

IN THE FAIR WORK COMMISSION

FWC Matter No: AM2020/99

Application to vary or revoke the Aged Care Award 2010

WITNESS STATEMENT OF EUGENE BASCIUK

I, Eugene Basciuk, of [REDACTED] in the state of New South Wales, say as follows:

1. I am [REDACTED] years old and was born on [REDACTED].
2. This statement is made from my own knowledge and belief, unless otherwise stated. Where statements are not made from my own knowledge, they are made to the best of my knowledge, information and belief and I have set out the sources of my knowledge, information and belief.

Employment at Bundaleer

3. I have worked for Bundaleer Care Services ("**Bundaleer**") in Wauchope since September 2019.
4. I am employed as a Maintenance Tradesperson (specialising as an electrician) on a full-time basis. When I started at Bundaleer, my position had a slightly different title and this changed in or around 2020.
5. This is my first job working in Aged Care.
6. I work 8.00am to 4.30pm on Mondays and 8.00am to 4.00pm on Tuesday to Friday. I also work weekends if needed and Bundaleer and I come to an arrangement or if I am on call. Currently, my supervisor (the Maintenance Manager) and I operate on a system where we have two weeks on call and two weeks off. I can be called in to do urgent work overnight during the week and any time on the weekend if I am on call. I receive an on-call allowance of approximately \$20, which does not change if I am on call overnight or on a weekend.
7. Bundaleer provides Aged Care and Retirement Living in independent living units on the same site at Cameron Street. When I started, Bundaleer also had another Aged Care home on Johnstone Street in Wauchope however this closed in or around August 2021. I work across both sites. The Johnstone Street site is closed to residents however I still have to maintain parts of the home and grounds. I also perform maintenance in the independent living units at the Cameron Street site.
8. Bundaleer is a mix of high and low care. Some residents can walk around and do things for themselves and others are bed bound. The home currently has 84 beds in 80 rooms. Four of these are double rooms which are usually reserved for husband and wife pairs. There is no secure dementia unit, residents with dementia are mixed in with other residents. The home is divided into 10 room clusters.
9. I understand that I am covered by the *Bundaleer Care Services Limited, NSWNMA and HSU NSW Enterprise Agreement 2017-2020* ("**Agreement**"). I am employed under the Agreement as

a Maintenance Tradesperson. My hourly rate of pay is \$29.1365. I have not changed classification levels since I started in 2019.

10. I understand Apollo Care is taking over Bundaleer. To date, I have not received any communication about when this will take effect.

Employment History

11. Prior to starting at Bundaleer, I worked in various different roles, which included:

- a. seaman in the Royal Australian Navy (1994-1996);
- b. apprentice electrician with the railways (1996-1998);
- c. maintenance electrician for various companies (1998-2007); and
- d. train driver for Sydney Trains and its predecessors (2007-2019).

Qualifications and training

12. I hold the following qualifications and certifications:

- a. Electrical Fitter/ Mechanic Trade Certificate;
- b. Certificate II in Telecommunications Cabling;
- c. Telecommunications Open Registration (Telecommunications licence);
- d. Certificate in Baking;
- e. NSW Electrical Contractors licence; and
- f. White Card in Construction.

13. I am also certified to operate Electric Work Platforms (scissor lifts and boom lifts). I attended a one-off course in person to obtain this certification. During the training, I was required to demonstrate that I could move the platforms around an obstacle course.

14. I hold certification to work at heights. This was a one-off one day course completed onsite at Bundaleer with an external trainer.

15. To perform my current role at Bundaleer, I recall the job ad stated that I had to be a registered electrician to apply but this was not a pre-requisite on the position description.

Duties

16. My typical day of work includes arriving onsite at the Cameron Street site at 8.00am. The first thing I do is look at my allocated jobs list to see what is urgent. This is usually whatever comes in overnight. If there are any call buzzers in the residents' rooms that have a flat battery or aren't working properly, I fix them first. I then fix any broken beds. Where carers have put in jobs for lights that aren't working, I fix them. These are the more urgent tasks as these can impact on resident safety and care.
17. The rest of the day is a mix of different maintenance tasks depending on what is required. For example, I hang pictures up for residents, paint walls, clean the solar panels on the roof, fix broken things such as the thermometers used for COVID-19 screening and replace or fix commercial ovens, mixers, dishwashers and cool rooms. If management decides to move an office, I move all the computers and set up the IT systems. I also perform quarterly checks and required maintenance on wheelchairs, wheelie walkers and medication trolleys for accreditation purposes. All equipment must be maintained, we call this preventative maintenance.
18. Some days I also work at the Johnstone Street site. I am responsible for assisting in the maintenance of the grounds and buildings, which includes half yearly checks of the emergency exit lights to comply with fire safety requirements.
19. If there is a job the maintenance team can't perform, we organise a contractor to come in. I email my Manager and set out what needs to be done and why. He is responsible for approving this. The nature of the task determines who organises the contractor. For example, my Manager gets me to organise the air-conditioning contractors because I know what I'm talking about. We have a preferred contractor for air-conditioning but this is not the case for all tasks. When we don't have a preferred contractor, I call a few different contractors to brief them on the work required and get a quote. I then send the quotes to my Manager to make a decision.
20. For example, this week a few of our air-conditioners were not working so I went and looked at them first and tried to fix them. I did a basic power reset but they didn't come good. I then emailed the Maintenance Manager to get approval for the contractor.
21. I call our preferred contractor and request they put a quote together, which I then consider and send to my Manager with a recommendation if the quote seems appropriate and will cover the scope of work needed. The Manager sends it on to the CEO for approval. Once I have approval, I call the contractor to organise a time for them to come onsite. I supervise them when they are onsite.
22. For new contractors, my Manager makes sure they have the appropriate licences and does the site induction but the rest of the maintenance team supervise them when they are onsite.
23. When I need to buy parts, I have to seek approval from my Manager. We have a preferred electrical wholesaler for parts. For example, if I need to buy light stock, I go to their website, get a list of the parts and their cost, send this list to my Manager for approval before ordering it. We have an account with this wholesaler. We also have accounts with Bunnings and the local hardware store. I used to be able to spend up to \$50 without approval but since the Johnstone Street site closed the finances seem to have tightened. I need approval even for a packet of screws.

24. Before I start a job, I have to do a health and safety assessment. First, my Manager does a Safe Work Method Statement in consultation with the relevant member of the team. This sets out the steps to perform the job.
25. As part of the health and safety assessment, I then complete the Job Hazard Analysis sheet. This sets out what hazards could arise in performing the job in a particular environment, what level of risk this carries and then which controls and checks are required. A copy of a Job Hazard Analysis sheet is attached to this statement and marked **EB-01**.
26. For example, if I have to change a light globe in a common area, my Manager will ask me what to include in the Safe Work Method Statement. I would then provide him with this information. In this example, it would include the steps to change it, for example, select the correct light bulb, go to the switchboard and turn it off, test that the circuit is dead, lock out and tag out that circuit, change the globe, remove lock out and tag and make sure everything is safe and then test the globe.
27. The Job Hazard Analysis would note that there are residents moving around and trolleys moving around which could knock you off your ladder. I note I will put bollards up and rope the work area off so I'm not knocked off my ladder and hurt. If I didn't have the bollards, the risk of someone or something running into me would be high. If the bollards are in place, it reduces the risk to unlikely.
28. When performing any job, I have to wear Personal Protective Equipment ("**PPE**") in accordance with the Australian Standards. For electrical work, this usually includes safety glasses, cotton long pants and a cotton shirt in case of any flashover.
29. I constantly am on the lookout for health and safety risks. This can be as minor as seeing a tree branch on a footpath and making sure I move it, so a resident doesn't trip and fall. It can be more complex such as a loose paver, where I isolate the area by putting a bollard or sign up or chair over it to note it's a hazard and I report this to my Manager. If it is a serious hazard, I stay where the hazard is to make sure no one is hurt and call my Manager to report it immediately.
30. I am in constant contact with the carers, RNs and the receptionist. I relay information to them about maintenance jobs that they need to know about and seek clarification from them about jobs logged in the system.
31. A copy of my position description is attached to this statement and marked as **EB-02**.

Training

32. As a Maintenance Officer, I have to complete various training courses. Some of the training courses I have completed online through the Altura Learning platform include:
 - a. Dignity and personal care;
 - b. Case study – Beatrice Glyde (I understand this course is about a former resident who fell over and the carers put her back to bed and she died);

- c. Training Plan 1 (residential non-clinical training);
- d. Customer service;
- e. Providing a five star experience;
- f. Open disclosure;
- g. Understanding and responding to PPSD, engaging the person in meaningful activities (dementia training);
- h. Introduction to dementia;
- i. Bullying and harassment;
- j. Abuse, unexplained absences and SIRS;
- k. Work health and safety training;
- l. 'Talk to us first' from the Older Persons Advocacy Network;
- m. Aged Care Quality Standards;
- n. Infection control; and
- o. Teamwork and communication.

33. I also do fire safety training every year. This has both an online and in person component.

Supervision

34. I am supervised by the Maintenance Manager. There are four other members of the maintenance team: a gardener, lawnmower, general hand and a plumber.

35. The Maintenance Manager works across both sites and helps the maintenance team when we are swamped with tasks. He organises the team's workflow and is responsible for reporting call bell buzzer response time under the new Aged Care Quality Standards, accreditation documents and organising all of the preventative maintenance.

36. I am allocated jobs from my Manager. The Receptionist initially logs the jobs in the Hardcat computer system and determines the timeframe I have to complete the details of the job in the system including assessing whether something is urgent, or can be completed in two days, 7 days or 28 days. My Manager can change this timeframe if he thinks it is not appropriate. When I complete a job, I record what I did, how long we spent on that job and the cost of parts I used on Hardcat. Jobs that are not completed within the timeframe need to be explained to my Manager.

37. I did not receive formal training on how to use the Hardcat system. Another maintenance officer showed me how to use it when I started at Bundaleer.

Interaction with residents

38. Working in Aged Care is completely different to anything I have done before. I am constantly in contact with the residents and have to be mindful that I am working in their homes and pay attention to each of their particular quirks.

39. When I am doing a job in a resident's room, I have to slow things down. I cannot rush around doing a job because this unsettles them. I have to take my time performing jobs because they are older and less mobile and are used to everything being done at a slower pace.

40. For example, there is one resident who gets along in a wheelchair who often takes a longer time to get around and blocks the walkway. We have to just wait behind him until he moves along to get past him, especially if I am carrying tools. I will usually engage him and have a chat while I am waiting. Residents don't like to be ignored by the staff so I talk to them whenever I can so they feel that they belong there.

41. When speaking with residents, I speak louder because many of them are hard of hearing. I explain what I am doing in simpler terms so they understand why I am there. I try to relate what I am doing back to the 1970s or 1980s for them to understand properly, because this is what they remember from being in their homes. For example, a lot of them are very "old school". If I start talking about new things like LED lights, they look at me funny, but if I mention the company that makes the lights they can usually relate to that and they understand what I am doing better.

42. When I have to do a job in a resident's room, I knock on the door, introduce myself, state the reason that I am there and get their permission to do the job. If they are not in their room, I have to find them and ask for their permission to enter their room to do the job. I talk to the resident if they are lucid enough to chat and I also explain what I am doing. Sometimes, the resident will tell me how they think I should do the job and I have to listen and take that on board where possible. It is all about respecting the residents because I am working in their home. When I finish the job, I show it to them and check they are happy with it before I leave.

43. If the resident has dementia, there are additional considerations I have to be aware of. For example, one of the residents is a frequent hitter. If I have to do a job in their room, I find the carer and ask them to remove the resident from the room first or the carer will sit in the room and entertain the resident while I am there. I keep quiet to try not to confuse them or set them off.

44. In my experience, some of the residents can be aggressive and unpredictable. For example, in or around November 2021 I was fixing up one of the external doors and installing a new swipe card system. I had roped off the area with bollards and a tape boundary because I was drilling into metal (as part of the Job Hazard Analysis). Residents often walk around without shoes on so I had to prevent metal shards going into residents' feet. When I was finishing up the job, I was vacuuming up the metal shards and a resident moved the safety boundary I had established and entered the work area. She began thrusting her walker into my back aggressively. I yelled out to the Enrolled Nurse for help. I had a sore back afterwards. I was alarmed as it hurt.

45. There is another resident that no matter what you say to her, she gets cranky at you. For example, she came up to me with a cup and said to me words to the effect of "*what should I do with this?*". I told her to leave it on the table for the carers to collect later. I turned my back on her to walk away and she punched me in the back. This caught me by surprise. I haven't been told how to deal with that resident specifically, I have had to learn from experience to know how to interact with her. Management always tells us to refer to the iCare program with the resident's details but I don't have access to this.
46. I adjust my approach to communicating with residents depending on what their professional background is or what their interests are, if I know them.
47. For example, I was called into the main building because the power had tripped out to a number of residents' rooms. I tried to fix it and it tripped out again. I went into each of the residents' rooms to determine the problem and one resident had power tools and non-electrical screwdrivers and was drilling into the pneumatic light switch. I asked him words to the effect of, "*what are you doing?*" and he said words to the effect of "*I know what I'm doing, I used to be an electrical engineer you know*". I knew straight away that I would have to resolve the matter by adjusting my approach to respect his professional background. I said to him words to the effect of "*the integrity of the insulation has to be adhered to, why are you drilling into this?*" because I knew he would understand the electrical terminology. He backed off a bit and I reported it straightaway to the Registered Nurse and Maintenance Manager. I understand that they subsequently took all his tools away because he was a risk to himself.
48. There was another resident who used to be a dancer for Australia and a fencer. I used to talk to her about dancing because I knew she liked it and would also play pretend fencing with her, pointing my finger at her and saying, "*en garde!*" and she would laugh.
49. We have residents from different countries at the home. There is a Yugoslav woman who the care staff sometimes have trouble understanding. I can pick it up easily as I have a Ukrainian background so I am used to that style of talking. If I'm around, I offer assistance if needed.

Interaction with families

50. I often communicate with residents' family members when they are visiting the home. For example:
- a. If I am in the resident's room doing a job when they are present, I explain what I'm doing and chat to them while I am there.
 - b. Sometimes family members want to bring a new piece of electronic equipment in for the resident, such as DVD players, TVs, radios or phone chargers, and I talk them through the process of having this tested and tagged in accordance with the Australian Standards to make sure this is safe and approved to bring to the home.
 - c. When I am walking through the home, family members ask me for directions and I assist them.

Accreditation

51. The whole maintenance team has a role to play in ensuring Bundaleer meets its accreditation requirements. I test and tag all of the plug in appliances to make sure they are compliant. I also check the emergency exit signs to make sure they are working and compliant.
52. The documentation for accreditation is mainly completed by my Manager. The documentation I complete to check off that I have performed my duties in relation to accreditation is all done on the computer.
53. Occasionally, we receive visits from the Aged Care Quality and Safety Commission auditors. On these visits, they can talk to anyone. They have spoken to me when they are onsite and have said to me words to the effect of *"run me through how a maintenance job is logged and is allocated"* and *"where would I find records of the plug in appliances?"*.

Changes in Aged Care over time

54. Since the introduction of the new Aged Care Standards in or around 2019, I have noticed that there is much better treatment for the residents. Residents have more rights than they used to and all staff have to listen to residents' requests to make sure we are providing them with person-centred care. I remember visiting my Grandmother in Aged Care in the early 2010s and the situation then was very different.
55. When I started working a Bundaleer, there used to be a lot more carers around. Now, a lot have resigned and they are constantly short staffed. I see a lot more carers doing double or extended shifts and they are often covering twice as much work than they used to do.

Technology

56. In my role, I service most of the assistive mobility technology and mobility aids. Each year, the maintenance team undertakes a bed check for every bed in the home. This requires me to test every function on each bed to make sure it is working properly.
57. I maintain all of the mobility aids such as wheelchairs, wheelie walkers, mobility scooters. I change their tyres if they are flat, change the batteries or parts if they aren't working properly and make sure they are in working order for each resident.
58. I did not know how to service these before starting at Bundaleer. I learnt how to fix these on the job.
59. A contractor comes onsite to service the lifters. I am responsible for collecting the lifters and bringing them to him when he is onsite and overseeing the work he does.

Impacts of COVID-19

60. Since the start of the COVID-19 pandemic, there have been various changes to the way I perform my role. For example, I have to wear N95 masks in the home and return a negative Rapid Antigen Test twice a week.
61. There has been one COVID-19 outbreak at the home. Around a third of the residents contracted it.
62. During the outbreak, I was directed to limit my movements in the home and if I didn't have to be in the outbreak area, I had to stay out of there unless there was an urgent maintenance job to do. There were stations set up at the entrance of the outbreak area to don and doff full PPE. We had to wear an N95 mask, face shield, shoe protectors, gowns, and gloves in this area at all times and I had to wipe down any tools I took with me when I went in and again when I left.
63. I was asked to go into the outbreak area to open the really high windows we have in that section to increase ventilation. That involved me going into COVID-19 positive residents' rooms and using a long pole to open the windows, as they are too high to reach.



Eugene Basciuk

Date:

28-5-22

EB-01



JOB HAZARD ANALYSIS (JHA) WORKSHEET

Candidate Name:		Date:		Rev No:	
Location/Area:		JHA No.:			
Task:					

JHA developed by:				JHA received by:			
Number	Print name	Signature	Position	Number	Print name	Signature	Position
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			

Applicable Golden Rules	Additional PPE Requirements <small>(hard hat, safety glasses, safety boots & high vis compulsory)</small>			Barricading / Signage <small>(please indicate by ticking box)</small>	Type or permit required	Further information
Electrical isolation <input type="checkbox"/>	Hearing Protection <input type="checkbox"/>	Gloves (riggers) <input type="checkbox"/>	Flagging <input type="checkbox"/>	Hot work <input type="checkbox"/>	Safety Data Sheet <input type="checkbox"/>	
Working at height <input type="checkbox"/>	Goggles <input type="checkbox"/>	Gloves (Hyflex) <input type="checkbox"/>	Barrier Mesh <input type="checkbox"/>	Hazardous Work Clearance <input type="checkbox"/>	Safe work instruction <input type="checkbox"/>	
Lifting Operation <input type="checkbox"/>	Face shield <input type="checkbox"/>	Gloves (PVC) <input type="checkbox"/>	Information Tags <input type="checkbox"/>	Man-cage <input type="checkbox"/>	Lift Study <input type="checkbox"/>	
Driving Safety <input type="checkbox"/>	Harness <input type="checkbox"/>	Gloves (welding) <input type="checkbox"/>	Hard Barricading <input type="checkbox"/>	Confined space <input type="checkbox"/>	Instruction Manual <input type="checkbox"/>	
Permit to work <input type="checkbox"/>	Respirator <input type="checkbox"/>	Other (list) <input type="checkbox"/>	Men Working Above <input type="checkbox"/>	Excavation <input type="checkbox"/>	Procedure <input type="checkbox"/>	
Ground disturbance <input type="checkbox"/>	Sunscreen <input type="checkbox"/>	Other (list) <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	

STEP 1 Consequences Table (For notification, consider the actual consequence or outcome using this table as a guide. The examples listed her are not exhaustive.)

		Action Required				
		Serious	Major	Moderate	Minor	Minimum
Corporate Consequence	Clinical Consequence	<p>Consumers with death unrelated to the natural course of the illness and differing from the immediate expected outcome of the consumer management or:</p> <ul style="list-style-type: none"> • Suspected suicide • Suspected homicide • Medication error resulting in serious harm or death • Use of physical restraint resulting in serious harm or death 	<p>Consumers suffering a major permanent loss of function (sensory, motor, physiologic or psychological) unrelated to the natural course of the illness and differing from the expected outcome of consumer management or any of the following:</p> <ul style="list-style-type: none"> • Suffering significant injury or disfigurement as a result of the incident • Consumer at significant risk due to being absent against medical advice • Threatened, alleged or actual physical, sexual or verbal assault of consumer requiring external or police intervention • Grooming of a consumer for sexual activity • Use of an unauthorised restrictive practice to a consumer • Unexplained absence of a consumer that has been reported to the Police 	<p>Consumers with permanent reduction in bodily functioning (sensory, motor, physiologic or psychological) unrelated to the natural course of the illness and differing from the expected outcome of consumer management or any of the following:</p> <ul style="list-style-type: none"> • Hospitalisation and/or surgical intervention required as a result of the incident 	<p>Consumers requiring increased level of care including:</p> <ul style="list-style-type: none"> • Review and evaluation • Additional investigations • Referral to a medical officer or another clinician 	<p>Consumers with no injury or increased level of care</p>
	Staff	Death of staff member related to work incident or suicide, or hospitalisation of 3 or more staff	Permanent injury to staff member, hospitalisation of 2 staff, or lost time or restricted duty or illness for 2 or more staff or pending or actual SafeWork NSW prosecution, or threatened or actual physical or verbal assault of staff requiring external or police intervention	Medical expenses, lost time or restricted duties or injury/illness for 1 or more staff	First aid treatment only with no lost time or restricted duties	No injury or review required
	Visitors	Death of a visitor or hospitalisation of 3 or more visitors	Hospitalisation of up to 2 visitors related to the incident / injury or pending or actual SafeWork NSW prosecution	Medical expenses incurred or treatment or up to 2 visitors not requiring hospitalisation	Evaluation and treatment with no expenses	No treatment required or refused treatment
	Services	Complete loss of service	Major loss of service to users	Disruption to users due to service problems	Reduced efficiency or disruption to service working	Services: no loss of service
	Financial	Loss of assets replacement value due to damage, fire etc >\$1M, loss of cash/investments/assets due to fraud, overpayment or theft >\$100K or SafeWork NSW claims >\$100K	Loss of assets replacement value due to damage, fire etc. \$100K-\$1M, loss of cash/investments/assets due to fraud, overpayment or theft \$10K-\$100K or SafeWork NSW claims \$50K-\$100K	Loss of assets replacement value due to damage, fire etc. \$50K-\$100K, loss of cash/investments/assets due to fraud, overpayment or theft to \$10K	Loss of assets replacement value due to damage, fire etc. to \$50K	No financial loss
Environment	Toxic release off-site with detrimental effect. Fire requiring evacuation.	Off-site release with no detrimental effects or fire that grows larger than an incipient stage.	Off-site release contained with outside assistance or fire incipient stage or less.	Off-site release contained without outside assistance	Nuisance releases	

STEP 2 Likelihood Table

Probability Categories	Definition
Frequent	Is expected to occur again either immediately or within a short period of time (likely to occur most weeks or months)
Likely	Will probably occur in most circumstances (several times a year)
Possible	Possibly will recur – might occur at some time (may happen every 1 to 2 years)
Unlikely	Possibly will recur – could occur at some time in 2 to 5 years
Rare	Unlikely to recur – may occur only in exceptional circumstances (may happen every 5 to 30 years)

STEP 4 Action Required Table

Action Required	
1	Extreme risk – immediate action required – all SAC 1 incidents must be forwarded to the CEO within 24 hours. A Root Cause Analysis investigation must be undertaken for all Clinical SAC 1 incidents with a report being submitted to the Board. Immediate notification to ACQSC or NDIS Commission.
2	High risk – need to notify senior management. Detailed investigation required. Ongoing monitoring of trended aggregated incident data may also identify and prioritise issues requiring a practice improvement project (PDCA). Notification to NDIS Commission within 5 days.
3	Medium risk – management responsibility must be specified – Aggregate data then undertake a practice improvement project (PDCA). Exception – all financial losses must be reported to CEO and Board.
4	Low risk – manage by routine procedures - Aggregate data then undertake a practice improvement project (PDCA).
NB – An incident that rates a SAC 2, 3 or 4 should only be reported to the CEO if there is the potential for media interest or requires direct notification under existing State and Federal legislative reporting requirements	

STEP 3 SAC Matrix

		CONSEQUENCE				
		SERIOUS	MAJOR	MODERATE	MINOR	MINIMUM
LIKELIHOOD	FREQUENT	1	1	2	3	3
	LIKELY	1	1	2	3	4
	POSSIBLE	1	2	2	3	4
	UNLIKELY	1	2	3	4	4
	RARE	2	3	3	4	4
Every incident assessed against the Severity Assessment Code Matrix should be scored separately for both their actual and potential consequence or outcome						



POSITION:	MAINTENANCE AND GROUNDS
Bundaleer Care Services Ltd.	

Purpose:

Responsible for a preventative and corrective maintenance program that contributes to a safe work environment for staff and safe and comfortable living environment for consumers.

Key Selection Criteria:

Mandatory Qualifications:

1. Completed Year 10 or equivalent

Essential KSC:

1. General maintenance skills
2. Gardening skills
3. To assist Maintenance Manager execute the preventative maintenance program

Desirable KSC:

1. Experience in contract management
2. Trade an advantage
3. Experience in residential aged care

Conditions of employment: According to The Bundaleer Care Services Ltd, NSWNMA and HSU NSW Enterprise Agreement 2017-2020

Responsible to: Maintenance Manager

Main responsibilities:

- Implements, monitors and evaluates an annual preventative and corrective maintenance program for the buildings, equipment and grounds
- Ensures preventative maintenance and corrective action is conducted according to legal requirements and a documented schedule, including the requirements for essential services
- Maintains accurate records of the corrective and preventative maintenance conducted
- Contributes to refurbishment, equipment replacement and capital works planning
- Assist with contract management of maintenance suppliers such as; participating in orientation and supervision.

Reporting requirements: Reports any issue of concern to the Maintenance Manager or if consumer related to the Clinical Care Coordinator

Performance appraisal: at 6 months, then annually and as requested by employer/ employee

POSITION:	MAINTENANCE AND GROUNDS
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Bundaleer Care Services Ltd.

Key Results Areas (KRAs) and performance criteria

1. CONDUCT

- 1.1 Workplace behaviour reflects the organisation's vision, mission and values.
- 1.2 Demonstrates personal presentation according to the Dress Code in the Staff Handbook.
- 1.3 Demonstrates team work by being reliable, flexible, and willing to do a variety of tasks with a positive attitude.
- 1.4 Interacts with consumers in a kind and caring manner that is respectful of each consumer's identity, culture and diversity.
- 1.5 Treats consumers with dignity and respect including; supporting them to make choices about their care and services and to be independent.
- 1.6 Communicates in a way that builds positive relationships with consumers and their visitors.
- 1.7 Respects consumers' privacy and keeps their personal information confidential and only shares information on a need to know basis with other staff, services and or other service providers.
- 1.8 Demonstrates expected standards of behaviour (below) toward work colleagues for all activities connected with work including, outside normal working hours, conferences, social functions, texting, emailing and using social media:
 1. Be **polite** to each other
 2. Treat each other with **dignity** and **respect**
 3. Treat each other **honestly** and **fairly**
 4. Have **tolerance** for difference
 5. **Work together**
 6. **Listen** and **respond respectfully** to others' point of view
 7. **Work professionally** and **safely**.

2. HEALTH & SAFETY

- 2.1 Participates in the risk management program and contributes to a safe work environment for self, other staff, and volunteers; and a safe living environment for consumers and visitors.
- 2.2 Reports immediately, any equipment or situation which has the potential to cause harm.
- 2.3 Completes an Incident Form for an event or situation that; resulted, or could have resulted, in harm to a consumer, staff member or visitor; or a complaint, loss or damage.
- 2.4 Participates in problem solving processes to resolve health and safety issues.
- 2.5 Does not use any type of restraint for a consumer without medical/nurse practitioner or registered nurse authorisation.
- 2.6 Demonstrates an understanding of all types of elder abuse, the appropriate action to take and the reporting requirements according to your role.

3. QUALITY IMPROVEMENT

- 3.1 Demonstrates ownership of the safety and quality of care and services provided.
- 3.2 Encourages and supports consumers to provide feedback and to make complaints, including completing an Improvement Form on their behalf according to their wishes.
- 3.3 Provides competent care/service in accordance with the organisation's documented policies and procedures, and legislative requirements relevant to your role.
- 3.4 Actively participates in team meetings and quality improvement activities to improve the quality and safety of the care and services provided.

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4. KNOWLEDGE & SKILLS

- 4.1 Maintains own knowledge and skills for safe care/services by completing annual mandatory training and competency assessments related to your role; participating in ongoing education sessions and tool-box training and; reading notice boards, newsletters and memos.
- 4.2 Annual training objectives are completed following performance appraisal to ensure you have the right skills and knowledge to perform your role.
- 4.3 Participates in relevant professional and network groups (recommendation only).

5. MAINTENANCE PROGRAM

- 5.1 The completion of preventative and corrective maintenance tasks is evident through: the record of completion, the visual cleanliness and tidiness of the facility, consumer and staff feedback and the results of internal audits and environmental inspections.
- 5.2 Corrective maintenance records demonstrate timely and appropriate action and outcomes for maintenance issues based on risk
- 5.3 Assist with the annual evaluation of the preventative and corrective maintenance program and Quality Activity Report documentation
- 5.4 The garden is neat and tidy and plants look healthy
- 5.5 Evidence of assisting with contract management of maintenance suppliers such as; orientation, supervision and advise of any non-conformances
- 5.6 Input related to the planning process for refurbishment, equipment replacement and capital works is evident.

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Physical Demand Analysis		Type of Work: A = Administrative C = Care S = Services		
		Frequency: Continuous (C) = 75% to 100% of the shift Frequent (F) = 25% to 75% of the shift Infrequent (I) = 0% to 25% of the shift		
Physical demand	Frequency for type of work			Description
	A	C	S	
Standing and Walking	F	C	C	Standing and walking are major requirements for carrying out tasks and are required for movement around the facility. The ability to fully use both legs on variable surfaces is required.
Sitting	C	I	I	Sitting is required when carrying out documentation or administrative tasks.
Climbing	I	I	I	Climbing is required to go up and down stairs and steps. Requires body agility and the ability to use both legs and feet and hands/arms to use hand rails. A lift is available to move from one floor to another.
Balancing	C	C	C	Balancing is required to maintain body steadiness to prevent falling when walking, standing, crouching and/or lifting whilst carrying out task requirements.
Lifting and carrying	I	F	F	Lifting and carrying is required in the movement of objects around the facility including movement from lower to higher and/or horizontally and/or place to place. The ability to fully use both arms and hands is required.
Pushing and Pulling	I	F	F	Pushing and pulling objects around the facility including but not limited to trolleys, wheeled chairs and manual handling equipment.
Bending & Crouching	I	F	F	Bending at waist level whilst carrying out tasks is required. Ability to crouch to floor level when required.
Kneeling	I	I	I	Kneeling can be required whilst carrying out tasks.
Reaching & stretching	F	F	F	Reaching and stretching is required in carrying out tasks, and in the movement of objects within the facility.
Twisting	I	F	F	Twisting may be required in carrying out tasks. The ability to reach in all directions and to twist at the waist is required.
Grasping/ Finger Movement	F	F	F	Grasping and fine finger movement is required to hold objects. The ability to do repetitive motions with hands, wrists and fingers is required.
Handling and Feeling	C	C	C	Finger dexterity and hand-eye coordination, along with full hand and wrist movement is required. The ability to distinguish the features of objects by touch, particularly with the fingertips is required.
Talking & Communicating	C	C	C	Talking and communicating is required to carry out tasks. An excellent understanding of the English language and the ability to communicate effectively is required.
Hearing	C	C	C	Hearing and the ability to interpret what is being heard is required to carry out tasks. Ability to maintain hearing acuity, with correction, if required.

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Physical Demand Analysis		Type of Work: A = Administrative C = Care S = Services		
		Frequency: Continuous (C) = 75% to 100% of the shift Frequent (F) = 25% to 75% of the shift Infrequent (I) = 0% to 25% of the shift		
Physical demand	Frequency for type of work			Description
	A	C	S	
Vision	C	C	C	Vision and ability to recognise objects to determine depth perception, to discriminate between colours and read documents is required to carry out tasks. Ability to maintain 20/40 vision using correction, if required.
Smelling	I	F	C	Ability to distinguish odours and identify hazards is required when carrying out tasks.
Repetitive Motions	F	I	I	Repetitive motions of the wrists, hands or fingers are required when carrying out tasks.

I EUGENE BASCIUK.....(Please Print) have read and understand the Position Description requirements including the Physical Demands and agree that I have the capacity to do this position. I agree to follow the requirements set out in the position description and understand that the information provided is a general outline and may not include every aspect of the position.

Signature: 

Date: 18-10-19

