



# Clinical Care Policy, Guidelines & Framework

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	5/2020	Tahla Small	CEO	New policy – re kit bags
1.2	2/2021	Tahla Small	CEO	On-call / on-shift resource

## In conjunction with:

- All National Frameworks

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## Current Clinical Roles

### PLEASE NOTE:

All National Community Care Clinical Policies are reviewed annually and written in line with current best practice information at hand. National Community Care is to operate directly under these policies unless brokered policy applies.

However, services undertaken within facility / healthcare settings will need to consider and apply facility/ healthcare setting policies and procedures within the relevant locations.

National Community Care Directors – Natasha Telfer (CEO) / Lisa Walker (CFO)		
National Community Care Daily Operations – Guy Telfer (COO/RCO)		
Governance Lead Partner – Stacey Madden (GL / RN)		
Clinical Manager – Caitlin Halliday (CM)		
<b>SIL / Onsite Consumables</b>	<b>Clinical Admin/ Quality Assurance</b>	<b>Clinical Client Relations/ Training</b>
Caitlin Halliday Onsite teams	Clair H Based in office + Community	Caitlin Halliday / Clair H Based in AH + Community
Community RN Team/ Clinical Service Delivery		
Community Carers		



## Ad-Hoc Clinical On-Call Procedure

### Scope

All Senior Nurse employees

### Purpose

From time to time, NCC may be required to implement on-call services for complex clinical clients within the community and/or on interstate outings. These circumstances are adhoc and implemented by NCC management where high risk is identified. The employee attending the complex clinical client may require non-face-to-face consultation services in relations to CLINICAL advice.

In line with the registered nurse employment contract, employees can be rostered to participate in Clinical on call services for SIL properties and community client/participants. This is a 24hour service – if a carer requires on shift clinical advice. RN/ENs will be required to provide employees with support, guidance, advice regarding a variety of situations and in some circumstances may be required to attend.

### Employee Entitlements

Employees required to be on call, shall be entitled to the following allowances applicable to their rostered on call period:

Except from the Nurses Award 2010

#### 17.2 Wage-related allowances

##### (a) On-call allowance

[17.2(a)(i) varied by [PR740715](#) ppc 01Jul22]

(i) An on-call allowance is paid to an employee who is required by the employer to be on-call at their private residence, or at any other mutually agreed place. The employee is entitled to receive the following additional amounts:

Between rostered shifts or ordinary hours on:	\$ per 24-hour period or part thereof
Monday to Friday inclusive	24.09
Saturday	36.29
Sunday, public holiday or non-rostered day	42.34

(ii) For the purpose of clause [17.2\(a\)](#) the whole of the on-call period is calculated according to the day on which the major portion of the on-call period falls.

Reference: [https://awardviewer.fwo.gov.au/award/show/MA000034#P581\\_28245](https://awardviewer.fwo.gov.au/award/show/MA000034#P581_28245)

### Requirements

- Collect the on-call folder and related client information. Collect the clinical bag from NCC prior to on call commencing. (See attached itemised list pg 19)
- The NCC RN phone will be diverted to the identified-on call phone – upon diversion, a phone call to confirm commencement and conclusion of on call duties.



- On standby for active on call / call outs. All workplace policies and procedures remain active when an employee is on call (Must not be under the influence of drugs or alcohol and must maintain ability to drive a motor vehicle).
- All calls are to be documented on the on-call progress note template (located in the on call folder) the following is to be included date, time, client/participant, situation, action / intervention and RN/EN name and signature.
- All incidents/accidents/ injuries etc which are reported to on call are to be forwarded to [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au) followed up by a phone call to National when appropriate (within 2-4hrs).
- All queries or concerns which are out of the employees' scope are to be up lined to National Directors.
- Clinical Call outs - RNs/ENS are required to call one of the following, Clinical coordinator or NCC mobile, to discuss the client/participant, situation and intervention to gain approval for call out.
- Smart casual attire is to be worn in the event of a call out in line with the 'uniform policy'
- A written handover is to be attended between community on call and the clinical coordinator to ensure all relevant information/incidents or follow ups are attended – this is to be emailed to [cc@nationalcommunitycare.com.au](mailto:cc@nationalcommunitycare.com.au)



## Community Nurse Clinical Responsibilities Policy

### **PURPOSE**

The purpose of this is to provide the registered nurses working within the community across aged care clients, NDIS participants and private clients have a clear framework to follow, comprehensive policies and procedures to guide their practice.

### **SCOPE**

All registered nurses participating in Community Client Care.

### **POLICY**

To ensure all Registered Nurses have a clear framework to operate within to provide quality supports to Clinical Clients and National Care team and up lining through appropriate channels.

#### *Clinical Client Oversight*

Clinical client oversight of general health and wellbeing, supply management, forms, and charts, liaising with allied health professionals will be delegated to one of the community registered nurses. It will be responsibility of the assigned registered nurses to attend the following duties:

- Weekly Covid 19 and general health welfare call.
- Monthly drop off to the home of individualised charts and forms (collecting historical charts and forms for archiving).
- Monthly Clinical supply ordering (only for the clients identified).
- Moving on audit surveys – these will be emailed to RNs when required.
- Bi - Monthly client satisfaction surveys.
- Quarterly clinical care plan review and service guide update.
- Quarterly Waterlow pressure injury assessment, Falls risk assessment and pain assessment.
- Annual risk assessment.
- Following up all reported incidents and accidents > escalating incidents to NCC.
- Reporting maintenance or hazards identified within the home to NCC and identified support coordinator.
- Re stocking of RN Kit bag and spare charts and forms within the kit bag folder.

#### *Incident reporting / Maintenance reporting – Procedure*

It is the responsibility of all community registered nurses within the team to identify and notify via phone NCC of all incidents, hazards, and maintenance reports, followed by an email notification with the report attached.

Administrative RN tasks can include following up, actioning and signing off on incident reports from within the community and updating NCC of actioning. Completed incident forms to be sent to NCC for register data submission by Administration and archiving.



## Weekly Tasks

### *Weekly Covid 19 & General Health Welfare Call – Procedure*

Once a week all clinical community clients / participants are to receive a welfare call from their designated registered nurse. The purpose of this is to reduce missed medical emergencies or health concerns which otherwise would not have been identified and to provide a check in for the client / participant to voice any concerns that they might have. The welfare call is to be documented on the welfare call is to be documented on this form, scanned to client / participant folder on sharepoint.

All calls are to be made between 9am-4pm weekdays, you are required to introduce yourself and the purpose for your call by asking the following questions.

	QUESTION	ANSWER	ACTION REQUIRED Y/N	ADVICE PROVIDED
1	Do you have any cold or flu like symptoms?			
2	Have you been to any COVID 19 exposure sites?			
3	Do you have any concerns about your general health or wellbeing?			
4	Do you have any concerns or feedback?			
5	Do you require any additional services to be implemented?			

If action or advice is required - up lining the situation immediately to National Community Care Directors, followed by an email which must be within 24 hours of verbal notification.



## Monthly Tasks

### *Monthly Individualised Charts and Forms – Procedure*

At the beginning of each month (first week) all clinical clients are to receive a re-stock of their identified individualised charts and forms, this includes ensuring the following basics are available within the care folder.

- 50 x double sided progress notes
- 5 x NCC incident forms
- 5 x NCC medication forms (only if we assist with medication administration).

It is the responsibility of the Registered Nurse assigned to clinical operations in the office on Wednesdays to print off all required forms for clients / participants for the month ahead. All forms and charts are to be placed in a plastic sleeve and an email to be sent to next assigned RN visiting the client to collect and place in care folder.

All scanning of clinical community clients completed forms and charts will be attended on the Wednesday.

### *Monthly Clinical Supply Ordering*

It is the responsibility of the Registered Nurse assigned to clinical operations in the office on Wednesdays attend a stocktake monthly 2nd Wednesday of each month on the community clinical supplies.

It is the responsibility of the Registered Nurse assigned to clinical operations in the office on Wednesdays to coordinate with clinical participants who have requested NCC assist with their monthly ordering of consumables. All consumable templates for those whom NCC assist are in sharepoint in the participants folder. It is the responsibility of the Registered Nurse assigned to Clinical Operations Administration to check in with Community Nurse Team for RN Kit Bag Supplies.

### *Moving on Audit (MOA) surveys*

Each month NCC will email out moving on audit surveys to be completed, these will be email to the Registered Nurse assigned to clinical operations. Surveys are to be conducted via phone call (during Covid) and face to face when appropriate and safe to conduct. All surveys are to be returned to Clinical Coordinator by the requested date and all concerns are to be escalated to management.

## Bi-Monthly Tasks

### *Bi - Monthly client satisfaction surveys*

It is the responsibility of the Registered Nurse assigned to clinical operations in the office on Wednesdays to undertake bi-monthly client satisfaction surveys across all clients and





participants (minimum of 10%) to be attended. All surveys are to be returned to Clinical Coordinator by the requested date and all concerns are to be escalated to management. RN is requested to use empathy and best judgement when determining participants to take part. For example – a client moving into palliative care may not be appropriate OR a client isolated due to COVID and ACT Health restrictions may not be happy to participant. However, these participants may serve well to receive a welfare check to ensure they are OK.

## Quarterly Tasks

### *Quarterly clinical care plan review and service guide update*

It is the responsibility of the Registered Nurse assigned to clinical operations in the office on Wednesdays to monitor all care plans, add amendments as changes occur and conduct 3rd monthly fill care plan review and send to participant / NOK / Guardian for input and approval.

The care plan is to be delivered to the participant and old care plan removed, send NCC a summary of all changes, which will be communicated to staff via email.

The registered nurse calendar is to be updated with date of next due care plan and shared with the Clinical coordinator.

### *Quarterly Waterlow pressure injury assessment, Falls risk assessment and pain assessment*

It is the responsibility of the Registered Nurse assigned to clinical operations in the office on Wednesdays to delegate to the other RNs on the team to undertake 3rd monthly routine assessments (Waterlow pressure injury, falls risk and pain assessment).

Once received the Registered nurse is to review and action as required. Assessments are to be scanned to the participants folder on SharePoint.

The registered nurse calendar is to be updated with date of next due and share the calendar with the Clinical coordinator.

## Annual Tasks

### *Annual risk assessment – Procedure*

It is the responsibility of the Registered Nurse assigned to clinical operations in the office on Wednesdays to delegate to the other RNs on the team to undertake the Annual risk assessment – template located on SharePoint. Once received the Registered nurse is to review and identify all risks and inform NCC via phone and email follow up.



## Clinical Care Kit Bags

### Who is responsible for supplies?

Orders by Clinical Lead, however all Clinical Kit bags are the responsibility of the holding Registered Nurse.

### *Ordering Supplies, documenting use of supplies*

Registered Nurse is responsible for conducting stocktake 2nd Wednesday of each month and developing an order list. Stocktake is also to be conducted weekly of a Friday by night shift and added to the order list as needed. The list is to be sent to [caitlin@nationalcommunitycare.com.au](mailto:caitlin@nationalcommunitycare.com.au) to be reviewed and placed.

### *Supply charges and Invoicing*

All registered nurses are responsible for reporting any supplies that they use from their kit bag for a client / participant. NCC will then manually invoice for all items used via scheduling system

### *Reporting damaged or faulty Clinical equipment*

All registered nurses are to report all damaged or faulty clinical equipment to Clinical Lead via phone call and followed up with an email.

#### **Contents:**

Is to be stocked with the following equipment

- Thermometer and if required probe covers,
- Oxygen saturation probe,
- Manual blood pressure cuff,
- Stethoscope,
- Neurological torch,
- Small sharps container

#### **The following documents are to be in the on-call/Community RN Kit folder:**

- Progress notes at least 10 pages (hole punched)
- Medication incident forms at least 10 pages (hole punched)
- Incident forms at least 10 pages (hole punched)
- Client care plans – in alphabetical order of surname
- On call log – front of folder

#### **The following wound supplies are to be in the bag:**

- Gloves (sterile) 5pkts
- 1x box of gloves: dependant on RN hand size
- 10x 10ml syringes
- 5x 3ml syringes
- 10x alcohol prep pads
- 10x water for irrigation sachets
- 10x water for injection ampules
- 1x box Allevyn Adhesive 7.5cm (Small)
- 1x box Allevyn Adhesive 12.5cm (Medium)
- 1x box Allevyn heel
- 10x Sterile Lubricant
- 5x dressing packs
- 1x pkt of gauze
- 1x re-usable scissors
- PPE – face masks (5)

