Representatives?

Sign: _____ Designation: _____

Date: _____

Trainer: _____ Designation: _____

Date: _____



Accident / Incident & Opportunity for Improvement Form

This form is to be used by residents, family, visitors and staff for:

- Accident / Injury Breakages / repairs Fall
- Near hit / near miss Skin Tear Medical event

Date: _____ Time: _____

Name: _____ Staff Resident Visitor

Description of what happened & **WHY** the accident / incident happened.

Extent Injury / Damage:

Accident / Incident Reported to _____

Action taken:

Could the accident have been prevented? YES NO

Steps taken to prevent re-occurrence:

Follow up action and person responsible: [Please write on back if not enough space]

Follow up action by _____ [date]

Sign: _____ De signa tion: _____ Date: _____

Train er: _____ De signa tion: _____ Date: _____

Hand Washing

When do you need to wash your hands? Please tick the boxes and fill in the missing words.

- At the start of work
- Before touching r_____
- After t_____ residents or clients
- After using e_____
- Collecting speci_____
- Before and after doing d_____s of skin tears or wounds
- Before serving f____
- After using the b____ r____
- Before giving out m_____
- After sneezing or touching your n____
- Any time you don't feel that they are clean
- Before going home
- Any other times?

.....

.....

.....

.....

Why do we need to wash our hands so much?

.....

.....

.....

What parts of our hands need special attention? Where do the bugs love to live the most?

.....

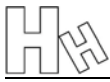
.....

.....

Passed practical assessment.

Sign..... De signa tion..... Date

Sign..... [Trainer] Date



You find a resident with a bleeding nose
Please write what you would do when cleaning up in the blank boxes below?

Assess Knowledge Blood Nose! Blood Spill!	
1. ASSESS THE RISK How do you assess the risk? What do you look at?	1. Amount of blood 2.
2. PROTECT YOURSELF How do you protect yourself? What personal protective equipment could you need?	
3. MOP UP What with?	
4. WASH What do you use?	
5. DRY What do you use?	
6. DISPOSE Where?	
Spills on carpet How should we clean this?	

Sign..... De signa tio n..... Da te

Sign..... [Tra ine r] Da te

Assessment of Knowledge Management of Waste and Hazardous Substances

How would you dispose of Soiled Waste? : This includes bloodstained waste and soiled wound dressings, disposable pads, or human waste.

- Place in a p _ _ _ _ _ v b _ _ . Tie up the top and put inside another one.
- Tie in a knot at the top
- This rubbish goes into a strong wheeled bin on wheels with lid.
- This is never o _ _ _ _ _ .
- It is collected no less than weekly

Wet linen:

This is collected in:

- C _ _ _ _ _ b _ _ _ _ _
- P _ _ _ _ _ lined l _ _ _ _ _ bags for transfer to the laundry for processing.

NEVER carried against o _ _ _ _ _ !

Soiled or blood stained linen:

Place in a covered bucket / plastic lined linen bag for transfer to the laundry.

Soak in strong 'napisan' or other b _ _ _ _ _ . Bleach is effective against infectious micro-organisms. Use correct amount as directed.

This linen is laundered s _ _ _ _ _ from other linen.

Drying the linen in a clothes drier for 10 minutes on high also achieves disinfection.

Sharps: [disposable syringes, needles, glass ampoules and other sharp objects].

These are placed in special s _ _ _ _ _ containers I _ _ _ _ _ after use. When containers are three quarters full arrange for collection by Medical Waste Disposal. Take to chemist for disposal and replace containers at the same time.

Sign: _____ Designation: _____ Date: _____