

DEPARTMENT OF EDUCATION

**HEALTH CARE PROCEDURES
ALLOWANCE AGREEMENT 2015**



I. TITLE

This Agreement shall be known as the **Department of Education Health Care Procedures Allowance Agreement 2015.**

2. ARRANGEMENT

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3. SCOPE

- 3.1 This Agreement is made in respect of employees employed in the Department of Education as Teacher Assistants who agree to regularly undertake health care procedures (as per Appendix I) with students.

4. PARTIES BOUND

- 4.1 This Agreement shall be between the Minister administering the *State Service Act 2000*, the Community and Public Sector Union (State Public Services Federation Tasmania) Inc. and the Australian Education Union (Tasmanian Branch).

5. PERIOD OF OPERATION

- 5.1 The Agreement will be for the period commencing on the date of registration and shall apply until 30 June 2016. Provided that the parties are agreed that the allowance described at clause 8 shall be payable to eligible employees from 31 July 2014 providing eligible employees have been regularly undertaking health care procedures since that date.
- 5.2 The parties agree to commence negotiations for a replacement Agreement no later than 30 April 2016.

6. RELATIONSHIP TO AWARDS AND AGREEMENTS

- 6.1 Where any inconsistency occurs between this Agreement and the relevant Award, or any registered Agreement with the Minister administering the *State Service Act 2000*, this Agreement shall prevail to the extent of the inconsistency.
- 6.2 The relevant award is the Tasmanian State Service Award.

7. PURPOSE

- 7.1 The purpose of this Agreement is to establish an allowance payable to Teacher Assistants who agree to regularly undertake any of the health care procedures set out in Appendix I as part of their normal duties.

8. RATE OF ALLOWANCE

- 8.1 The rate of the allowance is \$11.80 per week from 31 July 2014 and \$12.10 per week from the first full pay period on or after 1 August 2015.



- 8.2 The allowance is payable to both full time and part time employees at the same rate and there are no pro rata payments.
- 8.2 This allowance will be increased annually in line with general increases in work related allowances for State Service Awards.

9. TRAINING AND ELIGIBILITY

- 9.1 Training shall be in accordance with the attached Credentialing Certificate of Competency.
- 9.2 To be eligible for payment of the allowance, an employee must have volunteered to undertake the procedures, be required to regularly undertake the procedures, have completed the appropriate training and hold a current Credentialing Certificate of Competency.
- 9.2 Training shall be conducted in paid time and shall be funded by the employer.
- 9.3 Undertaking of the health care procedures is voluntary for employees and employees who elect not to undertake training will not be discriminated against.

10. DISPUTE RESOLUTION

- 10.1 The Grievance and Dispute Settling procedure of the Tasmanian State Service Award outlines the process for addressing any issues that may arise from the implementation of this Agreement.

11. NO EXTRA CLAIMS

- 11.1 The parties to this Agreement undertake that, for the life of this Agreement, they will not initiate any additional claims regarding salary or conditions of employment.



SIGNATORIES

This Agreement is made in Hobart on this^{7th}.....of ^{August}..... 2015


SIGNED FOR AND ON BEHALF OF
Minister administering the State Service Act 2000

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SIGNED FOR AND ON BEHALF OF
Community and Public Sector Union (State Public Services Federation Tasmania) Inc

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SIGNED FOR AND ON BEHALF OF
Australian Education Union Tasmanian Branch

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APPENDIX I – LIST OF HEALTH CARE PROCEDURES

- Catheterisation
- Use of rectal Diazepan TM/Midazolam TM
- Injection of medication in an emergency (such a severe allergic reaction)
- Use of gastronomy tube
- Suctioning and use of a suctioning catheter
- Resuscitation
- Administration of oxygen
- Trachostomy care
- Blood and urine testing
- Administration of oral glucosal sugar
- Stoma care
- Peg feeding
- Changing colostomy bags

The above list of procedures will be regularly reviewed and additions may be made by agreement between the parties.



APPENDIX 2 -TRAINING AND CREDENTIALING OF STAFF

Training is often required to enable staff to cater appropriately for students with health care requirements. Training may be general basic health care for all students or very specific training for the needs of a specific student.

Where a specific training program is required, evidence of this training program being successfully completed, and evidence of the competence of the staff member to undertake the program, should be documented (credentialing).

All schools should plan for general training programs to ensure the health and safety of their students. Where more specific training is required, advice should be sought from the child's medical practitioner and parents. If a student requires intervention that would normally only be provided by a nurse/medical practitioner or parent, Learning Services should be involved in initial discussions on the best means to procure the service.

These procedures include:

- cathertisation
- use of rectal Diazepam™/Midazolam™
- injection of medication in an emergency (such as severe allergic reaction)
- use of gastronomy tube
- suctioning and use of a suctioning catheter
- resuscitation
- administration of oxygen
- tracheostomy care
- blood and urine testing
- administration of oral glucose or sugar
- stoma care
- peg feeding
- changing colostomy bags

These procedures are typically thought of as nursing or medical procedures. However, parents and children themselves are routinely taught to undertake these procedures, and they are therefore routinely taught to non-medical personnel. The option of employing a nurse is sometimes impractical. For example, it is not reasonable to employ a full-time nurse to follow a student who may at some time in their life sustain a severe allergic reaction. When the only option is for a member of school staff to learn to undertake the procedure, appropriate training and credentialing must be undertaken.

Such procedures are very specific to the individual student, and like any medical procedure, carry some risk. Staff should only be permitted to undertake such procedures if they have been credentialed, and if they are willing and confident to carry out the procedure.

Staff members should never be coerced into a training program or be discriminated against because they choose not to undertake training for credentialing.



In all schools, there is a risk of blood or body fluid contact. Principals should ensure that all staff is trained in application of standard infection control precautions. All schools should also provide training and clear instructions in the implementation of general procedures for medical emergencies.

In schools where a student with intensive health care requirements is enrolled, general training about the student's medical condition should be provided to staff who is involved with the student. General training might be undertaken by the principal, teacher or other school staff, the parent or medical practitioner and in some circumstances by the student with medical needs, depending on the condition and medical condition and personnel available. This training may need to be repeated for new school staff, and reviewed at least each term, with retraining as necessary.

Evidence of training should be provided in the form of a Credentialing Certificate of Competency and signed by the parent, nurse and/or doctor and the trainee. In some circumstances the student may also be a signatory to the form.



Credentialing, A Certificate of Competency

Name _____

Name of Student: _____

School: _____

Name of Medical Procedure: _____

Brief Description of Procedure: _____

Name of Staff Member: _____

Name of Medical Professional Present: (Nurse/Doctor): _____

Brief Description of Training Program: _____

1. _____

2. _____

3. _____

4. _____

This is to certify that _____ has demonstrated
competency (Name of staff member)in the above procedure for _____
(Student's name)

Date: _____

Acknowledge: Parent: _____

Nurse/Doctor: _____

Principal: _____

Staff member: _____

Date of required revision of training or retraining: _____

I have assisted in training _____ in this
procedure. (Name of staff member)Yours sincerely _____
(Parent's signature)