

MARANATHA HOUSE PERSONAL CARE PROCEDURES MANUAL

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A.1 APPLICATION OF COMPRESSION GARMENTS

1.1.1 Scope

This policy applies to all staff and residents at Maranatha House.

1.1.2 Procedure

COMPRESSION STOCKINGS

1. Introduce self and explains procedure to the resident
2. Perform hand hygiene.
3. Avoid distraction for yourself and the resident.
4. Ensure good lighting.
5. Ensure to have the necessary equipment to avoid interruption during the procedure.
6. Avoid lotions or anything else that might make the skin sticky. Bathe and uses lotion at night, so the skin has time to dry completely.
7. Ensure new stockings have been washed before use.
8. Dress any open wounds before applying stockings.
9. Put on compression stockings as soon as possible after getting out of bed in the morning, before legs have had a chance to swell.
10. Replace lose stockings every 4 to 6 months.
11. Make sure that the resident's legs and feet are dry.
12. Use gloves to protect the compression stockings from tears and snags.
13. Do not bunch up the compression stocking or sock when putting them on.
14. Reach into the stocking and grab the toe if the stocking is "right" side out.
15. Pull back hand and turn the stocking inside out.
16. Invert the toe section as far as the heel.
17. Pull the inverted part of the stocking over the resident's toes, up to the heel and gently slide it over the heel.
18. Use fingertips to pull up the stocking in stages.
19. Pull up then folds upper part (like a cuff) over the lower section then pulls up further.
20. Continue with this (folding and cuffing) motion until stocking is in place.
21. Do not roll as it can create too much pressure and it can cause pain.
22. Ensure the stocking is applied wrinkle free.
23. Ensure knee high stockings are two finger widths below the crease at the back of the knee.
24. Ensure thigh high stockings are two finger widths below the groin.
25. Remove the compression stocking by turning the top band inside-out and peel the stocking off the leg.
26. Continue pulling the stocking off the care resident's leg and foot. Short little pulls will get the stocking off the foot without over stretching the material.
27. Wash the stockings as needed by hand and allow to air dry. Do not send to the laundry.
28. Perform hand hygiene.

ELASTIC TUBULAR COMPRESSION BANDAGE

1. Introduce self and explain procedure to the residents
2. Perform hand hygiene.
3. Position the resident comfortably with head supported.
4. Avoid distraction for yourself and the resident.
5. Ensure good lighting.
6. Ensure to have the necessary equipment to avoid interruption during the procedure.
7. Cut the compression bandage to twice the length required for limb, allowing an extra 2–3cm for overlap.
8. Pull material onto limb like a stocking (see method for putting on a stocking).
9. Double the compression bandage back over limb. Ensures upper edge is taken 2–3cm higher up the limb than the first.
10. Remove compression bandage as per the directions in compression stockings.
11. Perform hand hygiene.
12. Record anything of significance in the resident's progress notes.

1.1.3 Accountabilities

All Maranatha House staff have a responsibility to ensure that personal carers and supports are delivered in a way that best meets each resident's needs and preferences in meeting their physical, social, emotional and cultural needs, whilst maintaining a maximum level of independence. This means all staff must make every effort to ensure that residents are provided with an environment that promotes person-centred care.

1.1.4 Forms, Templates and Resources

Commonwealth Department of Health residential aged care resources, see <https://agedcare.health.gov.au/programs-services/residential-care>

1.1.5 Related Policies

All Maranatha House Residential Aged Care policies and procedures

1.1.6 Standards and Legislation

Aged Care Quality Standards (2018):

Standard 1 – Resident dignity and choice

Standard 2 – Ongoing assessment and planning with residents

Standard 3 – Personal care and clinical care

Standard 4 – Services and supports for daily living

Standard 5 – Organisation's service environment

Standard 6 – Feedback and complaints

Standard 7 – Human resources

Standard 8 – Organisational governance

A.2 BED MAKING (OCCUPIED AND UNOCCUPIED)

2.1.1 Scope

This policy applies to all staff and residents at Maranatha House.

2.1.2 Procedure

OCCUPIED BED

1. Introduce self and explain to the resident what you are going to do.
2. Gather all needed linen before starting to strip the bed, to avoid interruption during the procedure.
3. Avoid distraction for yourself and the resident.
4. Ensure good lighting.
5. Adjust height of bed so as not to bend down when changing the linens.
6. When stripping and making a bed, conserve time and energy by stripping and making one side as completely as possible before working on the other side.
7. Loosen the bed linen while moving around the bed, slightly raises the mattress and lifts the linen edges free.
8. Remove the spread and blanket, leaving the top sheet as a cover for the resident.
9. Assist the resident to turn toward self, to the side of the bed, keeping the body covered with the sheet. If applicable, raise and latch the bedrail when the resident's position has been adjusted.
10. Go to the opposite side of the bed. Place the chair in a convenient location.
11. Roll all bedding in layers close to the resident's back. Smoothen and tighten the mattress cover from top to bottom.
12. Place the clean foundation (bottom) sheet on the exposed section of the mattress with the hem seam down and the centre fold in the midline of the bed. Fold it against the resident, bottom edge even with the foot of the mattress. Tuck under the top edge, mitre the corner, and smoothens and tucks the side under, moving from head to foot
13. Replace the protective sheet, if used. Hold the linen folds in place in the centre of the bed with one hand, and bring the rolled protective sheet back over the linen folds to the clean foundation. Place the clean cotton drawsheet/kylie over the protective sheet, rolling the excess folds toward the resident.
14. Smoothen and tuck under the sides of both sheets to complete the near side of the foundation.
15. Tuck all linen folds under the resident as smoothly as possible. Assist the resident to roll over the linen folds to the clean foundation side.
16. Secure the side of the bed, if needed, before going to the opposite side of the bed.
17. Go to the opposite side of the bed. Pull the rolled linen through. Keep the clean linen close to the resident's back; remove the soiled linen and place it in the skip. Tighten the mattress cover, head to foot. Complete the foundation.
18. Turn the resident to the centre of the bed. Centre the clean top sheet over the resident. Instruct the resident to hold the clean top sheet while removing the soiled top sheet from underneath, pulling gently from top to bottom. Place the used sheet in the skip.
19. Replace the blanket and spread, instructing the resident to check for free movement of his feet to be sure the top bedding is loose enough before tucking under and maturing the corners at the foot.

20. Complete the cuff at the head of the bed. Folds down the top bedding to a level comfortable for the resident.
21. Place a clean case on the pillow and place the pillow under the resident's head.
22. Readjust the bed as needed.
23. Place the bedside cabinet and the signal cord within the resident's reach.
24. Ensure the resident's comfort during the whole procedure.
25. Hold soiled linen away from the body.
26. Do not place linen for one resident on another resident's bed.
27. Place soiled linen in a portable linen trolley, before returning to the pan room.
28. Rinse off soiled linen in the pan room to remove debris before putting them back in the skips for laundry.
29. Observe Maranatha House's colour-coding system of linen skips.
30. Place infectious linen in red, dissolvable bags.
31. Leaves the resident comfortable.
 - Return equipment to the appropriate storeroom.
 - Disposes of waste properly.
 - Perform hand hygiene.

UNOCCUPIED BED

1. Lower the head of the bed so the bed is flat.
2. Raise the bed to a comfortable height to protect the back.
3. Check the bed for items such as resident's glasses and puts them in a safe place.
4. Remove the pillowcases from the pillows.
5. Take the dirty sheets off the bed and put them in the laundry skip.
6. Put the centre fold of the bottom sheet in the middle of the mattress.
7. If the bottom sheet is fitted, fix the corners of the sheet on the side of the mattress nearest you.
8. If the sheet is flat, tucks the top part of the sheet under the mattress and do the following for the corners.
 9. Lifts the hanging top side of the sheet from the corner of the mattress.
 10. Holds it at an angle of about 12 inches (30 cm) away from the mattress and form a triangle.
 11. Pulls the triangle with one hand and with a finger from the other hand forms a corner.
 12. Rests the part of the sheet with the triangle on top of the bed.
 13. With both hands tucks the sheet hanging near the corner under the mattress.
 14. Leaves the triangle hanging straight on the side and tucks it under the mattress.
 15. Repeats the above steps for the other corner.
16. Put the drawsheet/kylie (if used) with the centre fold in the middle of the bed. Puts the top of this sheet about 15 inches (38 cm) from the top of the mattress. Tucks the rest of the drawsheet under the mattress on both sides.
17. Put the top sheet with the centre fold along the middle of the bed. Line up the wide hem of the sheet with the top part of the mattress.

18. Put the bedspread over the top sheet with the centre fold along the middle of the bed.
19. Tuck the top sheet and the bedspread under the foot of the mattress.
20. Pull the top linens at the toes to make a pleat of about 3 inches (7.6 cm). This allows room for the resident's feet to move and avoids skin sores or foot drop.
21. Change the pillowcases and gently fluff up the pillows.
22. Lock the wheels of the bed (if you unlocked them while changing the bed)
23. Return equipment to appropriate storeroom.
24. Dispose of waste properly.
25. Perform hand hygiene.

2.1.3 Accountabilities

All Maranatha House staff have a responsibility to ensure that personal carers and supports are delivered in a way that best meets each resident's needs and preferences in meeting their physical, social, emotional and cultural needs, whilst maintaining a maximum level of independence. This means all staff must make every effort to ensure that residents are provided with an environment that promotes person-centred care.

2.1.4 Forms, Templates and Resources

Commonwealth Department of Health residential aged care resources, see <https://agedcare.health.gov.au/programs-services/residential-care>

2.1.5 Related Policies

All Maranatha House Residential Aged Care policies and procedures

2.1.6 Standards and Legislation

Aged Care Quality Standards (2018):

- Standard 1 – Resident dignity and choice
- Standard 2 – Ongoing assessment and planning with residents
- Standard 3 – Personal care and clinical care
- Standard 4 – Services and supports for daily living
- Standard 5 – Organisation's service environment
- Standard 6 – Feedback and complaints
- Standard 7 – Human resources
- Standard 8 – Organisational governance

A.3 CARE OF SENSORY AIDS

3.1.1 Scope

This policy applies to all staff and residents at Maranatha House.

3.1.2 Procedure

SPECTACLES

1. Introduce self and explain procedure to the resident.
2. Perform hand hygiene.
3. Clean the lenses with warm water and a drop of dish detergent or soap. Alternatively, spray lenses with an eyeglass cleaning spray.
4. Dry with a clean, soft cotton cloth or a microfiber cloth ensuring that lenses are reasonably clear and free from any marks.
5. Return glasses to resident or puts them back on the hard-shell case with the lenses facing upward.
6. Report any maintenance need of the spectacle to registered staff for coordination of repair.
7. If a resident reports that their spectacles are missing, conduct a thorough search to locate them. If not located, report immediately document in progress notes. Increased supervision may be required until the spectacles are found or replaced.
8. Dispose of waste properly.
9. Perform hand hygiene.
10. Record anything of significance in the resident's progress notes and notify RN.

HEARING AIDS

*Hearing aids should be kept dry and away from high temperatures (e.g. direct sunlight). The aid should always be removed before the resident showers or washes their hair.

1. Perform hand hygiene.
2. Explain the procedure to resident.
3. Gathers all equipment necessary for the procedure.
4. Introduce self and explains procedure to the resident.
5. Listen to hearing aids using a listening tube to make sure they sound clear. Make sure that there are no breaks in the sounds and that there is no whistling sound that can sometimes be heard from hearing aids.
6. Ensure that batteries have been changed, as per the replacement schedule.
7. Make sure to take the batteries out of the hearing aids before placing them into the storage containers.
8. Remove ear mould from the hearing aid.
9. Clean with soft dry cloth, ensuring to remove grime and dirt accumulation.
10. Replace the ear mould back into the hearing aid.
11. Dispose of waste.
12. Perform hand hygiene.
13. Record anything of significance in the resident's progress notes.

TROUBLESHOOTING IF THE HEARING AID IS WEAK OR HAS NO SOUND

1. Perform hand hygiene.
2. Make sure that the hearing aid is switched on.
3. Make sure that volume is turned loud enough for you to hear.

4. Check that the battery is working.
5. Check the receiver opening and any vent openings and makes sure they are not blocked with wax or other debris.
6. Check to see if the tubing is still connected properly and that it is not bent or twisted.
7. Check to see if the microphone opening is not blocked. If it is, use the brush in the tool kit to clean away any debris.
8. Disposes of waste.
9. Perform hand hygiene.
10. Records anything of significance in the resident's progress notes.

IF THE HEARING AID IS DISTORTED OR INTERMITTENT

1. Perform hand hygiene.
2. Check the tubing for moisture.
3. Remove moisture with an air blower.
4. Check the tubing for cracks or holes. If any, reports to Team Leader.
5. Replace weak or defective battery.
6. Check for cracks and replaces the cord if necessary
7. Dispose of waste.
8. Perform hand hygiene.
9. Record anything of significance in the resident's progress notes.

IF THE HEARING AID SQUEALS OR WHISTLES (FEEDBACK)

1. Perform hand hygiene.
2. Check that the volume if it is not turned up too high.
3. Make sure the instrument or ear mould is seated snugly in the ear.
4. Make sure the microphone is not covered by an object such as a hat, scarf, or collar.
5. If necessary, notify the RN for referral of resident to audiologist or doctor look in your ear canals and checks for excessive wax build-up.
6. Disposes of waste.
7. Perform hand hygiene.
8. Record anything of significance in the resident's progress notes.

BATTERY REPLACEMENT

1. Perform hand hygiene.
2. Remove the tab on the battery before inserting it into the hearing aid.
3. Insert the battery correctly with the positive (+) sign up.
4. Open the battery door when the hearing aid is not in use. Doing so will extend the life of the battery and allow the hearing aid to dry out.
5. Store the batteries in a cool, dry place but not in the refrigerator.
6. Disposes of waste.

7. Perform hand hygiene.
8. Records anything of significance in the resident's progress notes.

3.1.3 Accountabilities

All Maranatha House staff have a responsibility to ensure that personal carers and supports are delivered in a way that best meets each resident's needs and preferences in meeting their physical, social, emotional and cultural needs, whilst maintaining a maximum level of independence. This means all staff must make every effort to ensure that residents are provided with an environment that promotes person-centred care.

3.1.4 Forms, Templates and Resources

Commonwealth Department of Health residential aged care resources, see <https://agedcare.health.gov.au/programs-services/residential-care>

3.1.5 Related Policies

All Maranatha House Residential Aged Care policies and procedures

3.1.6 Standards and Legislation

Aged Care Quality Standards (2018):

- Standard 1 – Resident dignity and choice
- Standard 2 – Ongoing assessment and planning with residents
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- Standard 6 – Feedback and complaints
- Standard 7 – Human resources
- Standard 8 – Organisational governance

A.4 FEEDING RESIDENT

4.1.1 Scope

This policy applies to all staff and residents at Maranatha House.

4.1.2 Procedure

1. Perform hand hygiene.
2. Check the dietary list and care plan to ensure correct diet and food texture is served to the correct resident.
3. Prepare tray - it should be clean, attractive and neat.
4. Serve a quantity of food, as specified in resident's care plan.
5. Ensure that hot food is served hot, and cold food is served cold.
6. Cover food and drink for transport to the resident.

7. Take tray to the resident and explains that you will help them with their meal.
8. Do not attempt to feed more than one resident at a time.
9. Ensure resident is sitting upright in bed or in chair and as prescribed by speech pathologist and provide a protective covering if necessary.
10. Make sure the tray is within sight of the resident.
11. Sit down alongside the resident as this helps to make the resident feel more comfortable.
12. Describe the meal to the resident, as necessary. Give a colourful description of food on the tray to enable the resident to receive a picture of the food and thus increase the desire to eat.
13. Avoid mixing different food together on the resident's plate, unless requested by the resident. The resident may be able to see separate colours rather than seeing mush.
14. Encourage as much independence to residents as practicable within cognitive and functional capability.
15. When resident is confused or unable to feed themselves, serve one item at a time, e.g. remove soup bowl before starting main course.
16. Make conversation with the resident if condition permits.
17. Tell the resident which foods are being served before giving them.
18. Describe the position of the food on the tray or plate by referring to a clock e.g. cup of tea is at 4 o'clock if resident is partially sighted or blind.
19. Give small amounts of food at a time.
20. Wipe resident's mouth with napkin during and after meals, as required.
21. Allow resident to finish one mouthful before offering another.
22. Cease feeding, if the resident indicates that their appetite is satisfied.
23. Provide hydration or water at regular intervals, as necessary.
24. Follow terminal procedures as follows:
 - Leave the resident comfortable.
 - Return tray to kitchen.
 - Dispose of waste properly.
 - Perform hand hygiene.
 - Record anything of significance in the resident's progress notes.
 - Update care plan as necessary.

4.1.3 Accountabilities

All Maranatha House staff have a responsibility to ensure that personal carers and supports are delivered in a way that best meets each resident's needs and preferences in meeting their physical, social, emotional and cultural needs, whilst maintaining a maximum level of independence. This means all staff must make every effort to ensure that residents are provided with an environment that promotes person-centred care.

4.1.4 Forms, Templates and Resources

Commonwealth Department of Health residential aged care resources, see <https://agedcare.health.gov.au/programs-services/residential-care>

4.1.5 Related Policies

All Maranatha House Residential Aged Care policies and procedures

4.1.6 Standards and Legislation

Aged Care Quality Standards (2018):

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Standard 6 – Feedback and complaints

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Standard 8 – Organisational governance

A.5 PERSONAL HYGIENE

5.1.1 Scope

This policy applies to all staff and residents at Maranatha House.

5.1.2 Procedure

SHOWERING

1. Review resident’s care plan to identify the resident’s preferences and the level of assistance required. Resident’s should be encouraged to be as independent as possible.
2. Introduce self and explain procedure to the resident.
3. Ensure that the shower cubicle is clean and tidy and that the floor in the dressing area is dry and free of clutter.
4. Collect a full set of resident’s clothing suitable to the season and according to resident’s personal preference.
5. Help the resident out of bed and put on dressing gown and slippers.
6. Provide resident with option to go to the toilet before going to shower.
7. Don glove/apron as appropriate.
8. Walk with the resident to the shower or where appropriate, assist the resident into a shower chair and transport them into the bathroom.
9. Turn the tap on and set the water to a comfortable temperature for the resident.
10. Test the temperature of the water on the inner wrist.
11. Resident’s should be encouraged to be as independent as practical.
12. Gently spray the resident’s face with water, washing the face with a face cloth formed into a mitt.
13. Wash the resident’s eyes first, then face, neck and ears.
14. Ascertain each resident’s preference in regard to soap/bodywash on the face, then proceed to wash from the neck downward and finish with the perineal area.
15. Use a separate washcloth for the perineal area.
16. Rinse off all soap/body wash thoroughly, to prevent irritation from residual soap.
17. Dry the resident using a bath towel, taking particular care to dry between body folds (for example between toes, fingers, under breasts, axilla, buttocks)

18. Apply deodorants, moisturisers, emollient creams as preferred by resident.
19. Assist the resident to dress.
20. Comb the hair and apply makeup as applicable.
21. Return resident to their bed or room.
22. Follows terminal procedures as follows:
 - Leaves the resident comfortable.
 - Clean equipment and return to the appropriate storeroom.
 - Dispose of waste and soiled linen appropriately
 - Perform hand hygiene.
 - Record anything of significance in the resident's progress notes.
 - Makes a referral to the RN as necessary.

BED BATH/SPONGE BATH

1. Gathers all equipment necessary for the procedure
2. Introduces self and explains procedure to the resident.
3. Performs hand hygiene.
4. Prepares a basin with warm water (43 to 45°C is ideal).
5. Covers resident with a bath blanket
6. Uses a washcloth folded into a mitt so there are no loose ends to drag over the resident.
7. Uses long, firm strokes as they create friction to remove dirt, oil and bacteria.
8. Pays particular attention to areas where skin lies on skin – axilla, under breasts, abdominal folds, buttocks folds, and groin.
9. Exposes, washes, rinses and thoroughly dries the body one part at a time to prevent chilling and embarrassment.
10. Supports large joints (elbows, knees) when limb is elevated for washing, rinsing and drying.
11. Uses the following order as a guide:
12. Eyes (inner to outer canthus, no soap)
13. Face, neck and ears (check resident's preference for soap on face)
14. Far arm and hand (soak hand in basin)
15. Near arm and hand (soak hand in basin)
16. Chest and axillae
17. Abdomen and groin
18. Far thigh, leg and foot
19. Near leg and foot
20. Back
21. Genital and anal areas
22. Replaces the bottom sheet with fresh linen.
23. Applies deodorant, moisturisers, emollient cream according to resident's preferences.
24. Dresses resident in fresh clothing.
25. Replaces the bath blanket with a clean top sheet and add other linen as required.

26. Discards bath blanket and other linen in the linen hamper
27. Positions resident for comfort and put up side-rails as applicable.
28. Follows terminal procedures as follows:
 - Leaves the resident comfortable.
 - Returns equipment to Treatment Room.
 - Disposes of waste properly.
 - Perform hand hygiene.
 - Records anything of significance in the resident's progress notes.
 - Makes a referral to the RN as necessary.

HAIR WASHING

1. Asks the resident to their head backwards and direct the water stream from the front of the hair backwards to prevent water running over the face.
2. Wets hair thoroughly using the resident's preferred shampoo, lather well using the balls of your fingers to massage the scalp and increase circulation.
3. Rinses well, again from the forehead backwards with the head tipped back.
4. Wraps the hair in a towel and gently dry it using short patting movement to prevent damage to the hair shaft.
5. Styles the hair as per the resident's preferences.

BED SHAMPOO

1. Introduces self and explains procedure to the resident.
2. Performs hand hygiene.
3. Gathers all equipment necessary for the procedure
4. Places a small pillow protected with a waterproof sheet under the resident's shoulders for comfort.
5. Wets hair thoroughly and, using the resident's preferred shampoo.
6. Lathers well using the balls of your fingers to massage the scalp and increase circulation.
7. Rinses the hair using the jug of water, paying particular attention to the nape of the neck where it is difficult to rinse.
8. Wraps and dries hair as above and remove the bed trough
9. Styles the hair as per the resident's preferences.
10. Follows terminal procedures as follows:
 - Leaves the resident comfortable.
 - Returns equipment to Treatment Room.
 - Disposes of waste properly.
 - Perform hand hygiene.
 - Records anything of significance in the resident's progress notes.
 - Makes a referral to the RN as necessary.

MOUTH CARE

1. Introduces self and explains procedure to the resident.
2. Performs hand hygiene.
3. Gathers all equipment necessary for the procedure
4. Positions resident to a comfortable position (i.e., stand in front of the hand basin if resident can tolerate).
5. Positions towel over the chest and shoulders to protect the clothing from splashes and dribbles.
6. Wets toothbrush with cool water and apply a pea-sized amount of toothbrush.
7. Asks resident to open mouth and to keep the mouth open.
8. Uses the toothbrush, held at a 45-degree angle, to cleanse every surface of the teeth. Applies small, circular movements of the toothbrush, starting at the junction of the teeth and gums and working towards the crown. Uses light pressure to avoid injury.
9. Cleans the inside, outside and flat surfaces of both upper and lower teeth.
10. Asks resident to sip water from the glass and spit out excess toothpaste solution into the lavatory or bowl. Alternatively, care staff repeatedly dips the toothbrush in the water. If the resident is unable to spit out fluid, suction will have to be used.
11. Helps resident rinse the mouth with mouthwash after brushing to remove any remaining debris and leave the mouth feeling refreshed.
12. Follows terminal procedures as follows:
 - Leaves the resident comfortable.
 - Returns equipment to Treatment Room.
 - Disposes of waste properly.
 - Perform hand hygiene.
 - Records anything of significance in the resident's progress notes.
 - Makes a referral to the RN as necessary.

DENTURE CARE

1. Introduces self and explains procedure to the resident.
2. Performs hand hygiene.
3. Gather all equipment necessary for procedure
4. Positions resident to a comfortable position (i.e., standing or sitting in front of the hand basin if resident can tolerate).
5. Apply disposable gloves
6. Remove dentures or bridge from the resident's mouth, or when able the resident will remove them and place them in a denture mug.
7. Encourage resident to rinse their mouth with water after removal of dentures.
8. Use gloved hands to remove the dentures or bridge from the resident's mouth.
9. Clean the dentures/bridge thoroughly using a brush and toothpaste to remove any debris.
10. Rinse the plate/bridge and return to the resident. Assist the resident to place the denture/bridge back in their mouth. Ensure that the dentures/bridge are comfortable and well fitting. Report any discomfort or complaints within the mouth to the RN

11. The resident may prefer to have the plate or bridge soaked in a cleaning agent overnight. If so, place cleaning agent into a denture cup and dissolved in tepid water. Put the plate or bridge in the denture cup and leave for several hours to freshen and disinfect the plastic or metal.
12. Follow terminal procedures as follows:
 - Leave the resident comfortable.
 - Return equipment to Treatment Room.
 - Dispose of waste properly.
 - Perform hand hygiene.
 - Record anything of significance in the resident's progress notes.
 - Make a referral to the RN as necessary

SHAVING A MALE RESIDENT

1. Review the resident's care plan and determine their usual routine (e.g., electric or safety razor).
2. Perform hand hygiene.
3. Introduce self and explains procedure to the resident.
4. Gather all equipment necessary for the procedure and bring equipment to the bedside/bathroom.
5. Assist resident to a comfortable position (i.e., sit/stand in front of the hand basin if resident can tolerate).
6. If the resident is in bed, put the resident in an upright position, if possible, with a basin of warm water on the over bed table.
7. Observes the face for lesions, raised moles and birthmarks so these can be avoided during shaving and thus prevent injury.
8. For the safety razor, lathers the face with the preferred shaving preparation or soap.
9. Holds the skin taut with the non-dominant hand and, using short strokes, shave in the direction of the hair growth. This promotes a closer shave without skin irritation. Rinses the razor between each stroke to keep the cutting edge clean.
10. Starts at the top of hair growth and work down to the neck.
11. Asks the resident to extend his neck to increase tautness of skin and facilitate hair removal.
12. Rinses the area to remove excess lather and hair and prevent irritation when hair is removed.
13. Applies aftershave of the resident's choice, which acts as an antiseptic on micro-abrasions and feels refreshing.
14. Follows terminal procedures as follows:
 - Leaves the resident comfortable.
 - Returns equipment to Treatment Room.
 - Disposes of waste properly.
 - Perform hand hygiene.
 - Records anything of significance in the resident's progress notes.
 - Makes a referral to the RN as necessary.

NAIL CARE

1. Introduces self and explains procedure to the resident.
2. Performs hand hygiene.
3. Gathers all equipment necessary for the procedure
4. Positions resident to a comfortable position (i.e., sitting).
5. Cuts the nail straight across and smooth with the file or emery board.
6. Takes care that the nail is not cut too short by the lateral folds.
7. Works your way from one finger to the other until completed.
8. Applies emollient lotion to keep the skin soft and supple.
9. Follows terminal procedures as follows:
 - Leaves the resident comfortable.
 - Returns equipment to Treatment Room.
 - Disposes of waste properly.
 - Perform hand hygiene.
 - Records anything of significance in the resident's progress notes.
 - Makes a referral to the RN as necessary.

PERIANAL CARE FOR FEMALE

1. Introduce self to resident and explain the procedure
2. Performs hand hygiene.
3. Positions the resident in a supine position with the bed linen folded down to the foot of the bed.
4. Places a towel under the hips long ways so that the lower end can be used to dry the anterior area and the upper edge (under the resident's buttocks) is used for the anal area.
5. Asks the resident to flex her legs and drape her upper body and legs with the bath blanket to reduce embarrassing exposure. Wraps the tails of the bath blanket around the legs to anchor the blanket and bring the middle up to expose the perineum.
6. Washes and dries the upper inner thighs.
7. Cleans the labia majora and then spread the labia to expose the folds and labia minora.
8. Cleanses from the front towards the anus, using the corners of the washer, one stroke per corner. Uses gauze squares (one for each stroke) to remove the fluids, if the resident has a catheter, or is menstruating.
9. Rinses the area well, using the same procedure.
10. Inspects for any areas of excoriation (especially between labial folds), for odour, excess secretions or any other abnormality.
11. inspects the urinary meatus in those who have an indwelling catheter (IDC) for signs of excoriation of the orifice.
12. Dries the perineum well.
13. Assists the resident to turn onto their side away from you.
14. Spreads the buttocks and cleanse the anal area.
15. Dries well.
16. Applies emollient cream or ointment as needed.

17. Returns the resident to a position of comfort and readjust the bedclothes.
18. Follows terminal procedures as follows:
 - Leaves the resident comfortable.
 - Returns equipment to Treatment Room.
 - Disposes of waste properly.
 - Perform hand hygiene.
 - Records anything of significance in the resident's progress notes.
 - Makes a referral to the RN as necessary.

Perianal Care for Male

1. Gathers all equipment necessary for the procedure
2. Introduces self and explains procedure to the resident.
3. Performs hand hygiene.
4. Positions the resident in a supine position with the bed linen folded down to the foot of the bed.
5. Places a towel under the hips long ways so that the lower end can be used to dry the anterior area and the upper edge (under the resident's buttocks) is used for the anal area.
6. Asks the resident to flex his legs and drape the upper body in a bath blanket, bringing the tails of the bath blanket down over the legs.
7. Exposes the genital area.
8. Washes and dries the upper inner thighs.
9. Washes and dries the penis, using firm strokes, which may prevent an erection.
10. Retracts the foreskin to expose the glans penis. Clean it with the washcloth, dry it and replace the foreskin if the resident is uncircumcised.
11. Washes and dries the scrotum. Scrotal folds in the posterior may need to be washed and dried while the resident is on his side.
12. Inspects the urinary meatus in those who have an indwelling catheter (IDC) for signs of excoriation of the orifice.
13. Dries the perineum well.
14. Assists the resident to turn onto their side away from you.
15. Spreads the buttocks and cleanse the anal area.
16. Dries well.
17. Applies emollient cream or ointment as needed.
18. Returns the resident to a position of comfort and readjust the bedclothes.
19. Follows terminal procedures as follows:
 - Leaves the resident comfortable.
 - Returns equipment to Treatment Room.
 - Disposes of waste properly.
 - Perform hand hygiene.
 - Records anything of significance in the resident's progress notes.
 - Makes a referral to the RN as necessary.

5.1.3 Accountabilities

All Maranatha House staff have a responsibility to ensure that personal carers and supports are delivered in a way that best meets each resident's needs and preferences in meeting their physical, social, emotional and cultural needs, whilst maintaining a maximum level of independence. This means all staff must make every effort to ensure that residents are provided with an environment that promotes person-centred care.

5.1.4 Forms, Templates and Resources

Commonwealth Department of Health residential aged care resources, see <https://agedcare.health.gov.au/programs-services/residential-care>

5.1.5 Related Policies

All Maranatha House policies and procedures

5.1.6 Standards and Legislation

Aged Care Quality Standards (2018):

Standard 1 – Resident dignity and choice

Standard 2 – Ongoing assessment and planning with residents

Standard 3 – Personal care and clinical care

Standard 4 – Services and supports for daily living

Standard 5 – Organisation's service environment

Standard 6 – Feedback and complaints

Standard 7 – Human resources

Standard 8 – Organisational governance

A.6 TOILETING

6.1.1 Scope

This policy applies to all staff and residents at Maranatha House.

6.1.2 Procedure

BED PAN

1. Introduce self and explain to the resident what you are going to do.
2. Perform hand hygiene
3. Assemble all equipment needed for the procedure, to avoid interruption during the procedure.
4. Ensure to use clean bed pan that has been sanitised properly.
5. Ensure good lighting.
6. Run warm water over the bedpan and dry it. A metal bedpan retains heat, so check to make sure it is not too hot before putting it under the resident.
7. Don disposable gloves.
8. Ensure privacy by closing the door and / or the curtains.

9. Place a waterproof pad under the resident's buttocks to protect the bed from possible spills.
10. Assist the resident as needed; for example, adjust trousers or clothing appropriately.
11. Raise the head of the bed a little if it is allowed.
12. Support the lower back of the resident with one hand. With the other hand, places the curved edge of the bedpan under the resident's buttocks.
13. Raise the head of the bed until the resident is in a sitting position (sitting upright makes having a bowel movement or urinating easier).
14. Give the resident as much privacy as possible. If the resident is weak or frail, do not leave them alone, if it poses any risk to the resident.
15. When the resident is done, lower the head of the bed. Asks the resident to raise their buttocks, while supporting their lower back with one hand.
16. Carefully remove the bedpan with other hand.
17. Cover the bedpan with a disposable paper cover and put it on a chair.
18. Gently rolls the resident onto their side.
19. Clean the resident's buttocks with toilet paper first.
20. Next, use a wet washcloth or wet wipe to clean the area. If necessary, use soap and water to clean the area well. If the resident is a female, cleans from front to back.
21. Dry the area between the resident's legs.
22. Checks the surrounding skin for redness or sores.
23. Give the resident a damp washcloth or wet wipe to clean their hands after using the bedpan or urinal.
24. Follows terminal procedures as follows:
 - Leave the resident comfortable.
 - Take bed pan to the pan room and remove paper cover
 - Place bed pan into the sanitiser and run one cycle.
 - Dispose of any other waste.
 - Perform hand hygiene.
 - Record anything of significance in the resident's progress notes.
 - Update care plan as necessary

URINAL

1. Explain procedure to resident.
2. Perform hand hygiene.
3. Prepare all equipment needed for the procedure, to avoid distraction for yourself and the resident.
4. Ensure to use clean urinal that has been sanitised properly.
5. Ensure good lighting.
6. Ensure you have all the necessary equipment to avoid interruption during the procedure.
7. Introduce self and always explains to the resident what you are going to do.
8. Brings the urinal to the resident inserted in a paper cover.
9. Screens the resident or closes the door as appropriate to ensure privacy.

10. Adjust the position of the bed as necessary. For example, some residents may desire to have the head of the bed raised. Others may require the knee part of the bed to be lowered or level.
11. Assist the resident as needed; for example, adjusts trousers or clothing appropriately.
12. Ask the resident to put the urinal between his legs.
13. Spread the resident's legs if he cannot do it himself.
14. Position the urinal and holds it gently while the person urinates.
15. When the person is done, carefully remove the urinal.
16. Place urinal on the floor.
17. Ensure the area between the resident's legs is clean and dry.
18. Readjust resident's clothing.
19. Follows terminal procedures as follows:
20. Leaves the resident comfortable.
 - Covers urinal with a paper cover.
 - Takes the urinal to the Pan Room, place into the sanitizer and run one cycle.
 - Disposes of waste properly.
 - Perform hand hygiene.
 - Record anything of significance in the resident's progress notes.
 - Update care plan as necessary

COMMODE

1. Able to explain indication of the procedure.
2. Makes sure that the commode is not damaged in any way.
3. Adjusts the seat to the right height for the person. Generally, feet should be flat on the ground, with knees just above hip height whilst seated. Extra height may be needed following hip surgery.
4. Lifts up the commode lid.
5. If the frame is to be used over an existing toilet, removes any pan.
6. Lifts up the toilet seat and puts the toilet frame over it.
7. Removes the existing toilet seat to allow the over toilet frame to be positioned as close to the toilet bowl as possible.
8. Ensures toilet paper is within easy reach.
9. Helps the resident to stand at the front of the seat, and moves into a position where he or she can feel the toilet seat behind their knees.
10. Asks resident to put both hands on the armrests, with even pressure on both sides to prevent tipping.
11. Assists the resident as needed; for example, adjusts trousers or clothing appropriately.
12. Encourages resident to bend slightly forward at the waist, slowly lowering themselves onto the seat.
13. If required, place your hands on the resident's lower back and provide gentle forward pressure.
14. Gives the resident privacy if possible. If the resident is weak, does not leave him or her alone.
15. Once done, cleans the buttocks of the resident with toilet paper first.
16. Next, uses a wet washcloth or wet wipe to clean the area. If necessary, uses soap and water to clean the area well. If the resident is a female, cleans from front to back.

17. Dries the area between the resident's legs.
18. Encourages resident to have both hands on the armrests and to lift his or her body weight by using his or her legs and pushing up with their arms on the armrests.
19. Asks resident use even pressure on both sides to prevent tipping. If required, puts hand on the resident's lower back and gives gentle forward pressure. Does not pull on their arms.
20. Readjusts resident's clothing.
21. Takes resident back to his or her bed or in a chair.
22. Follows terminal procedures as follows:
 - Leaves the resident comfortable.
 - Covers urinal with a paper cover.
 - Takes bed pan or urinal to the pan room
 - Removes paper cover and places bed pan or urinal in the sanitiser and runs one cycle.
 - Disposes of waste properly.
 - Perform hand hygiene.
 - Records anything of significance in the resident's progress notes.
 - Updates care plan as necessary.

6.1.3 Accountabilities

All Maranatha House staff have a responsibility to ensure that personal carers and supports are delivered in a way that best meets each resident's needs and preferences in meeting their physical, social, emotional and cultural needs, whilst maintaining a maximum level of independence. This means all staff must make every effort to ensure that residents are provided with an environment and supports that promotes and achieve person-centred care.

6.1.4 Forms, Templates and Resources

Commonwealth Department of Health residential aged care resources, see <https://agedcare.health.gov.au/programs-services/residential-care>

6.1.5 Related Policies

All Maranatha House Residential Aged Care policies and procedures

6.1.6 Standards and Legislation

Aged Care Quality Standards (2018):

Standard 1 – Resident dignity and choice

Standard 2 – Ongoing assessment and planning with residents

Standard 3 – Personal care and clinical care

Standard 4 – Services and supports for daily living

Standard 5 – Organisation's service environment

Standard 6 – Feedback and complaints

Standard 7 – Human resources

Standard 8 – Organisational governance

A.7 TRANSFER DEVICES

7.1.1 Scope

This policy applies to all staff and residents at Maranatha House.

7.1.2 Procedure

SLIDE SHEET

1. Review the Care Plan of the resident being assisted.
2. Explain the procedure to the resident.
3. Gather any equipment needed and the readiness of the resident.
4. Assesses the resident by watching/talking to them to see if they are willing and able to participate in the task.
5. Work in pairs when transferring a resident using any transfer devices.
6. Makes sure clothing and footwear are appropriate for the task
7. Chooses a lead carer: If more than one carer is involved when moving or handling a resident, identifies who should be the lead carer during the move by giving instructions
8. Perform hand hygiene.
9. Avoids distraction for self and the resident.
10. Ensures good lighting.
11. Ensures to have all the necessary equipment to avoid interruption during the procedure.
12. Introduces self and always explains to the resident what the procedure.
13. Folds the slide sheet in half. Makes sure that the open ends are at the side of the bed that the resident is going to be moved towards. In moving a resident up the bed, makes sure the open ends of the slide sheet is under the resident's head and the fold under their thighs. Adjusts height of bed and turns on lights.
14. Puts the slide sheet underneath the shoulders and hips of the resident being moved.
15. Pushes the sheet underneath one side of the resident.
16. Puts the resident's arms across their chest and bends their far knee or puts their far leg across their near leg.
17. Rolls the resident onto their side. Coordinates so that the far carer pushes hip and shoulder over, while the near carer guides knee and elbow. Uses body weight to roll the resident, rather than their shoulders.
18. Rolls the resident onto their back again. Pulls slide sheet gently through the other side of them and straighten.
19. Once the slide sheet is in position to move the resident, coordinates a sliding motion (not lifting) towards the desired position using body weight and legs.
20. Moves the resident's legs first before moving the rest of the body.
21. One carer pulls the top layer of slide sheet while the other carer pushes the resident's shoulder and hip, moving them across the bed.
22. Removes the slide sheet by pushing the fold under the resident, and pulling the bottom layer of the open sides in an upwards direction.

23. Follows terminal procedures as follows:

- Leaves the resident comfortable.
- Puts equipment away, places battery back in charger as required.
- Places all other equipment in correct storage areas.
- Documents any incident and report to supervisor immediately.
- Perform hand hygiene.
- Records anything of significance in the resident's progress notes.
- Updates care plan as necessary.

STANDING HOIST

1. Review the Care Plan of the resident being assisted.
2. Explain the procedure to the resident.
3. Gather any equipment needed and the readiness of the resident.
4. Assesses the resident by watching/talking to them to see if they are willing and able to participate in the task.
5. Works in pairs when transferring a resident using any transfer devices.
6. Makes sure clothing and footwear are appropriate for the task
7. Chooses a lead carer: If more than one carer is involved when moving or handling a resident, identifies who should be the lead carer during the move by giving instructions
8. Perform hand hygiene.
9. Avoids distraction for self and the resident.
10. Ensures good lighting.
11. Ensures to have all the necessary equipment to avoid interruption during the procedure.
12. Prepares hoist and lifter belt.
13. Takes battery out of charger and inserts into portable hoist.
14. Makes sure lifter belt it is the correct one for the task.
15. Places lifter belt around lower back of resident. Firmly secures belt in place.
16. Prepares resident by getting them to sit on edge of chair or bed.
17. If resident needs assistance, does so by repositioning them to edge of chair or bed.
18. Leans resident forward and puts belt around their upper waist. Brings lifter forward, places resident's feet on foot plate. One care staff places resident's feet on foot plate by lifting each leg at knee. The other care staff keeps lifter steady, then moves it closer.
19. Positions the lifter and attaches strap loops.
20. Brings lifter forward so resident's knees are secure against the knee pad. Re-applies brakes.
21. Selects and attaches one strap loop from each strap to hooks on the lifter arms.
22. Places resident's hands on lifter arms and prepares for lift. Places resident's hands on the lifter arms, with their arms over and outside the lifter straps.
23. Explains to resident that lifter is about to be activated.
24. Raises resident to standing position. First care staff raises resident to standing position using lifter controls, watching that loops are in place. Second care staff watches and reassures resident, encouraging to assist stand if possible.

25. Moves resident with stand lifter. Ensures area is free of hazards when resident is in standing position, moves hoist as required.
26. Second care staff assists to guide resident as needed.
27. First care staff uses handles on lifter to slowly push to new location, moves with direction of hoist. Does not twist.
28. Lowers resident with stand lifter. Operator brings lifter into position.
29. Using lifter controls, first care staff lowers resident onto bed or commode.
30. Second care staff gets into position to side of resident, making sure resident is lowered safely.
31. Releases loops and removes stand lifter.
32. Makes sure resident is safe before removing equipment.
33. Unhooks loops of belt when it is relaxed.
34. Lifts resident's feet off foot plate, removes stand lifter.
35. Follows terminal procedures as follows:
 - Leaves the resident comfortable.
 - Puts equipment away, places battery back in charger as required.
 - Places all other equipment in correct storage areas.
 - Documents any incident and report to supervisor immediately.
 - Perform hand hygiene.
 - Records anything of significance in the resident's progress notes.
 - Updates care plan as necessary.

MOBILE FLOOR HOIST

1. Review the Care Plan of the resident being assisted.
2. Explain the procedure to the resident.
3. Gather any equipment needed and the readiness of the resident.
4. Assesses the resident by watching/talking to them to see if they are willing and able to participate in the task.
5. Works in pairs when transferring a resident using any transfer devices.
6. Makes sure clothing and footwear are appropriate for the task
7. Chooses a lead carer: If more than one carer is involved when moving or handling a resident, identifies who should be the lead carer during the move by giving instructions
8. Perform hand hygiene.
9. Avoids distraction for self and the resident.
10. Ensures good lighting.
11. Ensures to have all the necessary equipment to avoid interruption during the procedure.
12. Prepares hoist and lifter belt.
13. Takes battery out of charger and inserts into portable hoist.
14. Makes sure lifter belt it is the correct one for the task.
15. Assists resident to roll to side and set the sling in place. One care staff on each side of bed, unless otherwise indicated in resident's support plan.

16. Prepares resident's arm and leg ready for roll.
17. Positions hands using pushing/pulling motion to gently roll resident's on to side.
18. Places sling centrally beneath resident.
19. Places sling along back, make sure pelvic opening is level with middle of buttocks (applies to full body sling only).
20. Assists resident to roll to opposite side, then releases and spreads out sling into position.
21. Prepares sling for attachment to portable hoist.
22. Passes leg straps underneath thighs and crosses to opposite side.
23. Positions the hoist.
24. Walks hoist slowly over to resident using forward steps. Makes sure area is clear of hazards.
25. When hoist in position, keeps brakes off.
26. Lowers the spreader bar and attaches the sling. Care staff pushes hoist now lowers spreader bar using hoist controls. Second care staff guides spreader bar into position, keeping parts away from resident's head.
27. Attaches one loop from each strap to hooks on the spreader bar
28. Raises resident with portable hoist and sling. First care staff raises sling using hoist controls, watching that sling loops are in place. Second care staff watches and reassures resident, supporting their head if required.
29. When resident is clear above bed move hoist backwards. Second care staff assists to guide resident as needed.
30. Positions resident over wheelchair or chair.
31. Operator brings hoist into position. Second care staff supports then pivots resident in sling, so they are correctly above the wheelchair/chair to be lowered into.
32. Lowers resident with portable hoist. Second care staff gets into position to side or behind resident. If using a wheelchair, makes sure brakes are on, and footplates are removed if required.
33. Care staff operating hoist uses hoist controls to lower resident.
34. Both care staff guide sling so that resident is positioned to back of chair, making sure not to take any weight.
35. Releases sling loops and remove hoist. Makes sure resident is safe before removing equipment.
36. Unhooks sling when it is relaxed; keeps control of spreader bar to avoid hitting resident.
37. Follows terminal procedures as follows:
 - Leaves the resident comfortable.
 - Puts equipment away, places battery back in charger as required.
 - Places all other equipment in correct storage areas.
 - Documents any incident and report to supervisor immediately.
 - Perform hand hygiene.
 - Records anything of significance in the resident's progress notes.
 - Updates care plan as necessary.

7.1.3 Accountabilities

All Maranatha House staff have a responsibility to ensure that personal carers and supports are delivered in a way that best meets each resident’s needs and preferences in meeting their physical, social, emotional and cultural needs, whilst maintaining a maximum level of independence. This means all staff must make every effort to ensure that residents are provided with an environment that promotes person-centred care.

7.1.4 Forms, Templates and Resources

Commonwealth Department of Health residential aged care resources, see <https://agedcare.health.gov.au/programs-services/residential-care>

7.1.5 Related Policies

All Maranatha House Residential Aged Care policies and procedures

7.1.6 Standards and Legislation

Aged Care Quality Standards (2018):

- Standard 1 – Resident dignity and choice
- Standard 2 – Ongoing assessment and planning with residents
- Standard 3 – Personal care and clinical care
- Standard 4 – Services and supports for daily living
- Standard 5 – Organisation’s service environment
- Standard 6 – Feedback and complaints
- Standard 7 – Human resources
- Standard 8 – Organisational governance

DECLARATION

I have read and understood the above Personal Care and Procedures Manual, and agree to comply with its provisions at all times while working in Maranatha House.

By signing this Manual, I acknowledge my commitment to achieving the best outcomes for consumers and playing my part in ensuring that my working environment is safe and supportive.

Employee name:

Signature:

Manager name:

Signature:

Date: _____



CONTACT

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