Associated Provider Training Package

September 2026

community INTERLINK

GV Health

Associated Provider Training

Content

This training package provides education and information to Associated Providers and their support staff on the following important Aged Care topics:

- ***Aged Care Code of Conduct***
- ***Strengthened Aged Care Quality Standards***
- ***Statement of Rights***
- ***Culturally Safe, Trauma Aware and Healing Informed care***
- ***Elder Abuse***
- ***SIRS***
- ***Deteriorating client***
- ***Restrictive Practices***
- ***Open Disclosure***
- ***Feedback / Complaints***
- ***Whistleblower reporting***
- ***Advocacy***
- ***Infection Control / Hand Hygiene***
- ***Food Safety***
- ***Child Safe requirements (CHSP Providers)***
- ***Manual Handling***
- ***OH&S***
- ***First Aid***
- ***Cardiopulmonary Resuscitation (CPR)***
- ***Fire and evacuation***

Aged Care Code of Conduct

What is the Code?

The updated Code of Conduct for Aged Care was introduced on 1 November 2025.

Australian Government
Aged Care Quality and Safety Commission

The Code:

- sets out how registered providers (Community Interlink) and their aged care workers (Associated Providers) and responsible persons **must behave and treat people** when delivering funded aged care services
- **strengthens protections** for older Australians against unsafe, poor-quality aged care services

Why is the Code important?

The Code aims to improve the safety, health, wellbeing and quality of life of aged care consumers by:

- promoting **ethical, honest and respectful** behaviour
- building **trust** in aged care services
- **protecting consumers** against workers who pose an **unacceptable risk of harm.**

Aged Care Code of Conduct

What is the Code?

What are your obligations?

You must act in a way that is respectful, kind and consistent with the behaviours set out in the Code. It is your responsibility to understand and follow the Code and to speak up if you have any concerns.

Have a look at *'The 8 requirements of the Code – tips for aged care workers and responsible persons'* at the end of this resource for more about what is expected of you under the Code.

What obligations do providers have?

Providers have obligations under the *Aged Care Act 2024* (the Act), to comply with the Code and to take reasonable steps to ensure that you, other aged care workers and responsible persons comply with the Code.

They are also responsible for providing you with support, training and assistance to make sure you understand and follow the Code.

What is the role of the Commission?

The Aged Care Quality and Safety Commission's (the Commission's) role is to protect and improve the safety, health, well-being and quality of life of older people receiving funded aged care services.

The Commission can take action in response to information received about conduct that is inconsistent with the Code.

Actions the Commission can take include:

- working with a provider, and aged care worker or responsible person, to address concerns about their conduct
- issuing a caution letter
- in severe cases, banning a provider, aged care worker or responsible person from being involved in aged care.

Aged Care Code of Conduct

The 8 requirements of the Code

Requirement	Examples of expected behaviour	Examples of unacceptable behaviour
A. **Act with respect for individuals' rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.**	· Asking and listening to what older people need and want. · Talking in a way that is easy to understand. · Helping older people to make decisions when they need support.	· Telling an older person to do something they do not want to. · Not including the older person in decisions about their care and services. · Keeping an older person away from places or activities they want to see or do.
B. **Act in a way that treats individuals with dignity and respect and values their diversity.**	· Respecting an older person's social, cultural, religious and ethnic background. · Working in a way that helps older people feel comfortable and safe. · Encouraging older people to speak up about their likes and dislikes.	· Making fun of an older person's social, cultural, religious, ethnic or health background. · Talking down to an older person or treating them in a disrespectful way. · Telling an older person their beliefs are wrong or silly.
C. **Act with respect for the privacy of individuals.**	· Keeping personal information of older people safe in line with provider policies. · Being aware of the personal privacy needs and preferences of older people.	· Not requesting permission of older people when providing personal care and services. · Providing personal care to older people in places that are not private.
D. **Deliver funded aged care services in a safe and competent manner, with care and skill.**	· Using equipment safely. · Having the right skills, experience and qualifications for the job. · Following provider policies about safe and up to date work practices.	· Delivering care or services you do not have the skills or qualifications to deliver. · Not reporting unsafe equipment, unsafe practices or near misses to your provider.

Aged Care Code of Conduct

The 8 elements of the Code

E. 	**Act with integrity, honesty and transparency.**	• Treating older people fairly and not taking advantage of them. • Being honest about your previous experience and training. • Helping older people understand more about their care and services.	• Lying to your provider or to an older person about what you know, or what you hear or see. • Not disclosing a conflict of interest. • Asking or encouraging an older person to give you money or a gift.
F. 	**Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of funded aged care services.**	• Knowing how and what to do if something happens. • Speaking up and reporting concerns to the provider to reduce risk of harm. • Making sure older people feel safe to speak up and give feedback or make a complaint.	• Not taking action about a safety or quality concern. • Failing to be open and honest about a safety or quality concern. • Threatening or telling an older person not to complain or report a concern.
G. 	**Deliver funded aged care services free from:** **i. all forms of violence, discrimination, exploitation, neglect and abuse and** **ii. sexual misconduct.**	• Being alert to situations that may hurt, upset or take advantage of an older person. • Knowing what violent, abusive or neglectful practices look like. • Not committing or participating in any form of violence, discrimination, exploitation, neglect and abuse, or sexual misconduct.	• Physically forcing or threatening an older person to do something they do not want to. • Neglecting, taking advantage of, or abusing an older person. • Acting in a sexual way with an older person.
H. 	**Take all reasonable steps to prevent and respond to:** **i. all forms of violence, discrimination, exploitation, neglect and abuse and** **ii. sexual misconduct.**	• Following processes to help prevent harm to older people. • Taking action about a safety risk or concern in line with the provider's systems and processes. • Cooperating with the provider and with any investigation or enquiry.	• Not raising a suspicion or concern about violence, abuse or neglect of an older person. • Failing to report a serious or reportable incident to the provider. • Not supporting an older person to speak up about concerns of misconduct.

Strengthened Aged Care Quality Standards

The Strengthened Aged Care Quality Standards are a set of requirements for what quality and safe aged care looks like.

The Strengthened Aged Care Quality Standards make sure that the care older people receive:

- is safe and high quality
- meets their needs and preferences
- upholds their rights.

The Strengthened Aged Care Quality Standards are part of the new Aged Care Act 2024 and they applied from 1 November 2025. These standards are more detailed and measurable than the previous Quality Standards.

Strengthened Aged Care Quality Standards

Expectations for aged care workers

Standard 1

I understand the people I care for and support them in choices that impact their lives

- **1.1** Person-centred care
- **1.2** Dignity, respect and privacy
- **1.3** Choice, independence and quality of life
- **1.4** Transparency and agreements

Standard 2

I feel empowered to do my job well

- **2.1** Partnering with individuals
- **2.2a** Quality, safety and inclusion culture to support aged care workers to deliver quality care
- **2.2b** Quality, safety and inclusion culture to support individuals
- **2.3** Accountability, quality system and policies and procedures
- **2.4** Risk management
- **2.5** Incident management
- **2.6a** Complaints and feedback management for aged care workers
- **2.6b** Complaints and feedback management for individuals
- **2.7** Information management
- **2.8** Workforce planning
- **2.9** Human resource management
- **2.10** Emergency and disaster management

Standard 3

I understand who I'm caring for and what is important to them

- **3.1** Assessment and planning
- **3.2** Delivery of funded aged care services
- **3.3** Communicating for safety and quality
- **3.4** Planning and coordination of funded aged care services

Standard 4

I create a safe and supportive environment

- **4.1a** Environment – services delivered in the individual's home
- **4.1b** Environment – services delivered other than in the individual's home
- **4.2** Infection prevention and control

Standard 5

I understand the clinical needs of the person I'm caring for

- **5.1** Clinical governance
- **5.2** Preventing and controlling infections in delivering clinical care services
- **5.3** Safe and quality use of medicines
- **5.4** Comprehensive care
- **5.5** Safety of clinical care services
- **5.6** Cognitive impairment
- **5.7** Palliative care and end-of-life care

Standard 6

I make sure our residents enjoy appetising and nutritious food every day

- **6.1** Partnering with individuals on food and drinks
- **6.2** Assessment of nutritional needs and preferences
- **6.3** Provision of food and drinks
- **6.4** Dining experience

Standard 7

We work together to build a connected residential community

- **7.1** Daily living
- **7.2** Transitions

Australian Government
Aged Care Quality and Safety Commission

Find out more
agedcarequality.gov.au/standards-guidance/intro

GV Health
community INTERLINK
CREATE. Outstanding.

Statement of Rights

About the Statement of Rights

The new Aged Care Act puts the rights of our Elders and older people first. It includes a Statement of Rights for people who receive aged care. The Statement of Rights commenced on 1 November 2025, together with the new Aged Care Act. The Aged Care Quality and Safeguard Commission makes sure all aged care providers follow the Statement of Rights.

What the Statement of Rights means to our older people

Good aged care means our people are safe and cared for the right way. It means respecting their culture, their connection to family, community and Country or Island Home.

Statement of Rights

Our older people have the right to:

Have their culture and identity respected

- Staying connected to Country or Island Home and community
- Using their language
- Practicing culture and tradition.

Make choices about their care

- Having a say about who cares for them
- How they spend their time and their money
- What they want help with.

Speak up about their care

- Say what they want or need
- Speak up about what can be done better
- Tell someone if they are unhappy
- Ask someone they trust or an advocate to speak for them.

Statement of Rights

Our older people have the right to:

Be listened to and respected

- People who provide care will listen to them
- They will try and make things better
- They don’t judge or make things bad for speaking up.

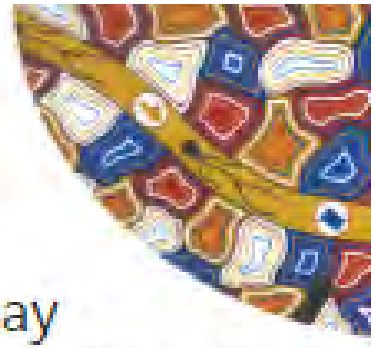
Live without abuse or neglect

- Have quality and safe care that is right for them
- Receive care that respects them and their identity
- Not be neglected, abused or disrespected.

Have their privacy respected

- Have people respect their personal privacy
- Choose when their information is shared with someone else
- Keep their information such as health and finances safe.

Cultural Awareness



GV Health acknowledges the Traditional Custodians of the land on which its many sites are located. We pay our respects to their Elders past and present and celebrate the continuing culture of Aboriginal and Torres Strait Islander peoples.

We would also like to acknowledge the Aboriginal and Torres Strait Islander people who are receiving care in our services.

Cultural Awareness

- Cultural Awareness is understanding the individual differences between people of other backgrounds, races, cultures, religions or nationalities, in order to effectively communicate with people of different cultures.

- In our multicultural, diverse country, cultural awareness is an essential skill for everyday life. We have a responsibility to develop awareness of all culture/s, history and traditions, in order to communicate respectfully and effectively.

- Cultural awareness is important in the workplace because it ensures that a level of respect is maintained throughout all communications.

- Cultural awareness in the workplace can take a number of forms. Examples include:
  - Knowledge of cultural responses to grief or loss
  - Understanding family life
  - Undertaking continual education in the area,
  - Extensive knowledge of the history of all peoples generally and in a specific area.

- Cultural awareness also requires the understanding that all cultures are numerous and diverse, and that a one-size-fits-all approach is never appropriate.

Culturally Safe, Trauma Aware and Healing Informed care

All older people have the right to culturally safe care. Culturally safe care recognises, respects and supports the unique cultural identities of older people. This is care that is free from judgement, discrimination and racism.

Culturally safe care is particularly important when caring for older people who identify as Aboriginal and/or Torres Strait Islander persons, who may have unique cultural identities, histories and needs. It's also important when caring for older people from culturally and linguistically diverse (CALD) backgrounds. Older people with CALD backgrounds may face language barriers or cultural differences and may have experienced discrimination.

To practise cultural safety, you need to listen and learn from the older people you provide care to and develop a shared respect, meaning and knowledge.

Practising cultural safety is an ongoing commitment. You need to be aware of your own culture, values and attitudes and how it may influence you. Only the older person receiving care can determine whether it's culturally safe – this means you have to engage with them, listen to them and provide care in a way that they have agreed to, with their permission.

Culturally Safe, Trauma Aware and Healing Informed care

Trauma aware and healing informed care recognises that older people may have experienced trauma and that this can affect the way they behave. Trauma can include:

- the loss of a loved one
- abuse
- assault
- serious accidents
- war
- natural disasters
- other impactful experiences, such as institutionalisation.

Trauma can remove an older person's sense of safety or control. Trauma aware and healing informed care supports older people to feel safe and gives them a choice in the way care is provided. This includes:

- asking permission
- describing what you are going to do
- receiving permission
- following through in a way that is predictable and reliable.

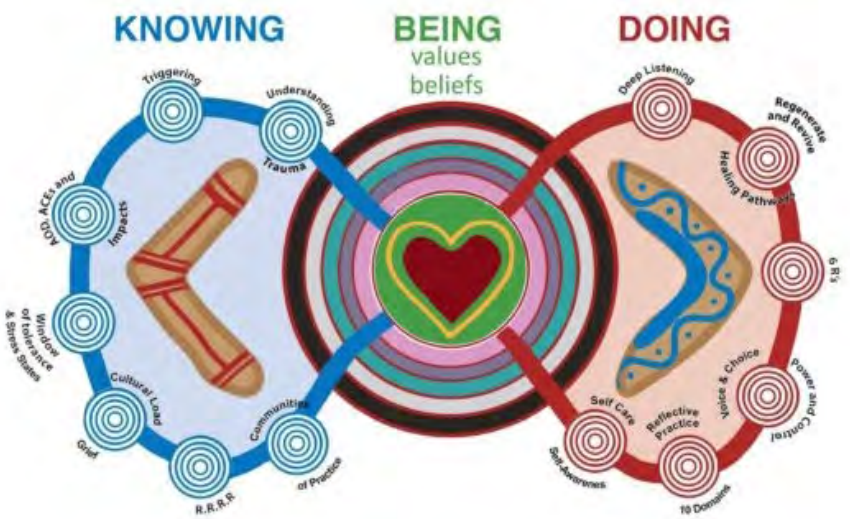
Like person-centred care, this involves understanding and respecting an older person's choices, preferences and life experiences.

Culturally Safe, Trauma Aware and Healing Informed care

Trauma aware and healing informed care is particularly important when caring for older Aboriginal and/or Torres Strait Islander persons.

Aboriginal and/or Torres Strait Islander persons may have experienced intergenerational trauma or specific impacts related to colonisation, dispossession or systemic discrimination.

Workers should be mindful of these unique experiences and use trauma aware and healing informed care in culturally safe and sensitive ways.



Elder Abuse

What is Elder Abuse?

Elder abuse is a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person (WHO 2022).

Elder abuse occurs in relationships where there is 'an expectation of trust'. Such relationships include those with family members, friends, neighbours, and some professionals such as paid carers.

In Australia, 'older people' are generally defined as those aged 65 and over. However, Aboriginal and Torres Strait Islander people are often included among 'older people' from the age of 50 (Kaspiew et al. 2015). These age groups are used to define older people in this page, unless stated otherwise.

Elder Abuse

What is Elder Abuse?

Elder abuse can take various forms:

- ***Physical –*** unexplained pain, burns, cuts, dislocation, sedation, repeated injury.
- ***Psychological or Emotional –*** depression, confusion, insomnia, lethargy, changes in eating patterns.
- ***Sexual –*** older person is reluctant to accept physical touch or personal hygiene, shows fear.
- ***Financial –*** not paying bills, items going missing, no money for shopping or transport.
- ***Neglect -*** poor and inadequate care or purposefully withholding of necessary items such as food / drink, untreated physical conditions, dirty living conditions or clothing, ignoring calls for assistance**.**

If an older person's rights are not upheld, it is **YOUR** job to report this. Your workplace will have procedures to follow when reporting or check with your supervisor and **report to Community Interlink immediately.**

SIRS

We all have a responsibility to help prevent the abuse and neglect of older people

What is a reportable incident?

Serious incidents that Community Interlink must report to the Commission could be:

- **Unreasonable use of force** – like kicking, punching or rough handling
- **Unlawful sexual contact or inappropriate sexual conduct** – like stalking, making sexual advances or unwanted sexual touching
- **Psychological or emotional abuse** – like yelling, name calling or ignoring
- **Stealing or financial coercion by a staff member** – like stealing money or pressuring you to give money
- **Neglect** – like not giving you the care you need to stay well
- **Inappropriate use of restrictive practices** – like using physical force or medication to restrict your freedom or movement
- **Missing consumers** – where a care recipient goes missing
- **Unexpected death** – like someone dying unexpectedly because they did not receive proper care and services.

Australian Government
Aged Care Quality and Safety Commission

Aged care reforms

Reporting responsibilities for providers and their staff

Serious Incident Response Scheme for home services

ALL Staff members must:

- **Understand their SIRS responsibilities**
- **Be trained to respond to incidents**
- **Escalate incidents so they can be appropriately managed and documented**

Please notify Community Interlink immediately of any potential reportable incidents

Deteriorating Client

Notice the Signs

Deterioration is when a person's state of health declines.

They may:

- become bedbound (stay in bed);
- spend more time sleeping or resting;
- have reduced intake of food (eat less);
- have difficulty with swallowing, or;
- have a change in their conscious state

Recognising that a person is deteriorating is important so that:

- this can be discussed with the person and their family;
- Their care is reviewed with the person (if able), the family and GP;
- a palliative care plan or pathway can be started or changed;
- care is given in line with the person's wishes;
- symptoms are managed appropriately;
- support to the person, the family and staff can be provided.

Support workers often care for people on a daily basis and may notice the first signs of deterioration. **Please remind your staff to report any deterioration immediately.**

Restrictive Practices

Everyone in aged care has the right to be safe, treated with dignity and respect and receive high-quality care and services.

It's important you understand the rules around restrictive practices.
Restrictive practices limit rights or stop people from doing what you want to do.
Restrictive practices can be:

Chemical

Using medication that restricts your movement or affects your ability to make decisions.

Environmental

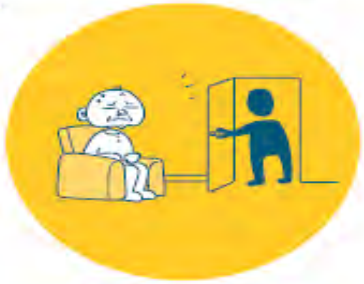
Restricting or limiting your movement, like securing doors to prevent access to outside areas or moving mobility aids out of reach.

Mechanical

Using a device like bed rails, low beds or clothing to prevent you from moving.

Physical

Using force to prevent, restrict or subdue your movement.



Seclusion

Putting you alone in a room or physical space where you can't choose to leave without help.

Restrictive Practices

Everyone in aged care has the right to be safe, treated with dignity and respect and receive high-quality care and services.

Restrictive practices refer to any practice or intervention restricting the rights or freedom of people receiving aged care.

If required, restrictive practices must only be used:

- in the least restrictive form
- for the shortest period
- to prevent harm to an aged care recipient or other people
- only after careful consideration about how it may affect the aged care recipient,
- And never be used as a punishment.

If you are concerned that restrictive practices are being used, please speak with your Supervisor or contact Community Interlink immediately.

Open Disclosure

What is Open Disclosure

- Open Disclosure is the open discussion that an aged care provider has with consumers when something goes wrong that has harmed or had the potential to cause harm to a consumer.
- Open Disclosure refers to the practice of communicating with a consumer when things go wrong, addressing any immediate needs or concerns and providing support, apologising and explaining the steps the provider has taken to prevent it happening again.
- Open Disclosure may also involve the consumer's family, carers, and other support people and representatives when a consumer would like them to be involved.
- ***Please speak with your Supervisor or Community Interlink immediately if you feel there is an incident that requires the use of Open Disclosure.***

Open Disclosure

There are 5 main elements of Open Disclosure

Feedback / Complaints

Aged care providers, workers and responsible persons need to make sure their services suit the needs of older people and they are acting in line with the Strengthened Aged Care Quality Standards, the Statement of Rights and the Aged Care Code of Conduct. Meeting these obligations makes sure that everyone receiving aged care is treated with dignity and respect.

What to do if you have a concern

Talking to **Community Interlink** about your concern can help resolve the issue quickly and improve the quality of care for everyone. It's safe to speak up. A provider, worker or responsible person can't punish you or treat you differently for making a complaint. If you don't feel comfortable talking to Community Interlink, you can speak with the Aged Care Quality and Safety Commission.

Anyone can make a complaint to us, including:

- people receiving aged care
- family, friends, carers and supporters of people who receive aged care
- aged care workers and volunteers
- health and medical professionals.

You can stay anonymous if you want. If you're making a complaint for someone else, let them know. They have a right to be involved.

Whistleblower reporting

The new Aged Care Act protects Whistleblowers – people who call out wrongdoing in aged care. This is to make sure older people, people who are close to them, and aged care workers can report information without fear that they will be punished or treated unfairly. People can make a report to:

- the Commission
- the Department of Ageing, or an official of the department
- a registered provider such as **Community Interlink – (03) 5823 6500**
- a responsible person of a registered provider
- an aged care worker of a registered provider
- a police officer
- an independent aged care advocate.

People can make the report in person, over the phone or Email whistleblower@gvhealth.org.au
All whistleblowing reports should be taken seriously, and people can choose to remain anonymous.

The report can be made about someone who has not followed the aged care law, or more broadly, about an organisation that hasn't followed the aged care law.

If someone makes a report, they will be protected from any negative results that come from making the report and have their identities or identifying information protected, unless for example, where it is necessary to share information with the ACQSC or a lawyer, or to prevent a serious threat to a person or people.

Advocacy

Advocacy is defined as *'the process of standing alongside an individual and speaking out on their behalf in a way that represents the best interests of that person'.*

An advocate will assist the consumer to achieve the best outcome for them, if we cannot assist them to do so.

An advocate can:

- provide consumers with information about their rights and responsibilities
- support consumers in making decisions that affect their quality of life
- discuss consumers options for taking action
- support consumers to raise a concern or complaint with an organisation
- increase the consumers skills and knowledge to advocate for themselves

Advocacy

The Australian Government offers free, independent, and confidential support through the National Aged Care Advocacy Program (NACAP). The program is delivered by the Older Persons Advocacy Network (OPAN).

To find out more about advocacy or connecting with an aged care advocate, you can:

- visit the OPAN website or call OPAN on 1800 700 600
  between 8am – 8pm Monday to Friday, and 10am – 4pm Saturday

A copy of the OPAN self-advocacy toolkit online has been added to our Community Interlink Information / Welcome Packs given to each new client.

Other Advocacy providers that we often refer our consumers to engage with are MAC, Elders Rights Advocacy, Seniors Rights Service, VCAT, Department of Families, Fairness and Housing, OPA, etc.

Infection Control / Hand Hygiene

HAND HYGIENE IS FOR EVERYBODY including older people, nurses, doctors, allied health, support workers, domestic staff, contractors, administration staff, families and volunteers.

You must **ALWAYS** use alcohol-based hand rub when performing hand hygiene **UNLESS** hands are visibly soiled or after contact with bodily fluids, then use soap and water.

5 Moments for Hand Hygiene

1 **BEFORE touching a person**
to protect older people from germs.

2 **BEFORE any procedure**
to protect older people from germs.

3 **IMMEDIATELY AFTER a procedure, or bodily fluid exposure**
to protect older people, yourself, other staff, and visitors from germs.

ⓘ A procedure or bodily fluid exposure can include wound care, dressing trolley set-up, contact with a catheter or drain, cleaning dentures or checking blood glucose levels.

4 **AFTER touching a person**
to protect older people, yourself, other staff, and visitors from germs.

5 **AFTER touching a person's surroundings**
to protect older people and their home environment from germs.

When should you wear gloves?

Gloves on?
Gloves should always be worn when in contact with blood or body fluid, non-intact skin, mucous membranes or chemical hazards. Ensure your hands are thoroughly dry before putting on the gloves to reduce the risk of dermatitis.

Gloves off?
Both gloves should be removed and changed as soon as they are damaged, when no longer in contact with blood/ body fluids/chemicals, and between care activities.

Gloves do not replace the need to perform hand hygiene.

Meal requirements for in-home aged care

What Associated Providers must do

Associated Providers must ensure meals, snacks and drinks delivered to older people through government-funded aged care services are nutritious and appetising, having regard to the older person's needs and preferences. Nutritious meals, snacks and drinks helps prevent malnutrition and can support older people to remain independent in their own home for longer.

Associated Providers are not required to meet every unique individual preference (such as dislike of certain ingredients). However, associated providers should ensure the types of meals, snacks and drinks are clearly communicated, including how they may cater to specific preferences.

For older people with specialised dietary needs, providers must have regard for this when delivering meals, snacks and drinks and make available suitable menu options.

Meal requirements for in-home aged care

Dietitian Assessment

Associated Providers must, at least annually, have a dietitian assess the meals, snacks and drinks delivered to ensure that any meals, snacks and drinks:

- are appetising
- are appropriate for the nutrition needs of older people accessing funded aged care services, including older people with specialised dietary needs
- reflect evidence-based guidelines and practice.

Onsite dietitian assessment is recommended to enable assessment of texture, taste, presentation, aroma and cooking methodology. ***However, where access to a dietitian is limited, such as in rural and remote areas, assessment can be conducted remotely.***

The role of Associated Providers is to engage a dietitian and provide information to support assessments of menus, recipes, portion sizes, cooking methods, older person feedback, photos and videos. Dietitians should assess meals, snacks and drinks against nutritional, sensory, medical, cultural and religious expectations. Dietitians will review meals, snacks and drinks using contemporary, evidence-based guidelines and practice.

Food, Nutrition and Dining Hotline: Call 1800 844 044 (Monday to Friday 9am-5pm AEST) for advice on food and nutrition, including meals delivered as part of in-home aged care settings.

Child Safe requirements for CHSP Providers

New Child Safety Obligations in Aged Care

From 1 July 2025, Commonwealth Home Support Programme (CHSP) providers such as Community Interlink must submit an annual Child Safety Statement of Compliance.

Even though aged care primarily serves older Australians, providers must now show how they manage child-related risks in home care settings, community programs, and other environments where incidental contact with children may occur.

We are committed to the safety of children and young people, and safeguarding children from abuse, neglect and exploitation. We seek to create and maintain behaviours, practices and an organisational culture that acknowledges the importance of child safety and wellbeing.

Please report any concerns of child safety to Community Interlink immediately on (03) 5823 6500

Manual Handling

Manual Handling refers to any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move or restrain or hold an object. It is the leading cause of workplace injuries.

When performing Manual Handling tasks that may have the potential for injury to occur, this is deemed Hazardous Manual Handling.

If staff feel that any task is unsafe, they need to raise it with their relevant Manager or Supervisor so that the task can be reviewed, assessed and a system put in place to ensure the potential for risk is eliminated or reduced to the safest option.

Please report any concerns of Manual Handling activities to Community Interlink immediately on (03) 5823 6500

Occupational Health and Safety (OHS)

Occupational Health and Safety (OHS) is a set of laws, standards, and systems aimed at protecting the health, safety, and welfare of employees, contractors, and the public. Its primary goal is to prevent workplace injuries, illnesses, and fatalities by identifying hazards and minimizing risks.

Under OHS laws, everyone in the workplace shares a responsibility for safety:

- **Employers** must provide a safe work environment, maintain safe equipment, and provide proper training and supervision so far as is reasonably practicable.
- **Employees** must take reasonable care of their own health and safety, follow workplace safety procedures, and avoid actions that could harm others.

Please report any concerns of OHS issues to Community Interlink immediately on (03) 5823 6500

First Aid

Basic First Aid provides immediate, life-saving care to an injured or sick person before professional medical help arrives. The main goals are to preserve life, prevent a condition from worsening, and promote recovery.

Some knowledge of basic first aid could mean the difference between life and death.

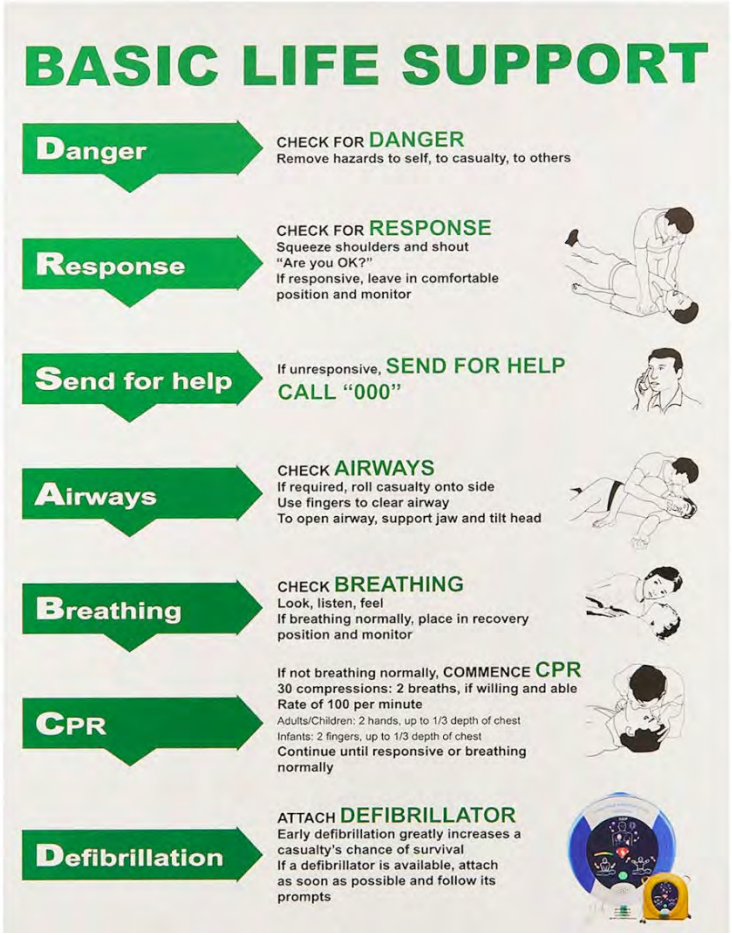
- Consider doing a first aid course, so that you will be able to manage if someone is injured or becomes ill
- CPR is a life-saving skill that everyone should learn
- Keep a range of first aid kits handy at home, in the car and at work

Please report any incidents or issues requiring First Aid to Community Interlink immediately on (03) 5823 6500

Cardiopulmonary Resuscitation (CPR)

- CPR (cardiopulmonary resuscitation) is a first aid technique you can use if someone is not breathing or if their heart has stopped.
- CPR can save somebody's life and is a skill that everyone can learn.
- CPR involves doing chest compressions and giving mouth-to-mouth (rescue breaths).
- Chest compressions are the most important part of CPR and if you cannot do mouth to mouth, compressions can still be effective.
- An AED (automated external defibrillator) uses electricity to restart the heart and should be used as soon as possible.

Are you in an emergency situation right now? Call triple zero (000) immediately and ask for an ambulance. Start CPR as soon as possible after calling for help.



Fire and Evacuation

Emergencies can occur without warning in the workplace, putting employees, clients, and the business at risk. Whether it's a fire, medical emergency, or another critical situation, having a well-prepared emergency response plan is crucial for ensuring safety and minimising damage.

Steps for Fire Evacuations:

- Remove people from any danger – Raise the Alarm.
- Call emergency services: Dial 000. Clearly communicate the nature of the emergency, location, and any hazards.
- Restrict the spread of fire by closing doors and attempt to extinguish the fire if safe to do so.
- Leave the building and head to an area that is a safe distance from the building.
- Follow the directions of fire authorities when they arrive. No one should re-enter the building until fire authorities have declared it safe to do so.

Please report any incidents to Community Interlink immediately on (03) 5823 6500

Additional Aged Care training can be found on the Aged Care Quality and Safety Commission's online learning portal –

alis

https://learning.agedcarequality.gov.au/user_login