



Document of Policies

Current at: 07/07/2020

Downloaded from:

<https://ouraplanmanagementptyltd.centroassist.com.au>

Material provided by Centro ASSIST as part of the service may not be retransmitted, reproduced, or otherwise distributed or used in any form without the express written consent of Centro ASSIST. This printed document is uncontrolled and should be discarded after use. Download the most recent version of this document each time you need to use it.

Table of Contents

Abuse, neglect and exploitation	1
Advocacy	3
Bullying harassment and discrimination	5
Business insurance	11
Child safe	13
Complaint management	15
Conflict of interest	18
Continuity of supports	21
Continuous improvement	22
Decision making and consent	24
Diversity and inclusion	29
Duty of care and dignity of risk	32
Entry and exit	34
Human resources	37
Incident management	40
Infection control	43
Information security	49
Maintenance, records and audit	52
Medication	55
NDIS Code of Conduct	59
Pandemic management	60
Participant rights	68
Person-centred practice	70
Pricing	72
Privacy and confidentiality	74
Referrals	76
Restrictive practices	78
Risk management	88
Service agreement management	100
Staff records	102
Support provision	103
Telecare	106
Waste management	108
Whistleblower	113
Work health and safety	119

Worker screening	122
Working with participant support networks	126

Abuse, neglect and exploitation

Last edited: 16 Jun 2020, 2:14 PM

Introduction

Every person has a right to live a life free from the fear of violence, abuse, harm, neglect and exploitation regardless of their gender, age, disability, background or any other characteristic. We are committed to ensuring the safety and wellbeing of all participants we provide supports and services to.

Applicability

When

- applies at all times and in all locations.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors, volunteers.

Regulations relevant to this policy



National Disability Insurance Scheme Act 2013 (Cth)



NDIS (Quality Indicators) Guidelines 2018 (Cth)

Preventing abuse and neglect

- we will provide supports and services in an environment free of abuse and neglect
- we will ensure people with high support needs and/or communication difficulty are well supported to enable detection and prevention of abuse and neglect
- we will ensure staff are trained to recognise, prevent or minimise the occurrence or recurrence of abuse and neglect of participants.

Responding to abuse and neglect

We will respond to any case of abuse, neglect or exploitation by:

- promoting a culture of no retribution for reporting of suspected cases of abuse or neglect
- escalating all alleged or suspected incidents of abuse or neglect to key management personnel immediately
- ensuring any victim of suspected or alleged abuse or neglect is adequately supported by an independent person such as a relative, friend, advocate or legal practitioner
- responding promptly and sensitively where an alleged case of abuse or neglect has occurred, to protect the person from further harm, and coordinating appropriate responses in line with duty of care obligations

- where relevant (especially for criminal acts), preserving and recording the evidence, maintain the scene of the incident, by taking photos and protecting any person articles involved
- recording what is known about the incident including the services and people involved and any witnesses
- informing participants about what is going to happen before taking action and throughout any response to abuse and neglect
- ensuring appropriate physical, emotional and psychological support is available to and easily accessible by a person following a report or allegation of abuse or neglect
- ensuring the victim, family, guardian or other support person has the choice of pursuing the matter through the legal system and be supported to access advice and services required.

Abuse and neglect responsibilities

- all staff are responsible for providing supports and services in a manner consistent with the Code of Conduct and treating participants with respect and dignity at all times
- all staff are responsible for responding promptly and sensitively to protect the victim from further harm
- key management personnel are responsible for ensuring all staff and volunteers are aware of, trained in, compliant with, and implement the policies and processes to prevent and respond to abuse, neglect and exploitation of participants
- key management personnel are responsible for informing the appropriate authorities (e.g. police), and the victim's family, guardian or substitute decision maker of alleged or suspected incidents of abuse or neglect, unless the guardian or decision maker is the alleged or suspected perpetrator
- all staff and witnesses will cooperate with the investigations of police or other external agency.

What is not abuse and neglect

- to restrain a participant in accordance with an approved behaviour support plan authorised by a restricted practices authorisation mechanism
- to take reasonable steps to disarm a participant seeking to harm themselves or others
- to separate participants who are fighting
- to move a participant out of harm's way
- to restrain a participant from causing intentional damage to property, in self-defence, or in the defence of others.

Breach of abuse and neglect policy

Any workers found to be perpetrating any form of abuse or neglect will lead to disciplinary action including termination of employment.

Any attempt to cover up or failure to report suspected or actual incidents of abuse will lead to disciplinary action including termination of employment.

Advocacy

Last edited: 16 Jun 2020, 2:40 PM

Advocacy is acting, speaking or writing to promote and protect the human rights and welfare of a vulnerable person or group of people. Examples of vulnerable people include Aboriginal and Torres Strait Islander peoples, children and their families, refugees, the elderly, the LGBTQIA community, the homeless, and people with disability. Advocacy services for people with disability in Australia are funded by the National Disability Advocacy Program (NDAP) which ensures there is no cost for participants or service providers to access advocacy services.

Types of advocacy include:

- individual advocacy—a one-on-one advocacy aimed to prevent or address instances of discrimination or abuse to a person with disability
- systemic advocacy—advocacy to influence or secure long-term changes to ensure the collective rights and interests of people with disability
- family advocacy—when a parent or family member advocates with and on behalf of a family member with disability
- group advocacy—advocacy for a group of people with disability, such as a group of people living in shared accommodation
- citizen advocacy—where community volunteers advocate for a person with a disability over the long-term, supported by a citizen advocacy organisation
- legal advocacy—where a lawyer provides legal representation, pursues positive changes to legislation, or gives legal advice to people with disability about discrimination and human rights.

An advocate can:

- provide direct advocacy on behalf of a person
- provide information and advice so a person can advocate for themselves (e.g. deal with a landlord, go to court, deal with police, get legal advice, negotiate deals, deal with problems at work or education, deal with guardianship and financial matters)
- connect a participant to relevant services e.g. solicitor
- help a participant work through problems
- help a participant make formal actions on matters e.g. assist to make a complaint with the anti-discrimination board.

Advocates do not:

- provide counselling
- make decisions for another person
- provide mediation
- provide case management.

When

- applies to all services at all sites.

Who

- applies to all representatives involved in providing services including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



Disability Discrimination Act 1992 (Cth)



National Disability Insurance Scheme Act 2013 (Cth)

Advocacy commitment

- upon commencing services, new participants are informed of the role of advocates, their right to use advocates and advocacy services, and how to contact and involve advocacy agencies
- participants are supported if they choose to self-advocate, change advocates, or withdraw their authority for an advocate
- if a participant needs an advocate and a family or carer cannot provide it, we will attempt to introduce an advocate chosen by the participant
- if a participant requests one of our workers to be an advocate, their authority to act is recorded along with the issues important to the participant and their goals
- we will work with the advocate chosen by a participant and involve the advocate in all areas of the participant's service planning and decision making
- whenever a participant is assisted by an advocate, we will document this.

Bullying harassment and discrimination

Last edited: 16 Jun 2020, 3:59 PM

Introduction

All services and supports are provided in a safe, flexible and respectful environment for workers and participants free from all forms of bullying, harassment and discrimination. All representatives are required to treat others, including other workers and participants, with dignity, courtesy and respect. This policy sets a standard for all workers and creates a positive environment for both workers and participants.

Applicability

When

- applies at all times including when we provide services to participants and when we interact with members of the public
- applies on-site, off-site or after hours work; during work-related social functions and conferences—wherever and whenever workers may be as a result of their duties.

Who

- applies to all representatives including key management personnel, directors, full-time workers, part-time or casual workers, job candidates; student placements, apprentices, contractors, volunteers
- applies when workers encounter other participants and members of the public in the course of their duties.

Regulations relevant to this policy

-  NDIS (Quality Indicators) Guidelines 2018 (Cth)
-  Age Discrimination Act 2004 (Cth)
-  Sex Discrimination Act 1984 (Cth)
-  Racial Discrimination Act 1975 (Cth)
-  Australian Human Rights Commission Act 1986 (Cth)
-  Disability Discrimination Act 1992 (Cth)

Worker rights

Every worker has the right to:

- recruitment and selection decisions based on merit and not affected by irrelevant personal characteristics
- work free from discrimination, bullying and sexual harassment
- raise issues or make an enquiry or complaint in a reasonable and respectful manner without being victimised
- reasonable flexibility in working arrangements, especially if needed to accommodate family responsibilities, disability, religious beliefs or culture.

Worker responsibilities to prevent bullying harassment and discrimination

To prevent bullying harassment and discrimination, worker responsibilities are to:

- follow the standards of behaviour outlined in this policy
- offer support to people who experience discrimination, bullying or sexual harassment, including providing information about how to make a complaint
- avoid gossip and respect the confidentiality of complaint procedures
- treat everyone with dignity, courtesy and respect.

Key management personnel responsibilities to prevent bullying harassment and discrimination

To prevent bullying, harassment and discrimination, the responsibilities of key management personnel are to:

- model appropriate standards of behaviour
- take steps to educate and make staff aware of their obligations under this policy and the law
- intervene quickly and appropriately when they become aware of inappropriate behaviour
- act fairly to resolve issues and enforce workplace behavioural standards, making sure relevant parties are heard
- help staff resolve complaints informally
- refer formal complaints about breaches of this policy to key management personnel for investigation
- ensure workers who raise an issue or make a complaint are not victimised
- ensure that recruitment decisions are based on merit and that no discriminatory requests for information are made
- seriously consider requests for flexible work arrangements.

Unacceptable conduct

Discrimination, bullying and sexual harassment are unacceptable and unlawful under the following legislation:

- [Sex Discrimination Act 1984 \(Cth\)](#)
- [Racial Discrimination Act 1975 \(Cth\)](#)
- [Disability Discrimination Act 1992 \(Cth\)](#)
- [Age Discrimination Act 2004 \(Cth\)](#)
- [Australian Human Rights Commission Act 1986 \(Cth\)](#).

Any workers or key management personnel found to have engaged in such conduct will be counselled, warned or disciplined—severe or repeated breaches may lead to formal discipline or dismissal.

Any allegation of discrimination, bullying or harassment is an incident—follow the Manage incident process for resolution.

Discrimination

Discrimination is treating, or proposing to treat, someone unfavourably because of a personal characteristic protected by the law, such as sex, age, race or disability.

Discrimination can occur:

directly	<p>When a person or group is treated less favourably than another person or group in a similar situation because of a personal characteristic protected by law (see list below).</p> <p>For example, a worker is harassed and humiliated because of their race</p> <p>or</p> <p>A worker is refused promotion because they are 'too old'.</p>
indirectly	<p>When an unreasonable requirement, condition or practice is imposed that has, or is likely to have, the effect of disadvantaging people with a personal characteristic protected by law (see list below).</p> <p>For example, redundancy is decided based on people who have had a worker's compensation claim rather than on merit.</p>

Protected personal characteristics under Commonwealth discrimination law include:

- a disability, disease or injury, including work-related injury
- parental status or status as a carer, for example, because they are responsible for caring for children or other family members
- race, colour, descent, national origin, or ethnic background
- age, whether young or old, or because of age in general
- gender
- industrial activity, including being a member of an industrial organisation like a trade union or taking part in industrial activity, or deciding not to join a union
- religion
- pregnancy and breastfeeding
- sexual orientation, intersex status or gender identity, including heterosexual, gay, lesbian, bisexual, transsexual, transgender, queer or questioning
- marital status, whether married, divorced, unmarried or in a de facto relationship or same sex relationship
- political opinion
- social origin
- medical record
- an association with someone who has, or is assumed to have, one of these characteristics, such as being the parent of a child with a disability.

It is against the law to treat someone unfavourably because you assume they have a personal characteristic or may have it at some time in the future.

Bullying

If someone is being bullied because of a personal characteristic protected by equal opportunity law, it is a form of discrimination.

Bullying can take many forms, including jokes, teasing, nicknames, emails, pictures, text messages, social isolation or ignoring people, or unfair work practices.

Under Commonwealth law, this behaviour does not have to be repeated to be discrimination—it may be a one-off event. Behaviours that may constitute bullying include:

- sarcasm and other forms of demeaning language
- threats, abuse or shouting
- coercion
- isolation
- inappropriate blaming
- ganging up
- constant unconstructive criticism
- deliberately withholding information or equipment that a person needs to do their job or access their entitlements
- unreasonable refusal of requests for leave, training or other workplace benefits.

Bullying is unacceptable and may also breach work health and safety laws.

Harassment

Harassment is when a person, or a group of people, is intimidated, insulted or humiliated because of one or more characteristics. This is unlawful harassment which can be a single incident or a number of incidents over a period of time.

Harassment can include:

- telling jokes about particular racial groups
- sending explicit or sexually suggestive emails or texts (see sexual harassment)
- displaying offensive or pornographic websites or screen savers (see sexual harassment)
- making derogatory comments or taunts about someone's race or religion, gender, sexual orientation or disability
- making jokes and innuendos, or threats to a person based on their sexual orientation (see sexual harassment)
- referring to a transgender person as 'him' although she identifies as female and has asked to be addressed accordingly
- forcing a worker or participant who identifies as intersex to use separate facilities such as a unisex, gender neutral or all gender toilet
- asking intrusive questions about someone's personal life, including their disability or sex life
- creating a hostile working environment, for example, where the display of pornographic materials or crude conversations, innuendo or offensive jokes are part of the accepted culture.

Sexual harassment

Sexual harassment is a specific and serious form of harassment often in the form of unwelcome physical, spoken or written sexual behaviour, which could be expected to make a person feel offended, humiliated or intimidated.

Sexual harassment can include:

- comments about a person's private life or the way they look
- sexually suggestive behaviour, such as leering or staring
- brushing up against someone, touching, fondling or hugging
- sexually suggestive comments or jokes
- displaying offensive screen savers, photos, calendars or objects

- repeated unwanted requests to go out
- requests for sex
- sexually explicit posts on social networking sites
- insults or taunts of a sexual nature
- intrusive questions or statements about a person's private life
- sending sexually explicit emails or text messages
- inappropriate advances on social networking sites
- accessing sexually explicit internet sites
- behaviour that may also be considered to be an offence under criminal law, such as physical assault, indecent exposure, sexual assault, stalking or obscene communications.

Even if someone does not object to inappropriate behaviour in the workplace, it does not mean that they are consenting to the behaviour.

Sexual harassment is covered in the workplace when it happens at work, at work-related events, between people sharing the same workplace, or between colleagues outside of work.

All staff and volunteers have the same rights and responsibilities in relation to sexual harassment.

A single incident is enough to constitute sexual harassment—it doesn't have to be repeated.

All incidents of sexual harassment—no matter how large or small or who is involved—require key management personnel to respond quickly and appropriately.

We recognise that comments and behaviour that do not offend one person can offend another.

This policy requires all our representatives to respect other people's limits.

Victimisation

Victimisation is subjecting or threatening to subject someone to a detriment because they have asserted their rights under equal opportunity law, made a complaint, helped someone else make a complaint, or refused to do something because it would be discrimination, sexual harassment or victimisation.

Victimisation is against the law.

It is also victimisation to threaten someone (such as a witness) who may be involved in investigating an equal opportunity concern or complaint.

Gossip

Workers should not talk with other workers, participants or suppliers about any complaint of discrimination or harassment.

Breaching the confidentiality of a formal complaint investigation or inappropriately disclosing personal information obtained in a professional role is a serious breach of this policy and may lead to formal discipline.

Merit

All recruitment and job selection decisions are based on merit—the skills and abilities of the candidate as measured against the inherent requirements of the position—regardless of personal characteristics.

It is unacceptable and may be against the law to ask job candidates questions, or to in any other way seek information, about their personal characteristics, unless this can be shown to be directly relevant to a genuine requirement of the position.

Resolving issues

We strongly encourage any worker who believes they have been discriminated against, bullied, sexually harassed or victimised to take appropriate action by speaking to key management personnel or submitting a complaint.

Breach of bullying harassment and discrimination policy

Any allegation that breaches this policy is an incident—refer to the Manage incident internally process for resolution.

Allegations that breach this policy may lead to disciplinary action including termination of employment—refer to the Manage worker performance process.

Victimisation is also a serious breach of this policy and is likely to result in formal discipline against the perpetrator.

Business insurance

Last edited: 18 Jun 2020, 3:06 PM

Introduction

Insurance is an essential part of risk management and helps to keep our employees and our services safe from any potential liability, injury or loss.

Insurance type	Description
Public liability insurance	Insurance that protects the organisation from claims of negligence made by third parties in relation to injury or property damage arising from our services.
Professional indemnity insurance	Insurance that protects employees against claims for breach of professional duty arising out of any negligent act, error or omission committed or alleged to have been committed while providing services.
Workers compensation insurance	Insurance that covers expenses such as wages and medical bills if an employee is injured at work.

The level of insurance required differs between states and territories. For example, when employing staff, workers compensation insurance is regulated by the workers compensation authority of the state or territory which we operate.

Applicability

When
<ul style="list-style-type: none">• applies to the management and administration of the service.
Who
<ul style="list-style-type: none">• applies to key management personnel.

Regulations relevant to this policy



NDIS Terms of Business

Required insurance policies

The following are required insurance policies:

- public liability insurance
- professional indemnity insurance
- workers compensation insurance (when employing workers).

Insurer requirements

All insurers must be recognised by the Australian Prudential Regulation Authority, or regulated by a state or territory Auditor-General.

Child safe

Last edited: 16 Jun 2020, 4:15 PM

Introduction

The protection of children and young people is a cornerstone in safeguarding and improving the lives of children and young people with disability. While providing supports and services under the NDIS, workers are uniquely placed to identify and respond to the needs and vulnerabilities of children or young people with disability. Everyone has a responsibility to protect the wellbeing and safety of children or young people whom they have contact, and report any case a child or young person is suspected to be at risk of significant harm.

When

- applies to all sites and services involved in providing supports to children and young people.

Who

- applies to all representatives involved in providing services for children and young people including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)



National Disability Insurance Scheme Act 2013 (Cth)

Child safe commitment

- maintain professional and courteous relationships with children and their families
- provide services in a way that does not exploit or abuse our position
- listen to the views of children or young people and respect what they say and involve them when we make decisions, especially about matters that will directly affect them
- respect children and young people's rights, background, culture and beliefs as set out in the UN Convention on the Rights of the Child
- comply with all relevant commonwealth, state or territory laws protecting children and young people
- follow mandatory reporting requirements for children or young people suspected to be at risk of significant harm
- report any concerning staff conduct towards children or young people, including any suspected risk of significant harm to a child, to the key management personnel
- safeguard children or young people at all times and not place them at risk of abuse, or condone behaviour which is unsafe
- use appropriate language for the age and understanding of the child or young person, and avoid confusing or age-inappropriate discussions with sexual, discriminatory or violent references
- avoid any actions or words intended to threaten, intimidate, shame, humiliate, belittle, embarrass or degrade children or young people

- not attend work affected by illegal drugs or alcohol, consume them whilst on duty or supply them to children or young people in our care
- not smoke whilst on duty.

Recruiting for child safe

We will maintain rigorous and consistent recruitment with worker screening and selection process.

Communication of child safe policy

We will discuss this policy with all new staff and volunteers.

We will discuss this policy with all new participants under 18 years of age and their families.

Breach of child safe policy

- failure to disclose—all adults in Australia with a reasonable belief that an adult has committed a sexual offence against a child have an obligation to report that information to the police
- failure to protect—key management personnel will commit an offence if they know of a substantial risk of child sexual abuse and have the power or responsibility to reduce or remove the risk, but negligently fail to do so
- breach of this policy may result in disciplinary action; however, a serious breach may be deemed a criminal offence under relevant legislation.

Complaint management

Last edited: 18 Jun 2020, 3:06 PM

Introduction

This policy is about complaints made to a provider, not complaints about the NDIS.

All complaints are taken seriously, all people treated fairly, and all corrective actions completed in a timely manner.

Applicability




When

- applies when participants want to submit feedback or make a complaint
- applies to all feedback and complaints received regardless of the source.





Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Documents relevant to this policy

-  Complaint record form
-  Complaints register
-  Feedback and complaint policy (easy read)

Regulations relevant to this policy

-  NDIS (Complaints Management and Resolution) Rules 2018 (Cth)
-  NDIS Terms of Business
-  National Disability Insurance Scheme Act 2013 (Cth)
-  NDIS (Quality Indicators) Guidelines 2018 (Cth)

Our commitment

We are committed to complaint handling. We will:

- implement and maintain a complaint management system
- make sure people can easily make a complaint
- deal with all complaints fairly and quickly
- have information available on how to:
 - submit a complaint

- submit a complaint to the Commissioner
- keep records on all complaints received.

Who can make a complaint?

Anyone can make a complaint including:

- a participant
- a participant's family or guardian
- a participant's financial manager
- an advocate
- an employee
- a community visitor
- a professional
- a member of the public.

Complaints can be made:

- in person
- by email
- in writing
- by phone
- on the web.

Complaints help us:

- identify problems
- improve services
- provide better outcomes to participants.

Complaints can be made about any part of the quality or delivery of our services such as if there is dissatisfaction:

- with the way services are provided
- with decisions we have made
- about the conduct of our employees
- about personal information not kept private.

Complaints can be made anonymously. Complaints can be made to us or directly to the Commissioner.

Complaint monitoring

As part of complaint management responsibilities:

- all complaints should be monitored using a complaint register
- the complaint register should include up-to-date progress of each complaint and whether it is currently open or closed (resolved)
- if there is any doubt about the end resolution of a complaint, seek feedback from the person who made the complaint
- regular reports from the complaint register should be provided to key management personnel for review.

Complaint records and review

Accurate information of complaints received including decisions made, actions taken and eventual outcomes must be recorded and kept for 7 years from the date of the complaint which allows us to:

- enable reviews of any complaints received
- assist in identifying any systemic issues raised
- allow a response to the Commissioner, if required
- be stored securely and accessible only by the people handling complaints.

Complaint referrals

Complaints to the Commissioner may be referred to other agencies or bodies if needed including:

- non-compliance with the NDIS code of conduct
- inappropriate or unauthorised use of restrictive practice
- employee screening issues e.g. if an employee of the provider was found to have a criminal history (for more information, refer to the worker screening policy)
- incidents relevant to other bodies (police, consumer affairs agencies or other regulatory bodies).

Our complaints system

Our complaints system is documented and information on how to make a complaint is available to participants, their families, guardians or advocates in a way that is culturally appropriate.

We work to ensure participants:

- are aware of their right to make a complaint
- feel empowered to make a complaint
- are supported to make a complaint
- are involved in the resolution process after making a complaint
- know they won't be adversely affected as a result of making a complaint.

Conflict of interest

Last edited: 18 Jun 2020, 3:06 PM

Introduction

This policy helps to identify, disclose and manage any actual, potential or perceived conflicts of interest. All representatives must be aware of their obligations to disclose any conflicts of interest that they may have. All representatives of the organisation must comply with this policy to ensure conflicts of interests are effectively managed.

What is a conflict of interest?

A conflict of interest occurs when a person's personal interests conflict with their responsibility to act in the best interests of the organisation and the people supported. Personal interests include direct interests as well as those of family, friends, or other organisations a person may be involved with or have an interest in (for example, as a shareholder, board member or business owner). A conflict of interest may be actual, potential or perceived and may be financial or non-financial. These situations present the risk that a person will make a decision based on, or affected by, these influences, rather than in the best interests of the organisation and must be managed accordingly.

Applicability

When

- applies to any situation which could affect a person's impartiality
- applies to any situation which could affect a participant's choice and control.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Documents relevant to this policy



Register of interests

Regulations relevant to this policy



NDIS (Code of Conduct) Rules 2018 (Cth)



NDIS Terms of Business

Organisation responsibilities

As part of organisational responsibilities, we will:

- ensure organisational or ethical values do not impede a participant's right to choice and control

- manage, document and report on individual conflicts of interest as they arise
- ensure that advice to a participant about support options (including those not delivered directly) is transparent and promotes choice and control.

Responsibilities of representatives

The responsibilities of all representatives are to:

- avoid conflicts of interest where possible
- identify and disclose any conflicts of interest
- carefully manage any conflicts of interest
- adhere to the conflict of interest policy and respond to any breaches.

Key management personnel responsibilities

Key management are to:

- work with all representatives to avoid or manage any conflict of interest
- record all reported conflicts of interest in a register of interests document.

Gifts and benefits

Regarding gifts and benefits:

- representatives of the organisation must not accept any offer of money, gifts, services or benefits that could cause them to act in a manner contrary to the interests of a participant
- representatives must have no financial or other personal interest that could directly or indirectly influence or compromise the choice of provider or provision of supports to a participant—this includes the obtaining or offering of any form of commission.

Examples of conflicts of interest

The following are examples of conflicts of interest:

- financial interests
- personal and family relationships between employees/volunteers
- decisions regarding appointments, promotions or other decisions relating to employees
- acceptance of gifts or benefits e.g. monies, jewellery, make up, clothing, flights or holidays
- use of confidential and official information
- reproduction or use of copyright information for organisation's purposes only
- membership of, or employment in, another organisation that comes into serious competition with another organisation
- use of the organisation's facilities and equipment for personal benefit or the benefit of a third party.

What is not conflict of interest

The following are not conflicts of interest:

- membership or affiliation with other organisations where there is no possible benefit or perception of benefit

- union representation or membership
- approved collaboration with other organisations.

Breach of conflict of interest policy

Failure to disclose a potential, perceived or actual conflict of interest is a breach of this policy.

Disciplinary action may follow if it is deemed to be an incident of misconduct, wrongdoing or an abuse of power.

Continuity of supports

Last edited: 18 Jun 2020, 3:06 PM

Introduction

This policy sets guidelines on providing supports and services where there are staff shortages.

We will have arrangements in place to minimise the risk of cancellation, no show or late change to a scheduled support. Service agreements between participants will include details of our cancellation arrangements (including rescheduling the support) and advice periods for cancellations and changes to agreed appointments.

Applicability

When

- applies to supports and services provided to all participants.

Who

- applies to all employees including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)

Commitment to uninterrupted supports

As part of our commitment to uninterrupted supports:

- we are committed to ensuring day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports
- our supports are planned with each participant to meet their specific needs and preferences
- the participant's needs and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant's experience is consistent with their expressed preferences
- we have arrangements in place to ensure support is provided to the participant without interruption throughout the period of their service agreement
- in the event of worker absence or vacancy, a suitably qualified and/or experienced person will perform the role
- where changes or interruptions are unavoidable, we will make alternative arrangements which we will explain to the participant and seek their approval
- where applicable, we have disaster planning measures in place to enable continuation of critical supports before, during and after a disaster.

Continuous improvement

Last edited: 17 Jun 2020, 3:42 PM

Introduction

Continuous improvement helps to ensure supports and services provided are always the best possible for participants. Part of quality management, continuous improvement involves:

- listening to participants and valuing their feedback
- understanding what we are doing well
- identifying where improvements are needed
- taking action in order to best meet the needs of participants.

Applicability

When

- applies to all areas of the service at all times.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)

Continuous improvement

Continuous improvement involves:

- regularly collecting information, from a variety of sources, including:
 - things that are working well
 - things that are not working well
 - things that have gone wrong
 - decide if the issue is a risk
 - any changes in requirements
 - any external knowledge or advice
- recording issues and ideas in a continuous improvement plan
- decide if an issue presents a risk—if it is, record in the risk management plan, and work with those affected to address on ideas for change
- implementing changes as agreed and documented
- advising all relevant stakeholders of any changes made

- monitor changes and review if intended outcomes are positive, whether there are any unintended negative impacts and any further changes required to address this
- reporting regularly to key management personnel on continuous improvement plans and the progress.

Continuous improvement responsibilities of key management personnel

Continuous improvement responsibilities of key management personnel are to:

- drive quality improvement, and encourage and provide opportunities for worker involvement
- ensure services are well planned, effective in meeting needs and provided at the best possible level of quality by:
 - ensuring a quality management system is used and that internal controls are in place to comply with relevant standards
 - monitoring the results of quality reviews and making changes as needed
 - ensuring compliance with reporting requirements
 - implementing risk management
 - pursuing organisational goals of service excellence.

Additionally, key management personnel should provide leadership in quality management including:

- foster a positive attitude to quality improvement among workers
- implement policy and procedures for quality management to guide workers
- identify key indicators for quality for the service
- establish documentation and reporting processes to enable the ongoing tracking of quality improvement.

Continuous improvement responsibilities of workers

Continuous improvement responsibilities of workers are to:

- constantly be on the lookout for ways that processes or services could be improved
- discuss any identified areas for improvement with supervisor
- participate in team meetings about continuous improvement.

Decision making and consent

Last edited: 16 Jun 2020, 4:30 PM

Introduction

Consent is the permission given by a person or substitute decision maker concerning decisions that affect a person's life. Consent requires a person to be informed about what they are giving consent to or for. Consent requires an understanding of the decision at hand which is referred to as capacity. When a person has the capacity to make a particular decision, they can:

- understand the facts and choices involved
- weigh up the consequences, and
- communicate the decision.

Some people may need support to exercise their capacity to make decisions that affect them, and to increase their decision making skills and confidence. Participants are always presumed to have the capacity to make their own decisions and give consent when it is required, unless there is evidence otherwise. We don't assume a person lacks capacity because of their age, appearance, disability, behaviour, language skills or any other condition or characteristic.

Applicability

When consent is required

- when a participant provides us sensitive personal information
- when providing supports and services to participants
- when creating or reviewing plans for participants
- before a participant begins a planned activity
- before a participant undertakes a health assessment
- when supporting participants to have medical or dental treatment
- when supporting participants to take medicine
- if we intend to share a participant's personal information with a third party
- before planning the use of any of the participant's funds
- before commencing a restrictive practice as part of a behaviour support plan
- when images or video of the participant is to be used for promotional purposes
- when a forensic procedure is required for a police investigation.



When consent is not required

- any routine treatment or non-intrusive examination for diagnostic purposes, such as a visual examination of the mouth, throat, nose, eyes or ears
- first aid medical or dental treatment
- when urgent medical treatment is required to save the person's life, to prevent serious damage to a person's health or to alleviate significant pain or distress.



Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Documents relevant to this policy

-  Decision making and consent policy (easy read)
-  Participant consent form

Regulations relevant to this policy

-  NDIS (Quality Indicators) Guidelines 2018 (Cth)
-  National Disability Insurance Scheme Act 2013 (Cth)

Consent for medical treatment

- the medical practitioner must advise the participant about the general nature and effects of the proposed treatment
- the medical practitioner must advise the participant any risks associated with the proposed treatment
- the medical practitioner must advise the participant the general nature, effects, benefits and risks of alternative treatments or of not having treatment.

Autonomous decision making

- for participants with the capacity to make their own choices without support, all decisions must be referred to them
- participants with the capacity to make their own choices can talk to family or friends, or carry out their own research before making any decisions
- participants are supported to make informed choices about the benefits and risks of decisions under consideration.

Supported decision making

- participants that need help to make decisions and give consent will be supported in ways that best suits the individual, e.g. arranging an interpreter, supporter or advocate, getting information, communication tools, or arranging a certain time or place that best supports the participant
- where a participant has been assessed as not having the capacity to make his or her own decisions, we will support substitute decision makers, either informal or formal
- participants are always assumed to have capacity to make their own decisions no matter if their decision-making capacity is only small
- at any stage, participants are provided sufficient time to consider and review their options and seek advice if required, e.g. during assessment, planning, provision, review and exit.

Impaired decision-making capacity

- if a participant is assessed to have impaired decision-making capacity, substitute decision making is required
- impaired decision-making capacity is when a person is unable to make decisions at a particular time because they are incapable of either:
 - understanding any information that may be relevant to the decision
 - retaining such information
 - using such information in the course of making the decision
 - communicating his or her decision in any manner
 - by reason of being comatose or otherwise unconscious, is unable to make a particular decision about his or her medical treatment.
- a participant's capacity can be lost or regained depending on a number of factors.

Informal decision making

- informal decision making is where a person making a decision on behalf of another person has not been legally appointed
- informal decision makers can include the person's family, friends, carer or nominated support, and can help make decisions on behalf of a participant about who the participant wishes to see, their work, leisure, recreation, holidays or accessing services
- details for informal decision makers is recorded for each participant and this information is available to all relevant workers.

Formal decision making

- formal decision making is where a legally appointed guardian or person responsible can make decisions for a participant
- formal decision making can assist if there is conflict over decisions being made about the person
- formal decision making can assist if that person's safety or the safety of others is at risk and a guardianship order is in place by the relevant state or territory authority
- formal decision making can assist where there is specific legislation that requires it, such as consent for medical treatment
- details for formal decision makers is recorded for each participant and this information is available to all relevant workers
- details of formal decision makers are recorded for participants, if relevant, and are available to all relevant workers.

Substitute decision makers

- if there is uncertainty over who can provide consent when a participant with an impaired decision-making capacity requires it, the order of priority is:
 - a. a guardian (including an enduring, private or public guardian) who has been appointed with a medical and dental consent function
 - b. a spouse, de facto spouse, or partner who has a close and continuing relationship with the person
 - c. the carer or person who arranges care regularly and is unpaid (the carer's pension does not count as payment)
 - d. the carer of the person before they went into residential care, or
 - e. a close friend or relative

- if a person above is not capable of consenting for the participant, or they refuse to consent, the next person in the hierarchy can consent
- if we think it is in a participant's best interest to get help from a substitute decision maker, we should:
 - explain to the participant why we think someone needs to make a decision for them
 - ask the relevant state or territory authority (usually a civil administrative tribunal) to look at whether or not to appoint a guardian or administrator
- an application for consent by the relevant state or territory authority is required for participants with impaired decision-making capacity for medical treatments which include:
 - special medical treatment (e.g. termination of pregnancy, treatment likely to result in significant side effects, or for removal of an tissue for transplanting to another person)
 - significant medical or dental treatment, and there is no person responsible or the person responsible is not available, or
 - significant or routine medical treatment when the patient is objecting and there is no appointed guardian authorised to override such objection.

Consent rights for participants

- consent is required every time a participant seeks access to services to ensure they are fully informed of their rights and our obligations
- participants have the right to make decisions about things that affect their lives and to take calculated risks
- children and young people have a right to be involved in decisions that affect them in ways appropriate to their age and stage of development
- each participant must have sufficient time to consider and review their options and seek advice if required, at any stage of support provision, including assessment, planning, provision, review and exit
- each participant has the right to withdraw or amend their consent if they wish.

Our consent responsibilities

- encourage and support participants to make informed decisions when their consent is required
- ensure consent arrangements for participants, including any legal authorisations required, are recorded in the participant's file, and are reviewed and updated regularly
- ensure consent for financial matters is obtained from the participant, or legally appointed financial manager or person appointed under a Power of Attorney
- obtain consent from the participant or legally appointed guardian, for life decisions such as accommodation, medical and dental treatment, forensic procedures, and behaviour support
- obtain consent from the participant prior to collecting, using and storing a participant's information and provide reasons why the information is needed
- obtain consent before disclosing any of a participant's personal information (such as case notes, management plans or assessments) to other parties
- only disclose participant information without consent if we believe the person is at risk of harm, an unlawful act has occurred or as otherwise required by law
- not influence or limit decision making and self-determination with our interests, beliefs or values when providing decision making support.

How we obtain consent

- consent from a participant or a substitute decision maker should always be in writing but if this is not practicable, verbal consent is acceptable providing it is later confirmed in writing.

When consent is refused

- a note of a participant's refusal to consent must be stored in the participant's file
- there are no consequences for a participant in terms of receiving services.

When consent is not possible

- informal decision making can help make decisions for the participant when there is no legal arrangement
- formal decision making may be required if there is conflict over decisions about the participant, the participant's safety or the safety of others is at risk, or the law requires it.

Diversity and inclusion

Last edited: 17 Jun 2020, 1:28 PM

Introduction

This policy aims to support and promote an inclusive environment that recognises, respects and values the individual differences of all people engaged with our services including participants and workers. These individual differences can include:

- gender
- age
- language
- ethnicity
- cultural background
- disability
- sexual orientation
- religious beliefs
- family responsibilities.

In our workforce, diversity is an important resource as it helps us:

- attract and retain employees from a wide pool of talent
- foster a culture that reflects our values and is open to all
- improve innovation, creativity and inspire worker engagement and satisfaction
- improve the connection between our people and the people we support.

When supporting participants, being culturally responsive is an important part of providing person-centred supports. Person centredness means the supports are “person focused” rather than “service focused” and culturally responsive means we are able to interpret, define and respond to the individual cultural needs of each participant.

Applicability



When

- applies to all areas of the business at all times.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy

-  NDIS (Quality Indicators) Guidelines 2018 (Cth)
-  Racial Discrimination Act 1975 (Cth)

Promoting diversity and inclusion

Diversity and inclusion is promoted by:

- filling employment openings based on merit
- fostering an inclusive environment respectful of all cultural backgrounds and beliefs
- fostering a workplace culture that is inclusive and embraces individual differences
- fostering a physical and cultural environment that encourages participation
- consulting participants, carers, family members, community groups, and other organisations on the needs of individual participants
- supporting and encouraging each participant to be part of the community
- ensuring participants have access to the same facilities and services as the rest of the community
- supporting participants with opportunities to socialise and build enduring relationships within their local communities
- providing supports and services in a way that is culturally responsive.

Supporting participants from CALD backgrounds

When providing services to participants from CALD backgrounds, we will:

- where possible, recruit/match workers with the same background as the participant
- ensure all workers supporting the participant are trained in or are aware of how to provide services in a culturally sensitive way.

When organising planning and review meetings with participants from CALD backgrounds who do not speak English, we will:

- support the participant to bring a family member or carer who can speak English, or
- arrange an interpreter from an interpreting service if no family member/carers is available.

Note that while NDIS providers can use any interpreting service, interpreting services through TIS National can be billed to the NDIA.

Supporting participants that identify as LGBTQI+

We recognise that LGBTQI+ people are a diverse group that is comprised of a variety of sexual orientations and gender identities. People with diverse gender and/or sexual identities may be more vulnerable to abuse, isolation, mental health conditions and other problems associated with discrimination. We understand this and are committed to providing inclusive services. To support participants that identify as LGBTQI+ our organisation will:

- foster an environment where participants feel safe to express and develop their gender identity and/or sexual orientation
- acknowledge that, as with all other participants, LGBTQI+ people have the right to voice their views on issues that affect them
- avoid assuming a participant's gender and sexual orientation
- use inclusive and respectful language when speaking to or about LGBTQI+ individuals
- include information about LGBTQI+ issues during worker training
- identify and challenge any discriminatory beliefs if they are present
- provide resources that help participants understand their identity
- where appropriate, refer participants to relevant LGBTQI+ support services if required (e.g. local social spaces)
- ensure that we observe appropriate levels of confidentiality regarding participants' information, including information about their gender identity and/or sexual orientation

- respect participants' right to not disclose their gender identity and/or sexual orientation.

Duty of care and dignity of risk

Last edited: 17 Jun 2020, 1:49 PM

Introduction

A duty of care is a legal obligation for us to take reasonable care for those we support, so as to not cause harm to another person, when that harm could be reasonably foreseen. Workers are required to use their judgement to balance their legal duty of care to ensure a participant's safety and wellbeing is maintained whilst ensuring a participant's right to live an autonomous and self-determining life is supported. This right is referred to as dignity of risk.

We recognise that when duty of care and dignity of risk is balanced it promotes positive risk-taking for the participant which:

- improves autonomy, social interaction and health
- supports independent living and self-determination, and
- enables a person-centred approach.

When duty of care and dignity of risk is not appropriately balanced it can have negative impacts on both the participant and workers. The participant may feel patronised, over protected and a loss of dignity. Whilst workers may be found negligent for failing to fulfil their obligation of duty of care to participants. It is therefore important that our workers understand and take appropriate actions to ensure they fulfil their duty of care and support participants' right to dignity of risk.

Applicability

When

- applies to all areas of service practice.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)

Standard of care

As an organisation we are responsible for ensuring all workers have the necessary qualifications, experience and understanding to navigate duty of care obligations and dignity of risk decisions. This may be achieved through:

- training and education, and
- consultation with participants and their support networks to understand their personal goals, values and boundaries.

Duty of care

We are responsible for ensuring that our standard of care supports participants to live a meaningful and independent, as possible, life. However, it also means taking necessary caution and proactive measures when certain risks present in everyday life for the participants we support.

When a situation, choice or activity arises where duty of care and dignity of risk need to be considered, it is important we factor:

- participant's previous experience in similar situations
- participant's desires, opinions, goals, values and knowledge
- the context in which the decision is being made
- the possible outcomes and extent of harm to the participant and others if the participant does pursue the choice.

If there is a reasonable and foreseeable chance of significant harm to the participant or others, then it is our legal responsibility to act with a duty of care. This may include:

- discussing with the participant the potential outcomes and ways they may be able to protect themselves or others
- adjusting the environment or activity to eliminate potentially harmful outcomes
- assisting in the action or activity where the risk or hazard is likely to occur, or as a last alternative
- stopping or postponing the activity.

If there are no reasonable adjustments or assistance that can be offered it may be necessary to intervene or stop the choice or activity. If this occurs, the worker will discuss the decision with the participant and explain why they made that decision and ways in the future it may be navigated.

Dignity of risk

Whilst we are responsible for maintaining a duty of care, it is also our responsibility to allow participants to take risks. Like all adults, it is participants' right to learn from experience even if the outcomes may pose a potential risk.

Any decision a participant makes will be supported as far as practicable whilst maintaining a duty of care.

Any dignity of risk decision made by a participant will not provide the basis for service withdrawal or denial.

Breach of duty of care

A breach of duty of care is a failure to meet the relevant standard of care. This means that a worker either does something that has put the participant at risk which resulted in foreseeable harm, or they did not act to protect the participant when there was reasonable expectation or foreseeable risk that it would result in harm. This is known as negligence.

If a worker or organisation is found to have breached their duty of care or a participant's right to the dignity of risk, we will promptly investigate all allegations. This may result in disciplinary action up to and including termination of employment.

If the worker or organisation is found to be negligent, this may result in civil legal action.

Entry and exit

Last edited: 18 Jun 2020, 10:41 AM

Introduction

This policy aims to remove barriers that participants may face trying to access our services and provides guidance on handling participant entries and exits from our services. This policy helps:

- promote consistent practices
- allow for the diverse and individual needs of participants
- consider the safety and well-being of participants
- consider the health and safety of our workers.

Our services are available to people with disability who are eligible for the NDIS. When a participant requests access to our services, this starts the entry process. During entry, participants are informally assessed. This can vary between participants but generally this is where we consider participant needs, abilities, goals, risks, any previous or current supports, and their level of funding. This process must be done in a manner which is fair, consistent and transparent. Following the assessment, a decision is made on whether to provide the participant access to supports.

When participants leave our services, this is referred to as exiting and can happen for a number of reasons such as:

- if they relocate to an area outside our area of service delivery
- when our support schedule and service is no longer able to meet the participant's needs or assist in achieving chosen goals
- if they transfer to another service provider
- if there is a lack of available resources or funding
- in the event of the death of a participant using our services
- if the participant is unwilling to meet the reasonable conditions required in their support plan affecting the safe delivery of services and the health and safety of the staff
- if there are changes in the participant's condition resulting in support needs above what we can deliver
- if the participant and/or family member/carer engages in behaviour which is unacceptable towards us, such as violence, abuse, aggression, theft or property damage
- if there is continued non-payment of service delivery fees incurred from supports and services provided.

Applicability

When

- applies when participants enquire about our services, enter into a service agreement, or exit from our services.

Who

- applies to all employees including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)



NDIS Terms of Business

Our commitment to ensure service accessibility

As part of our commitment to ensure service accessibility, we will:

- ensure non-discriminatory access for all participants enquiring or requesting access to our services
- maximum accessibility to our services for all NDIS participants who need our services
- proactively communicate information about our supports and services as part of broader community engagement activities
- identify and reduce barriers and provide equal access for all NDIS participants who need our services
- regularly review the accessibility of our services and take action to improve access whenever possible
- ensure advertised contact phone number is accessible during business hours and has active voicemail
- ensure advertised contact email account is working and checked at least daily
- ensure all enquiries by participants are responded to in a timely manner
- provide accurate information about gaining access to and exiting from our services to assist participant decision making
- make all reasonable adjustments to accommodate participant cultural/language needs and those of family, significant others, advocates
- monitor the diversity of the people accessing our services to ensure we reach the whole community particularly those groups known to experience additional barriers i.e. because of gender, culture or ethnicity
- provide participants with all options we are aware of in the community that could benefit them and expand their choices in any aspect of their life.

Entry to services

Entry and access to our services is provided on the basis of relative need and availability of resources.

Each participant requesting access to services is informally assessed before they commence services.

Each participant requesting access should be provided a timely response regarding their request.

A formal assessment may be necessary when more information is required to assist in deciding a participant's request to access services.

Written notification must clearly communicate one of the following:

- acceptance of a request for access to our services
- refusal of a request to access of services based on the applicant not being a priority
- refusal of a request for access of services based on the applicant not being eligible for the NDIS
- request for additional information (such as when a formal assessment is required).

Exit from services

Regarding existing:

- participants have the right to leave our services at any time they choose
- participants are supported to investigate more appropriate services if they are likely to enable positive outcomes
- participants are required to provide four weeks' notice of their intention to exit our services

- our exit process is fair and transparent and upholds the rights of participants
- if a participant is leaving due to dissatisfaction with the service, they are encouraged and supported to raise a complaint about their dissatisfaction
- we will understand, accept and learn from a participant or family's decision to exit our service
- we will support participants with an exit plan after we become aware of a participant who will exit our services
- participants are offered the opportunity of an exit interview
- participants are provided information on how they can re-enter our services.

Transition plans

When participants enter the service or exit the service:

- consult with the participant, family/carer/supporter and key workers to develop a transition plan taking into account the participant's needs and preferences including cultural needs, values and beliefs
- develop a risk management plan to manage any identified risks during transition
- ensure all workers involved in the transition are aware of the transition plan and identified risks that need to be managed
- review the transition plan regularly during the transition to ensure that there are no unplanned circumstances or unmanaged risks
- following the transition, follow up with the participant and their family/carer/supporter for feedback.

Exit from services without consent

We may implement an exit process for a participant without their consent under the following circumstances:

- a participant's inability or unwillingness over a period of time to work towards agreed goals
- other participants, workers or the participant themselves are at risk of harm
- financial requirements are not being met
- if there are changes in the participant's condition resulting in support needs above what we can deliver.

Withdrawal of services

We will properly assess matters that lead to withdrawal of services and provide affected participants reasons for the withdrawal of services e.g. shortage of resources.

We will not withdraw services for a participant based solely on a dignity of risk choice made by the participant.

If we withdraw services for a participant, we will support the participant to find services from another provider.

Human resources

Last edited: 17 Jun 2020, 3:48 PM

Introduction

This policy provides guidance on managing workers including:

- hiring new workers
- inducting new workers
- training new workers
- performance reviewing workers
- letting workers go
- worker resignations.

Applicability

When

- applies when managing new workers including hiring, training, performance reviewing and letting workers go.

Who

- applies to all key management personnel.

Documents relevant to this policy



NDIS Quality, Safety and You online orientation training



Regulations relevant to this policy



NDIS (Provider Registration and Practice Standards) Rules 2018 (Cth)

When to hire new workers

Taking on workers allows the organisation to:

- offer additional services and supports
- provide services and supports to new participants
- improve the customer experience.

New workers should be hired when:

- participants are being turned away due to lack of workers to provide the requested supports or services
- participants are going elsewhere because the agreed supports or services cannot be provided
- the budget can afford new workers—in this case identify what gaps could best be filled with new workers
- new supports or services are planned and additional resources are required to provide those.

Criteria for selecting new workers

The criteria for selecting new workers should consider the following:

- is the candidate suitably qualified for the role?
- will the candidate fit the culture?
- will the candidate be of value to the organisation?

Employment contracts

All workers including full time, part time, casual or contractors require a documented and signed employment contract which sets out:

- the job title and type of job (e.g. full time, part time, casual or contract)
- the commencement date
- the worker's duties
- the worker's hours
- the worker's entitlements including any overtime or penalties
- the notice required for dismissal or resignation
- how changes to the employment contract can be made.

Inductions of new workers

Inductions of new workers should cover (where relevant):

- completing the [NDIS Quality, Safety and You](#) online orientation training
- legislative requirements for working with vulnerable people
- how the new worker fits into the organisation
- the worker's general duties and responsibilities including duty of care expectations
- restrictive practices including:
 - what is an authorised restrictive practice
 - what is an unauthorised restrictive practice
 - what is a prohibited practice
- organisational policies and processes (e.g. abuse and neglect, bullying, harassment and discrimination, information security, risk management, WHS)
- training in preventing, identifying, responding to abuse, neglect, harm and exploitation
- incident reporting including referrals to appropriate authorities
- handling complaints and escalating complaints
- orientation of the work site (e.g. bathrooms, kitchen, parking, emergency exits).

Position descriptions

Each worker role type requires a documented position description which outlines:

- identified skills and knowledge required for the role
- responsibilities of the role
- scope and limitations of the role
- any mandatory training required for the role.

Performance management

Performance management of workers benefits both the organisation and the worker. Worker performance reviews should be generally conducted every 6 or 12 months by the worker's supervisor. Performance reviews can be used to:

- identify performance issues early
- provide feedback
- build skills and confidence
- set clear performance measures
- keep the worker motivated and accountable.

Worker grievances

A grievance is a wrong or hardship suffered (real or perceived), which is grounds for a complaint. A worker grievance can also include any allegation of discrimination, bullying or harassment by another worker or manager.

A worker with a grievance should, in order of preference:

1. attempt to resolve the issue e.g. discuss the issue with the person involved
2. if not resolved, notify their supervisor or manager, preferably in writing
3. if still not resolved, the manager or supervisor should notify key management personnel of the issue
4. if still not resolved, pursue the matter with external authorities.

Dismissals

All worker dismissals are conducted in line with legislative requirements, this includes:

- the notice given
- the worker's entitlements
- organisational responsibilities
- record keeping to avoid claims of unfair dismissal.

Workers may be dismissed without prior notice if they are implicated in cases of serious misconduct, have seriously breached abuse and neglect, bullying, harassment and discrimination policies, or breached duty of care responsibilities.

Refer to the Manage worker performance process for more information on how dismissals can be carried out correctly.

Resignations

Worker resignations should comply with the worker's employment contract including any required notice period.

Workers that have resigned should be given an opportunity to provide feedback via an exit interview.

Incident management

Last edited: 18 Jun 2020, 3:07 PM

Introduction

This policy defines incidents including serious incidents and incidents which are reportable to the NDIS Quality and Safeguards Commission. An incident is broadly defined as:

- any event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person, or loss or damage to property
- a near miss which did not cause harm, but had the potential to do so
- a medication error involving a preventable event that may cause or lead to inappropriate medication use or harm to a participant while being supported
- any event which deviates from standard policy or procedure
- anything illegal (e.g. assault, sexual misconduct, fraud).

Applicability

When

- applies to supports and services provided to all participants.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Documents relevant to this policy



Incidents register

Regulations relevant to this policy



NDIS (Incident Management and Reportable Incidents) Rules 2018 (Cth)

Our commitment

As part of incident management responsibilities:

- we are committed to ensure the rights of people with disability are upheld and supported
- we aim to provide a high standard of duty of care and to ensure the safety and well-being of each participant using our services, our employees and members of our community
- we will foster a culture of continuous improvement with a proactive approach to preventing incidents
- if an incident occurs, we will promptly and appropriately respond to the incident in an equitable, objective and fair manner

- we will record all incidents, report (if required) and investigate (if required)
- we will ensure the principles of procedural fairness are maintained by providing those affected an opportunity to give their side of the story and to comment on any adverse views
- we will maintain an incident management system to aid in recording, managing and resolving incidents
- the incident management policy and process is accessible to workers via the Centro ASSIST web app
- the incident management policy and process is provided to participants and stakeholders via email or hard copy during on-boarding and at any time by request.

Organisational responsibilities when responding to incidents

When responding to an incident, it is the organisation's responsibility to:

- immediately respond to an incident to ensure the safety and wellbeing of participants and others at risk
- report to police (if appropriate)
- contact relevant support services e.g. sexual assault support services (if appropriate)
- preserve evidence of the incident
- notify relevant next of kin, family or guardian (as appropriate)
- plan and undertake actions to provide ongoing support to those affected by the incident
- document key actions undertaken in an internal incident report
- record incidents in an internal Incident register.

Reporting incidents

Incidents that must be reported to the [NDIS Quality and Safeguards Commission](#) including any incident that involves:

- the death of a participant
- the serious injury of a participant
- abuse or neglect of a participant
- unlawful sexual or physical contact with, or assault of, a participant
- sexual misconduct committed against, or in the presence of, a participant, including grooming for sexual activity
- unauthorised use of a restrictive practice in relation to a participant.

Other incidents may require reporting to other agencies, for example:

- data breach or breach of personal information ([OAIC](#))
- injury or death of a worker while on duty (local state or territory [WHS authority](#)).

Any incident involving crimes such as assault, theft and fraud must be reported to police.

Record keeping

Records of incidents must be kept for a minimum of 7 years from the date of the incident.

Responsibilities of key management personnel

Key management personnel are to:

- ensure employees have the necessary skills to manage incidents
- record serious incidents
- manage escalated incidents and serious incidents

- report serious incidents to the NDIS Quality and Safeguards Commission
- respond to any media enquiries
- investigate incidents or arranging an external investigator to investigate
- review incidents and initiate improvements.

Responsibilities of workers

Worker responsibilities include:

- resolving incidents
- recording incidents
- escalating incidents they can't resolve to key management personnel
- escalating serious incidents to key management personnel.

Infection control

Last edited: 18 Jun 2020, 11:10 AM

Introduction

An infection is a disease or illness caused by microorganisms (infectious agents) such as bacteria, viruses, fungi and parasites. People with disability are often at a greater risk of infection particularly if they have a chronic disease or are frail. This policy aims to reduce the risk of infection both to participants and to workers.

Infections require three main elements to spread:

- a source of the infectious agent
- a mode of transmission, and
- a susceptible host.

This is the chain of infection and breaking the chain of infection helps to stop the spread of disease. Common modes of transmission include contact, droplet and airborne. Some disease can spread by more than one mode of transmission, e.g. flu can be spread by droplet or contact.

When supporting people with disability, PPE is often used and depending on the support need can include:

- gloves
- gowns or aprons
- face masks
- face shields or protective eyewear.

Applicability

When

- applies at all times.

Who

- applies to all workers including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

Documents relevant to this policy



Infection control policy (easy read)

Infection prevention

Stopping the spread of infection is everyone's responsibility and includes:

- practicing good hand hygiene
- following respiratory hygiene/cough etiquette

- wearing PPE (personal protective equipment) where required
- correctly handling medical devices
- correctly cleaning and managing spills
- correctly handling food, waste and linen.

Hand hygiene

Hand hygiene is the single most important factor in reducing the spread of infections. Hand hygiene must be performed at the right moments. Hand hygiene can be performed either by washing hands with soap and water or using an alcohol-based hand rub.

The five moments for hand hygiene:

1. before touching a participant or their surroundings
2. before a procedure or where there is risk of being exposed to body fluids
3. after a procedure or body fluid exposure risk
4. after touching a participant
5. after touching a participant's surroundings (e.g. bed, linen).

Additionally, hand hygiene should always be performed:

- before putting on gloves
- after removing gloves
- before touching food and eating
- after going to the toilet
- after lunch breaks or other breaks
- after blowing your nose or coughing
- after handling waste
- after handling unwashed linen or clothing
- after handling animals
- when your hands are visibly dirty.

Respiratory hygiene/cough etiquette

Covering sneezes and coughs prevents infected people from dispersing droplets into the air where they can spread to others. Practicing good respiratory hygiene means:

- covering your nose and mouth with a tissue when you cough, sneeze, wipe or blow your nose
- if no tissues are available, cough or sneeze into your elbow rather than your hand
- encouraging participants to use tissues when they sneeze or cough
- providing the means for prompt disposal of used tissues in general waste
- encouraging participants to practice hand hygiene
- making alcohol-based hand rub available.

PPE - gloves

Gloves should be worn:

- for procedures with a risk of exposure to blood or body substances i.e. assisting a participant with toileting, urinary catheter care or when dressing wounds
- when touching equipment or surfaces that may come into contact with blood or body substances

- when performing blood glucose monitoring
- when performing oral suctioning
- when caring for participants who have an infection spread by contact
- if the worker has broken skin
- when preparing food.

Remember:

- gloves are not used instead of hand hygiene
- perform hand hygiene before and after using gloves
- remove gloves when a care activity is finished, change gloves before starting a different care activity
- dispose of used gloves immediately
- do not use multiple gloves at the same time

Types of gloves include:

- sterile—used for procedures where there is contact with susceptible sites (urinary catheter care) or where aseptic technique is required (wound care or managing a tracheostomy)
- non-sterile—used when emptying a urinary catheter bag or assisting a participant with toileting
- reusable utility—used for non-care activities such as cleaning.

PPE - gowns and aprons

Waterproof gowns or aprons are used to stop contamination of workers' clothes and skin such as when there is risk of splashes or sprays of blood or body fluids (e.g. vomiting or diarrhoea). When using gowns or aprons:

- perform hand hygiene before and after using them
- gowns must fully cover the torso from neck to knees, arms to end of wrists and adequately wrap around the back with all tie fastenings tied at the back
- remove and dispose of gowns as soon as care is completed
- plastic aprons can be used:
 - when cloths may be exposed to blood or body fluids but low risk that arms will be contaminated
 - when the worker's clothes might get wet (e.g. showering a participant)
 - only once and then disposed of as soon as care is complete.

PPE - face masks

Face masks protect a worker's nose and mouth from exposure to infectious agents and are used if there is a risk of:

- droplets or aerosols (e.g. from coughs or sneezes)
- splashes or sprays of blood or body fluids (e.g. when providing complex wound care or urinary catheter care).

Face masks protect the wearer when caring for participants who have an infection spread by droplet or airborne route. Face masks can also be worn by participants who are coughing, especially if they are unable to cover their mouth (both only if wearing the face mask will not cause the participant distress).

When using face masks:

- check the manufacturer's instructions before use
- don't touch the front of the mask with your hands once the mask is in place
- use the mask for the care of one person only and change if a care activity is taking a long period of time
- don't leave the mask dangling around your neck
- when the care activity is complete, discard mask and perform hand hygiene.

PPE - protective eyewear

Protective eyewear protects a worker's eyes from exposure to infectious agents when there is a risk of:

- droplets or aerosols (e.g. from oral suctioning)
- splashes or sprays or blood or body fluids (e.g. when emptying urinary catheter bags).

Protective eyewear protect the wearer when caring for participants who have an infection spread by droplet or airborne route.

When using protective eyewear:

- remember that the outside of the eyewear is contaminated
- when care is complete, remove eyewear using the headband or ear pieces
- clean eye shield after each use with detergent and water and allow to dry
- if eyewear is single use, dispose after completion of care activity.

Handling medical devices

When supporting participants such as with urinary catheters or tracheostomy, good practices are vital to protect both the participant and the worker from risks of infection. When supporting participants with medical devices:

- always perform hand hygiene before any contact with the device or where the device enters the participant's body
- wear PPE if there is risk of exposure to blood or body fluids
- touch the device as little as possible
- remember that the longer a device is in place, the greater the risk of infection
- medical devices designed for single use must not be used multiple times—always follow manufacturer's instructions.

Cleaning

Cleaning is an important part of stopping the spread of infection and depends on the objects involved and risk of contamination. When cleaning:

- most surfaces can be adequately cleaned with warm water and detergent as per manufacturer's instructions
- allow cleaned surfaces to dry completely
- detergent solution followed by disinfectant may be appropriate when an infection is known or suspected.

Managing spills

Prompt clean-up of spills (e.g. vomit or diarrhoea) helps to stop infectious agents spreading from the environment to people. When managing spills:

- select the appropriate PPE (e.g. gloves and other equipment) depending on the size of the spill
- immediately wipe up spots and spills smaller than 10cm or cover larger spills with absorbent material
- dispose of contaminated cleaning materials
- clean with detergent solution and consider following with disinfectant for infectious or larger spills
- always perform hand hygiene.

Food handling and preparation

Safe food handling is important to prevent food-borne illness. When handling food:

- workers must advise their supervisor if suffering from diarrhoea, vomiting, fever, sore throat with fever or jaundice, seek medical advice and not return to work until free of symptoms for 48 hours
- workers must advise their supervisor if they have infected skin lesions (e.g. infected skin sore, boil, acne or abrasion, or any discharges from the ears, nose or eyes) and seek medical advice
- workers must advise their supervisor if they believe any food is unsafe to eat
- perform hand hygiene before handling food or putting on gloves
- perform hand hygiene after using the toilet, smoking, coughing, sneezing, blowing nose, touching face, nose, ears or mouth, handling rubbish or after cleaning
- avoid unnecessary contact with ready-to-eat foods
- cover hair and tie back long hair
- secure hair clips, hair pins, buttons on clothes, jewellery and bandages
- ensure bandages or dressings on any exposed parts of the body are covered with a waterproof covering
- do not sneeze, blow, cough over unprotected food or surfaces likely to come into contact with food
- do not eat over unprotected food or surfaces likely to come in contact with food
- do not spit, smoke or use tobacco or similar preparations in areas where food is handled
- do not touch food after touching earrings, body parts (hair, nose, ear, eye), skin lesions, saliva, mucus, sweat, blood or money without first performing hand hygiene
- do not wear gel, acrylic or false fingernails, jewellery or lanyards that may come into contact with food.

When preparing food:

- keep hot food hot and cold food cold
- use separate storage, utensils and preparation surfaces for cooked and uncooked foods
- wash all utensils and preparation surfaces thoroughly with hot water and detergent after use.

Handling linen

To avoid spreading infectious agents from used linen:

- wear gloves and disposable gown/apron when handling linen of participants who have an infection
- take laundry basket to the bedside and put linen directly in the basket
- place linen soiled with blood or urine or other body fluids into leak-proof laundry bags—do not carry soiled linen
- don't sort or rinse used linen in areas used to provide support to participants
- perform hand hygiene after handling linen
- store clean linen in a clean dry place, separate from used linen.

Transporting participants

When transporting participants, care is required to reduce the risk of spreading infection. When transporting participants:

- perform hand hygiene before and after transport
- if a participant has a respiratory illness, encourage them to wear a mask and to perform respiratory hygiene/cough etiquette
- contain and cover any infected areas of the person's body.

Exposure to blood or body fluids

If a worker comes in contact with blood or body fluids (e.g. on unprotected clothes or skin):

- flush the area with running water
- wash the area with soap and water
- report the incident to key management personnel
- record the incident as per the Manage incident internally process
- seek medical advice.

If any clothes are contaminated, rinse the item under running water, soak in a bleach solution, then wash separately from other clothing or linen with hot water and detergent.

Infection control responsibilities of key management personnel

Responsibilities of key management personnel include:

- practicing hand hygiene at all times
- practicing respiratory hygiene/cough etiquette
- ensuring workers are trained in the correct practices to reduce risk of infection
- ensuring appropriate PPE is available to workers when required
- auditing of infection control policy and practices.

Infection control responsibilities of workers

Responsibilities of workers include:

- practicing hand hygiene at all times
- practicing respiratory hygiene/cough etiquette
- wearing PPE when required
- advising key management personnel and seek medical advice if they are suffering from diarrhoea, vomiting, fever or have infected skin lesions
- advising key management personnel if they notice anything that might increase the risk of infection e.g. inadequate cleaning or a participant who is unwell.

Information security

Last edited: 17 Jun 2020, 4:38 PM

Introduction

Information security is important as we handle, transmit and store personal information on a daily basis. Under privacy laws, we are required to take reasonable steps to keep all personal information accessed safe from accidental or deliberate misuse. This policy aims to safeguard our information and our ICT (information and communications technology) resources from those with malicious intent.

Applicability

When

- applies to all information and communications technology (ICT) used by the organisation including computers, computer networks, internet connections, smart phones and email
- applies when unsolicited phone calls, emails or text messages are received.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Personal information

All personal information, including that of participants and workers, must be:

- stored securely with reasonable security precautions against misuse or unauthorised access (e.g. electronic information should be password protected, hard copies stored under lock and key)
- readily accessible but only on a need-to-know basis
- retained for the required time (7 years)
- destroyed securely when no longer required
- not shared with any third parties without correct consent.

General information security precautions

The following are recommended precautions for helping to keep information secure:

- access to all personal information is strictly based on a need-to-know basis
- when sending group emails, use the 'BCC' field rather than the 'To' field so email recipients cannot see other recipients' email addresses
- always password lock computers when unattended (shortcut to password lock a Windows computer is "Windows key + L")
- operating system updates (also called "patches") must be installed promptly after they become available
- active anti-virus software must be installed and kept up-to-date on all computers
- internet modem routers must have security (i.e. firewall) enabled

- internet modem routers and network security cameras must have a strong admin password
- WiFi networks must have strong passwords to gain access
- only download or install software from trusted sources
- mail servers should be configured to use encryption
- computers should be configured so admin rights are restricted to key management personnel (i.e. so workers can't install software)
- when an employee leaves, their access to the organisation's computer network and email systems is removed promptly.

Passwords

Passwords are important for information security. The following are best practices for passwords:

- all computers which store or access personal information require unique and strong passwords to gain access
- passwords must not be shared or reused between computers, users, or different applications (e.g. password for Facebook should be different to the password for Google mail which should be different to the computer login password)
- passwords should not be left written on paper left lying around
- passwords should be regularly changed i.e. every three months
- always use strong passwords with a minimum of 8 characters which include a combination of:
 - lower case letters (abcdefghijklmnopqrstuvwxyz)
 - upper case letters (ABCDEFGHIJKLMNOPQRSTUVWXYZ)
 - numbers (1234567890)
 - symbols (!@#\$%^&*()-=+_<>/?'""[]{}|\`~:;")
- do not use easy-to-guess passwords such as "123456", "password" or "qwerty" etc.

Avoiding scams and ransomware

To avoid being the victim of scams and ransomware:

- do not pay the ransom if your computer is infected with ransomware
- be aware of current scams targeting individuals and businesses by following government sites such as [SCAMWATCH](#)
- be suspicious of any unsolicited emails or text messages purporting to be from government agencies, banks, delivery services or other similar organisations—check the sender's email address for clues (scammers will try to fool you with a very similar email sender's address) and delete any suspicious emails or look up the organisation's main phone number and call if unsure
- be suspicious of unsolicited phone callers purporting to be from Telstra, Microsoft, the Australian Tax Office and do not provide any information, instead end the call—if unsure, look up their main number and call it to confirm
- do not allow remote access to any computer or network resource by a third party unless it is arranged with a known and trusted IT services provider.

Portable devices

As a guide for portable device security:

- do not leave smart phones and mobile computers unattended in public
- do not leave smart phones and mobile computers in vehicles (locked or unlocked)
- do not store smart phones and mobile computers in checked-in baggage when flying
- check portable storage devices (e.g. USB drives, USB flash drives) for viruses prior to using them

- use password protection on portable storage devices if they are used to store any personal information (such as employee or participant information).

Social media

As a guide for good social media practices:

- only those authorised to do so should represent the organisation on social media
- personal information and confidential company information must not be posted or shared on social media
- when an employee leaves, their access to the organisation's social media must be promptly removed.

Printed material

As a general rule:

- personal information in printed format must be stored securely when not being used
- personal information in printed format must not be left lying around
- when no longer required, printed material that contains personal information must be shredded or removed by a secure document destruction service.

Incidents

A data breach or breach of privacy and confidentiality is an incident, follow the Manage incident internally process to manage and resolve the incident.

Incidents where individuals are at serious risk of harm as a result of the breach must be advised of the breach and assisted with ways to reduce their risk of harm from the breach.

Incidents where individuals are at serious risk of harm as a result of the breach are reportable to the [Office of the Australian Information Commissioner](#).

Maintenance, records and audit

Last edited: 18 Jun 2020, 3:07 PM

Introduction

When running a business, good record keeping is important as it helps:

- participants achieve better outcomes
- decision makers make informed decisions
- protect the business from risk
- meet legislative requirements
- support accountability.

Applicability

When

- applies to supports and services provided to all participants.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS Terms of Business



NDIS (Quality Indicators) Guidelines 2018 (Cth)



Freedom of Information Act 1982 (Cth)

Types of records

At a minimum, the organisation will keep full and accurate accounts and financial records of:

- participant service agreements containing the schedule, cost, type and quality of supports to be delivered; as well as the expected outcomes for the participant, and any regulated restrictive practices in place for the participant
- approved quotes as appropriate
- evidence of support quantity and type delivered.

The accounts and financial records are maintained on a regular basis with accurate details on the quantity, type and duration of support delivered. The evidence of supports delivered is one or more of the following, depending on the type of support delivered:

Evidence type	Description
Case notes	Activities engaged in and how they relate to the specific support item and participant goals.
Rosters	The activities engaged in, staff to participant ratios and record that a participant attended as scheduled.
Service agreements	The schedule, cost, nature and quality of supports to be provided and expected outcomes
Support logs	The support type (including ratio/intensity) delivered and a participant, nominee or carer signature confirming receipt of each instance of support.

Records must be kept for at least 7 years from the date of the document.

Records to maintain

We retain all financial records and accounts for 5 years from the date of issue in line with relevant statutes, regulations, by-laws and requirements of any Commonwealth, state, territory or local authority.

Terms of Business

We are recommitted to the NDIS Terms of Business and will renew this commitment annually on the Provider Portal (myplace). We understand that failing to renew the Terms of Business will result in delayed or missed payments until renewal.

If requested by the NDIA, in 30 days we will provide from the date of the request or within the time specified in the request, any of the following documents:

- a copy of the organisation's most recent financial statements
- a copy of the organisation's most recent insurance certificate, and
- any document that would reasonably be connected with the organisation's provision of supports.

We will maintain accurate contact details with the NDIA and advise the NDIA of any changes to the information contained within the application for registration as soon as is practicable.

Inspection of records

The organisation may be reviewed by the NDIA in relation to supports funded for a NDIS participant. The organisation will cooperate fully with NDIA officers undertaking review activities.

As part of any review, or as otherwise reasonable request by the NDIA to carry out its rights and obligations under law, we must give the NDIA or persons authorised by the NDIA ('those permitted') access to premises where accounts and records associated with the provision of services to participants are stored and allow those permitted to inspect and copy all records associated with the provision of services to participants.

We will provide all reasonable assistance requested by those permitted including making available all accounts and records relating to the provision of services to participants subject to:

- reasonable prior notice by those permitted (except where those permitted believe there is an actual or apprehended breach of the law)
- the organisation's reasonable security procedures.

The requirement for access as specified above does not in any way reduce the organisation's responsibility to perform its obligations in accordance with any agreement related to the provision of services to participants.

We will ensure that any subcontract entered into for the purposes of providing services to participants allows those permitted to have access to accounts and records associated with the provision of services to participants.

Where a decision by the NDIA is the subject of a merits review or complaint, we will cooperate in providing any documents or other information requested. Pursuant to section 6C of the Freedom of Information Act 1982 (Cth) (FOI Act), we will provide all documents to the NDIS that are relevant to a request made under the FOI Act within 7 days receipt of a request from the NDIA.

Medication

Last edited: 18 Jun 2020, 1:35 PM

Introduction

This policy provides guidance on the best use of medications including its storage, administration and documentation, promotes improved health outcomes for participants, and minimises risks of inappropriate use or harm. As some medications are potentially dangerous, all medications must be treated with due care and safety.

To reduce the likelihood of medication errors during administration, the six rights of medication are recommended when administering all types of medication. The six rights are:

1. right person
2. right medication
3. right dose
4. right time
5. right route, and
6. right documentation.

Applicability

When

- applies when participants we support require medication.

Who

- applies to all employees involved in sourcing medication and supporting participants to take medication.

Regulations relevant to this policy



Therapeutic Goods Act 1989 (Cth)



NDIS (Quality Indicators) Guidelines 2018 (Cth)

Medication safety

To maintain safe use of medication:

- follow rules of hand hygiene before administering medications—this includes the use of an alcohol hand rub or a soap and hand wash
- before administering a medication to a patient, check expiry date of medication to ensure in-date status
- prescribed or routine medications must be packaged in a DAA or its originally dispensed packaging (if not practicable for a DAA)
- do not dispense any medication from a broken DAA where there is evidence of tampering
- medications which must be in their original dispensed packaging (not a Webster-pak or other DAA) include:

- liquids and syrup
 - granules and powders
 - creams and ointments
 - nasal sprays, nebulisers and inhalers
- before crushing any medication, check with the prescribing doctor or pharmacist prior as crushing some medications for administration can reduce efficiency or make the medication poisonous
- medications can be dangerous and can cause adverse side effects or reactions—workers need to be alert for abnormal reactions, allergies, hypoxia, behavioural changes or loss of consciousness
- always check a person's allergy or sensitivity status prior to administering medication
- if conditions or reactions escalate, attend to participant, notify a health professional, or call Triple Zero (000) in event of emergency.

Medication documentation

All medications must only be used in accordance with their prescribed instruction.

Each prescribed medication requires a doctor's medication print out or completed medication chart with the following details:

- name, address and date of birth of the participant
- any known allergies of the participant
- name of medication
- dosages as determined by the prescribing doctor
- times of administration
- route of administration
- the reason why it has been prescribed
- any specific directions for use
- PRN (as needed) medications must specify conditions for use
- name, contact number and signature of the prescribing doctor
- BD—twice a day, TDS—three times a day, QID—four times a day, Mane—morning, Nocte—night
- cessation date of episodic or 'short course' medication
- commencement date for medication to begin
- pharmacy contact details (where it was packaged).

Medication consent

All participants are encouraged and support to manage their own medication and consent for its use.

If we are administering, written consent is required before a participant can receive medication, except in an emergency.

Written consent by a substitute decision maker is required if we are to administer medication to a participant who is unable to consent themselves.

Written consent by a parent is required if we are to administer medication to a participant who is a child.

Young people and children over 14 years should be supported to consent for medication use themselves if they are considered to have an appropriate level of understanding.

Medication administration

S4 and S8 medication must only be administered by authorised persons—this is a legal requirement (except for participants who self-administer).

Authorised persons administering drugs of addiction must be trained in the administration of medication.

Medication must only be administered to one participant at a time.

A pill dispenser device such as a Pil-Bob should be used to dispense pills for administration from a DAA such as a Webster-pak.

Storage of prescription-only and restricted medications

Directives in this section are legal requirements for storing Schedule 4 (S4) and Schedule 8 (S8) medications. The Australian Government Department of Health has strict guidelines for these medications which include storage, periodic inventories, drug register entries, loss of drugs, order and supply, administration, destruction of old stock/unwanted stock.

All S8 medications are to be kept in a locked cupboard of approved construction and firmly fixed to the premises (S4 and S8 medications cannot be kept in a fridge).

Central stock of S4 and S8 medications must be recorded in a drug register of all stocks received and stock transferred.

Storage of over-the-counter medications

Directives in this section are regarding the storage of S2 and S3 medications.

- all medications we are responsible for must be stored in a locked draw, cabinet or medication fridge in a secure location
- any non-active medication must be stored in a separate compartment labelled “non-active” from a participant’s current or active medication
- a risk assessment and appropriate action should be undertaken if it is identified that the security and storage of medications presents a potential risk to the participant, worker or organisation.

Medication disposal

All medication that is expired or no longer required must be returned to a pharmacy for disposal.

Medication for disposal must not be:

- placed in rubbish bins
- washed down the sink
- flushed down the toilet.

Sharps disposal containers should be securely stored either in a locked room or lockable drawer or cabinet.

Medication errors

Follow the Manage incident internally process for any medication errors.

Follow the Manage incident internally process if a participant refuses their medication.

Medication responsibilities for workers

The responsibilities of workers are to:

- attend required training for supporting participants with medications
- ensure the safe storage of medications
- ensure the safe disposal of expired or contaminated medications and medications no longer required
- be familiar with the participant's known behaviours in order to understand their usual behavioural patterns and report any unusual behaviours or adverse side effects
- promptly report any concerns, issues or incidents to key management personnel
- seek advice from key management personnel if ever in doubt about their own medication knowledge, skills or capabilities.

Medication responsibilities for key management personnel

The responsibilities of key management personnel are to:

- ensure all workers involved in supporting participants with medications are appropriately trained and kept up to date with relevant legislation and professional standards
- provide adequate resources to enable training, assessment and reassessment of workers involved in supporting participants with medications
- ensure personnel work within their scope of practice
- provide appropriate support, direction and referral to workers in the event of medication concerns, issues or incidents.
- two audits per year are required for each S4 and S8 drug register
- any incident involving S4 and S8 medications must be reported to the appropriate key management personnel, pharmacist, Department of Health, and police.

NDIS Code of Conduct

Last edited: 18 Jun 2020, 3:07 PM

Introduction

The NDIS Code of Conduct sets the standards for how the organisation carries out provision of NDIS supports and services.

Applicability

When

- applies to supports and services provided to all participants.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Code of Conduct) Rules 2018 (Cth)

Code of Conduct

- act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions
- respect the privacy of people with disability
- provide supports and services in a safe and competent manner, with care and skill
- act with integrity, honesty and transparency
- promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability
- take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability
- take all reasonable steps to prevent and respond to sexual misconduct.

Pandemic management

Last edited: 18 Jun 2020, 3:08 PM

Introduction

The safety of all participants and workers is our organisation's top priority. We have an obligation to respond to pandemics in a timely and effective manner.

Pandemics are high-risk situations that develop quickly. They have the potential to severely impact the health of workers and participants. As work within the disability sector often requires close contact between workers and participants, putting in place social distancing and social isolation measures may also impact our ability to provide services. Therefore, we will ensure that our response to a pandemic is:

- pre-planned
- risk-managed
- flexible, and
- person-centred.

Applicability

When

- applies when:
 - preparing the organisation for a pandemic
 - undertaking any organisational activities during a pandemic.

Who

- applies to all workers at every level of the organisation.

Documents relevant to this policy



Pandemic management plan

Participant vulnerability

We understand that people with disability are more vulnerable to developing illness during a pandemic because they are more likely to:

- have complex pre-existing conditions including multiple morbidities
- have wounds
- have a compromised immune system (e.g. due to pre-existing conditions or medications)
- require the use of medical equipment (e.g. urinary catheters, tracheostomies).

We will manage risks for all our participants and take into account each participant's wishes, goals and situation.

Preparedness and planning

As an NDIS provider, it is our responsibility and obligation to meet the NDIS Code of Conduct and NDIS Practice Standards for the supports and services we provide. During a pandemic there are a number of risks that may compromise these requirements and we therefore must adequately identify these risks and plan our response. We acknowledge pandemics pose the following risks:

- *Health and safety risks:* if normal business operations put our participants and/or workers at an increased risk of contracting an infectious disease.
- *Operational risks:* if a pandemic situation creates an environment where we are no longer able to continue our usual operations (due to government restrictions, worker shortages etc.).
- *Environmental risks:* if a pandemic situation compromises the safety of our service environment.
- *Economic risks:* if our organisation and its workers experience financial difficulties due to limited or ceased operations.
- *Resource risks:* if we do not have sufficient resources (e.g. human resources, PPE) to continue normal operations due to a pandemic situation.
- *Compliance risks:* if a disruption to normal operations due to a pandemic situation leads to non-compliance with NDIS rules and other relevant legislation.
- *Reputational risks:* if a lack of appropriate response to a pandemic situation impacts on the way in which our organisation is perceived in the wider community.

We will work to streamline the management of these risks by completing our organisational risks register and a pandemic management plan. This will help ensure that, in the event of a pandemic, we have a planned and coordinated response. Our pandemic management plan will identify:

- the key actions we need to take to prepare for a pandemic
- our plan for ensuring business continuity
- the names, contact details and roles of people required to ensure business continuity
- services/functions that are deemed essential
- action plans for maintaining each essential service
- skillsets required to perform essential services
- facilities required to continue essential services
- participants that are most at risk
- how we collaborate with providers and community organisations
- how we will activate our pandemic management plan.

We will review our pandemic management plan annually (at a minimum) to ensure it is current.

Basic prevention measures during a pandemic

There are basic hygiene and cleaning measures that we take at all times. These are recorded in detail in our infection control and waste management policies. Some basic measures that we take include:

- washing hands frequently and at relevant times
- maintaining respiratory hygiene at all times
- ensuring all areas are cleaned with appropriate tools and cleaning agents
- managing all forms of waste in a safe and suitable way
- wearing appropriate PPE when required.

During a pandemic we recognise that it is important to maintain a high level of hygiene and continue this when social distancing and/or isolation is required.

Social distancing

Social distancing involves restrictions on movement that may need to be enforced to prevent/slow the spread of an illness. To be effective, it must apply to all workers and participants. Social distancing typically involves:

- being at least 1.5 metres apart from others at all times
- limiting unnecessary touching (e.g. handshakes and hugging)
- if possible, limiting the number of workers on shift at one time
- limiting face-to-face meetings where possible (i.e. conducting most meetings over the phone instead)
- limiting food handling and sharing
- only going out for essential reasons such as:
 - attending work/school
 - purchasing food and medicine
 - medical appointments
 - personal emergencies
- avoiding all non-essential national and international travel
- avoiding mass gatherings
- working/studying from home if practicable.

Isolation

We may need to have a worker or participant in isolation if they:

- have been tested positive for a pandemic-level illness
- are experiencing symptoms of a pandemic-level illness
- have recently been in contact with someone that has tested positive for a pandemic-level illness
- have recently travelled to a country experiencing a large-scale outbreak of a pandemic-level illness.

Home isolation typically means that the person being isolated must partake in relevant risk-minimisation measures, including:

- limiting their movements to their home and garden/backyard
- observing all appropriate hygiene measures
- practicing social distancing (as outlined above) if there are other people present in the house
- moving quickly through or avoiding common areas
- wearing masks and other necessary PPE
- using a separate bathroom, if available
- using separate cutlery, linens and towels
- avoiding food handling and sharing.

We will support workers in isolation by offering opportunities to work from home or making appropriate leave arrangements. In addition, we will provide workers with counselling and other resources as required. Although necessary, isolation can be a stressful experience. Therefore, we will ensure that participants in isolation:

- are still able to receive essential supports and services
- are isolated in a comfortable, clean and well-ventilated environment
- keep in touch with their support network via various telecommunication methods
- learn about and discuss their experience
- keep normal daily routines where possible (e.g. eating, sleeping and exercise)
- partake in home-based activities they enjoy.

Restrictive practices

Restrictive practices are used in the event that a participant responds to a situation with a behaviour of concern. These behaviours often stem from triggering factors such as a maladaptive environment, fear or in response to a real or perceived threat. In the event of a pandemic outbreak, these factors may be heightened, thus it is our responsibility to ensure we provide comprehensive and suitable support to inform the participant of what is occurring and why certain restrictions are in place. If a restrictive practice is utilised, we will follow all standard debriefing, reporting and legislative procedures outlined in our restrictive practice policy.

Whilst home isolation for therapeutic reasons is not considered a restrictive practice, it is important that such requirements during these events are discussed with the participant and their support network. This applies to all participants, not only those that have restrictive practices incorporated in the positive behaviour support plan.

Incidents and complaints

We will address any complaints or incidents that arise during (or as a result of) a pandemic situation. Where possible, we will always follow the same procedures that are specified in relevant policies, processes and legislation. We will also make all reasonable attempts fast-track incident and complaint reports that arise as a result of a pandemic as reports of this nature are likely to be urgent and time-sensitive.

Privacy and confidentiality

We are committed to maintaining privacy and confidentiality in accordance with all relevant policies and legislation. Under usual circumstances, the participant can decide whether or not they reveal health information to us.

The only time when we will request information about a health condition is if it is a notifiable condition under the National Notifiable Disease Surveillance System. This may occur in the event of a pandemic. We will request this information in order to:

- give the person the support they need
- ensure the safety of all people within our organisation, including participants, workers and visitors
- put risk-minimisation measures in place.

We do not tolerate bullying, harassment or discrimination for any reason. This includes bullying, harassment or discrimination on the basis of disclosed health information. Any such instance will be subject to disciplinary actions and addressed in accordance with our incident management policies/processes.

Communication strategies

As a pandemic situation is likely to develop very quickly, we understand the importance of consistent communication across the entire organisation. To do this, we will implement the following strategies as required:

- utilise appropriate telecommunications (email, phone, online chat etc.) to:
 - share important operational updates across the organisation
 - make working from home arrangements
 - conduct meetings and appointments
- provide relevant information to participants in a format they are most likely to understand, this may include the use of communication aids such as:
 - easy read documents

- choice boards
- communication apps
- alphabet boards.
- record key events and decisions in a way that allows workers and participants to reference them in the future.

COVID-19

COVID-19 specific definitions

The following definitions are Australian Government Department of Health guidelines on when workers should stop working and self-isolate. It is important that organisations consider the supports they provide (and the level of their participant's vulnerabilities) before they consider following these guidelines.

Term	Description
casual contact	<p>This will include healthcare workers who have taken recommended infection control precautions, including the full use of PPE, while making close contact with someone with confirmed symptoms of COVID-19.</p> <p>Workers who fall under this category are allowed to continue working, but they should be advised to self-monitor and to self-isolate if they develop symptoms consistent with COVID-19.</p>
close contact	<p>A form of contact with someone with confirmed symptoms that involves:</p> <ul style="list-style-type: none"> • consistently sharing a closed space (e.g. living in the same household) • face-to-face contact longer than 15 minutes • direct contact with any bodily fluids • spending two or more hours in the same room. <p>Individuals will need to self-isolate in the event of close contact with someone with confirmed symptoms of COVID-19.</p>

Outline

COVID-19 was declared a pandemic on 11 March 2020. It is highly contagious and can cause severe respiratory illness. While anyone can be infected, the elderly and those with pre-existing conditions are most vulnerable. Symptoms can include:

- fever
- cough
- sore throat
- fatigue, and
- shortness of breath.

Workers suspected of having COVID-19 or have had known exposure to COVID-19

It's important that workers who experience any COVID-19-like symptoms, self-isolate and seek medical advice. If you need assistance, Healthdirect provides an [online symptom checker](#). You can also contact the National Coronavirus Helpline on 1800 020 080.

If a worker has recently returned from overseas, or is suspected of being in close contact with someone with COVID-19, that worker must self-isolate for 14 days.

Training

The Australian Government's Department of Health has released an [online training module](#) to assist support workers with understanding how to best navigate provision of care during this pandemic. The training covers infection prevention and control (IPC) for COVID-19, including:

- COVID-19 - what is it?
- signs and symptoms
- keeping safe - protecting participants and your workforce
- mythbusting.

At the end of the course, the support worker should be able to:

- understand the basics about the COVID-19 virus, including how it is spread
- describe what you can do to protect participants and your workforce
- know what to do if you develop symptoms.
- know what to do if the person you are supporting develops symptoms.
- tell the difference between myths and facts of COVID-19.

It is strongly advised that workers complete the online training, so as to improve the likelihood of acting correctly in the event of a COVID-19 outbreak.

The Department of Health has also created a [webinar](#) on COVID-19 preparedness for In-home and the Community Aged Care which is also useful to NDIS providers.

Additional information can be found on the Australian Government [Department of Health](#) as well as the NDIS's [COVID-19](#) website, both of which are updated regularly with new information and resources.

PPE

In the event a case of COVID-19 is suspected by a medical professional, PPE may be required in settings where:

- supports being provided are essential to the participant's life, health or safety due to withdrawal or alteration of critical supports
- guidelines for social distancing or isolation can't be maintained
- there are heightened risks to people with disability due to their vulnerabilities.

Further information can be found on the [Department of Health](#).

In the event that support providers are unable to source PPE, a request for stock should be made to the National Medical Stockpile, with the request being sent to: Stockpile.Ops@health.gov.au.

Requesting parties will need to demonstrate:

- that they have been unable to source masks through the open market
- that existing stocks have been depleted
- who will be using the resources
- how the stocks will be prioritised in order to minimise transmission to great effect
- how previous Stockpile stocks (if applicable) have been used effectively.

In the event of an outbreak of COVID-19 in a supported independent living setting, providers should contact the Department to request PPE from the Stockpile immediately.

Support provider responsibilities during the COVID-19 outbreak

It is important that support providers ensure their workers are up to date with the latest information on COVID-19 and that they know their responsibilities, including what to do if a participant is suspected of having COVID-19.

Support providers must ensure supports continue for the participants they support. In the event that this can no longer be accomplished (e.g. worker shortages or inability to provide the care participants require), notify the NDIS Commission.

Support providers can help participants understand the NDIS's response to the COVID-19 outbreak with an [easy read](#), which is available in multiple languages.

Responsibilities of workers

When providing services during a pandemic, workers must:

- stop harmful germs from entering the environment by complying with our infection control and waste management policies at all times
- help participants understand how they can stop the spread of germs by using appropriate communication methods, such as the infection control easy read document
- maintain person-centered practice
- communicate organisational changes and special provisions in a way that is most likely to be understood by each participant
- ensure the service provision environment is safe
- remove or mitigate any factors that make a service environment unsafe
- incorporate all organisational and government recommendations into support provision including recommendations regarding:
 - movement and travel restrictions
 - social distancing
 - additional hygiene measures
 - isolation measures
- report all complaints and incidents in accordance with relevant policies and legislation
- ensure hand washing facilities are readily available at all times
- ensure relevant PPE is available at all times
- limit face-to-face contact with participants where possible
- limit the touching of participants (and other workers) where possible
- monitor their own health status and act accordingly
- monitor the health status of participants and act accordingly
- self-isolate, if required
- consistently liaise with relevant workers and management personnel.

Responsibilities of key management personnel

When undertaking services during a pandemic key management personnel must:

- coordinate pandemic preparedness and response
- undertake managerial responsibilities specified in the pandemic management plan
- make key decisions about ceasing/scaling back operations

- communicate key decisions clearly and cohesively across the organisation
- monitor the Australian Department of Health and NDIS websites, as well as the websites of other organisations that govern health and/or disability services
- implement state and federal recommendations and coordinate any lockdown measures.

Participant rights

Last edited: 18 Jun 2020, 3:05 PM

Introduction

Participant rights set a clear context for how our supports and services are provided.

All participants have the right to:

- receive person-centred supports
- have individual values and beliefs respected
- privacy and dignity
- independence and informed choice
- be free from violence, abuse, neglect, exploitation or discrimination.

Applicability

When

- applies to supports and services provided to all participants.

Who

- applies to all representatives including key management personnel, directors, full time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)

Person-centred supports

The rights of participants are that;

- each participant can access supports that promote, uphold and respect their legal and human rights
- each participant is enabled to exercise informed choice and control
- supports provided promote, uphold and respect individual rights to freedom of expression, self-determination and decision-making.

Individual values and beliefs

Each participant can access supports that respect their culture, diversity, values and beliefs.

Each participant's autonomy is respected, including their right to intimacy and sexual expression.

Privacy and dignity

Each participant can access supports that respect and protect their dignity and right to privacy.

Independence and informed choice

Each participant is supported to make informed choices, exercise control and maximise their independence in relation to the supports provided.

Freedom from violence, abuse, neglect, exploitation or discrimination

Each participant can access supports free from violence, abuse, neglect, exploitation or discrimination.

Person-centred practice

Last edited: 17 Jun 2020, 2:04 PM

Introduction

This policy supports and promotes a person-centred approach in the way we provide our supports and services. When providing person-centred supports, the participant is at the centre of those supports, not the service provider. This means the focus is on what matters most to the participant and their family and/or carer, and how we can support our workers with this.

The key principles that underpin a person-centred practice:

- the participant is at the centre
- the participant's wider social network is involved as full partners
- there is a partnership between us, the participant, and their family/carer
- the participant's whole of life is considered.

The benefits of a person-centred approach is that:

- the wishes of each participant are respected
- each participant is encouraged to make informed choices
- it provides flexibility to meet the diverse needs of each participant
- it improves personal development of participants by broadening their experiences
- it improves customer experience and overall satisfaction of participants.

Applicability

When

- applies to supports and services provided to all participants.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)

Our commitment to a person-centred practice

As part of our commitment to a person-centred practice, we will:

- ensure our supports and services are in line with the needs, goals and desires of each participant
- listen to each participant and those who know them best to understand what they want for their lives
- support each participant to develop individual outcomes so that we know what success looks like

- support each participant to identify and prioritise obstacles in the way of achieving their outcomes
- support each participant to set steps or goals to address challenges to achieving their outcomes
- ensure our workers are trained, supported and motivated to follow the principles of this policy.

Pricing

Last edited: 18 Jun 2020, 3:08 PM

Introduction

This policy provides basic guidelines for pricing NDIS supports, fees and charges, and payment requests.

Applicability

When

- applies to the provision of services to all NDIS participants, except those that are self-managing
- applies when pricing supports and services, and when processing payment requests.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS Terms of Business

NDIS price guide

We will adhere to the NDIA Price Guide or any other NDIA pricing arrangements and guidelines.

We will declare relevant prices to participants before delivering a service including any notice periods or cancellation terms.

We understand that participants are not bound to engage our services after prices are declared.

Prices charged to participants will not exceed the price level prescribed for that support in the Price Guide.

Fees and charges

Regardless if we manage the support, or if it is managed by the NDIA or a third party, no other charges are added to the cost of the support such as:

- credit card surcharges
- any additional fees such as 'gap' fees, late payment fees.

Cancellation fees are only chargeable if specifically mentioned in the NDIS Price Guide for that support.

Payment requests

We will make payment requests only after supports have been delivered or provided and within a reasonable time (no later than 60 days from the end of the Service Booking).

Fraudulent claims

If we make a fraudulent claim, the NDIA retains the right to commence criminal and/or civil proceedings.

Privacy and confidentiality

Last edited: 18 Jun 2020, 3:05 PM

Introduction

This policy ensures we protect and handle personal information in accordance with the NDIS and relevant privacy legislation. We acknowledge an individual's right to privacy while recognising that personal information is required to be collected, maintained and administered in order to provide a safe working environment and a high standard of quality.

The information we collect is used to provide services to participants in a safe and healthy environment with individual requirements, to meet duty of care obligations, to initiate appropriate referrals, and to conduct business activities to support those services.

Applicability





When

- applies to all personal information and sensitive personal information including the personal information of employees and participants
- applies to all company confidential information - that is any information not publicly available.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy

-  Privacy Amendment (Notifiable Data Breaches) Act 2017 (Cth)
-  Privacy Act 1988 (Cth)
-  NDIS (Provider Registration and Practice Standards) Rules 2018 (Cth)
-  NDIS (Quality Indicators) Guidelines 2018 (Cth)

Privacy and confidentiality guidelines

To support the privacy and confidentiality of individuals:

- we are committed to complying with the privacy requirements of the Privacy Act, the Australian Privacy Principles and for Privacy Amendment (Notifiable Data Breaches) as required by organisations providing disability services
- we are fully committed to complying with the consent requirements of the NDIS Quality and Safeguarding Framework and relevant state or territory requirements
- we provide all individuals with access to information about the privacy of their personal information
- each individual has the right to opt out of consenting to and providing their personal details if they wish

- individuals have the right to request access to their personal records by requesting this with their contact person
- where we are required to report to government funding bodies, information provided is non-identifiable and related to services and support hours provided, age, disability, language, and nationality
- personal information will only be used by us and will not be shared outside the organisation without your permission unless required by law (e.g. reporting assault, abuse, neglect, or where a court order is issued)
- images or video footage of participants will not be used without their consent
- participants have the option of being involved in external NDIS audits if they wish.

Security of information

To keep information secure:

- we take reasonable steps to protect the personal information we hold against misuse, interference, loss, unauthorised access, modification and disclosure
- personal information is accessible to the participant and is able for use only by relevant workers
- security for personal information includes password protection for IT systems, locked filing cabinets and physical access restrictions with only authorised personnel permitted access
- personal information no longer required is securely destroyed or de-identified.

Data breaches

As part of information security responsibilities:

- we will take reasonable steps to reduce the likelihood of a data breach occurring including storing personal information securely and accessible only by relevant workers
- if we know or suspect your personal information has been accessed by unauthorised parties, and we think this could cause you harm, we will take reasonable steps to reduce the chance of harm and advise you of the breach, and if necessary the Office of the Australian Information Commissioner.

Breach of privacy and confidentiality

A breach of privacy and confidentiality is an incident:

- follow the Manage incident internally process to resolve
- may require an investigation
- an intentional breach will result in disciplinary action up to and including termination of employment.

Referrals

Last edited: 18 Jun 2020, 10:47 AM

Introduction

This policy provides guiding principles on participants that are referred to our service and when we refer participants to other providers to access their supports and services.

Participants may be referred to us about our services from other service providers, the NDIA, health professionals or other organisations. Similarly, we may refer participants to other providers in order for a participant to meet specific support needs. As part of our duty of care responsibilities, we have an important role in identifying needs for referral services for participants we support.

There are many types of supports and services where a participant may benefit from a referral. Here are a few examples:

- advocacy services
- allied health services
- assistance with independent living
- capacity building supports
- community integration supports
- early intervention supports
- assistance with personal finance
- therapeutic supports
- transport services.

Applicability

When

- applies when participants are referred to our service
- applies when we refer participants to other service providers.

Who

- applies to all employees including key management personnel, full time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)

Referrals

Consent is sought from participants before we contact other service providers to discuss the participant's support needs, schedules, plans and goals.

When contacting other providers about referrals, just enough personal information of participants should be disclosed.

When setting up new supports for participants, workers should be mindful of existing supports through other service providers, if so, these should be discussed with the participant keeping in mind their needs, wishes and goals along with existing provider and worker relationships.

All details of any commenced referral services are recorded in the participant's file.

When to refer

When a need for a referral is identified, the level of urgency should be established, this involves looking at:

- any risks involved
- the participant's wishes
- the immediate nature of the demands i.e. crisis or long-standing need
- our service abilities to meet all or some of the participant's needs
- wishes of other relevant stakeholders such as family, friends and other members of the treating team.

When considering a service provider for referral, the following should be considered:

- are they the best possible provider for this participant?
- will they adequately meet the needs of this participant?
- are there specific cultural or other protocols to follow to ensure a smooth referral?

Supporting participation

Participants that need additional support to attend referral appointments will be provided this support.

We will encourage attendance of the referral service by:

- discussing progress
- listening to difficulties and assisting in managing these
- following up any problems which require input or for which the participant needs advocacy.

Measuring success

We will ensure the needs of the participant are met at the referral service by:

- asking the participant for feedback about the referral
- checking with stakeholders for their perspective on the effectiveness of the referral
- consulting with the referral provider to establish the level and quality of assistance given.

Restrictive practices

Last edited: 18 Jun 2020, 3:27 PM

Introduction

This policy is about regulated restrictive practices. A restrictive practice is defined as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm.

All types of restrictive practices

Type	Description
prohibited practices	Any practice or action that may be experienced by a person as noxious, unpleasant or painful. Types of practices that are prohibited include aversive restraints, consequent driven practices, exclusion and psychosocial restraints.
chemical restraint	The use of medication or chemical substance for the primary purpose of influencing a person's behaviour or movement. It does not include the use of medication prescribed by a medical practitioner for treating a diagnosed mental illness or physical condition.
environmental restraints	Any restriction to a person's free access to all parts of their environment. For example: <ul style="list-style-type: none"> locking cupboards and refrigerators taking away things people like stopping the person from going to places they enjoy.
mechanical restraint	The use of a device to prevent, restrict or subdue a person's movement for the primary purpose of influencing their behaviour. It does not include the use of devices for therapeutic or non-behavioural purposes. For example, it may include the use of a device to assist a person with functional activities as part of occupational therapy, or to allow for safe transportation.
physical restraint	The sustained or prolonged use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing a person's behaviour.

seclusion	Sole confinement of a person with disability in a room or physical space at any hour of the day or night where voluntary exit is prevented, impeded or not facilitated.
-----------	---

Regulated restrictive practices

Of the types of restrictive practices, only regulated restrictive practices are allowed and then only with strict controls in place. Regulated restrictive practices include:

- seclusion
- chemical restraint
- mechanical restraint
- physical restraint
- environmental restraint

Any form of restrictive practice other than regulated restrictive practices are considered prohibited practices.

Prohibited practices

Prohibited practices include but are not limited to:

- any form of corporal punishment (for example, smacking or hitting)
- any punishment intended to humiliate or frighten a person
- any punishment that involves immobilising a person with chemical or physical restraint including supine and prone restraint holds
- force-feeding or depriving a person of food
- use of medication to control or restrain a person without a behaviour support plan, proper medical authorisation or legal consent
- use of punishing techniques, such as putting a person in a hot or cold bath, putting spice in their food, or squirting liquid on their face or body
- overcorrection, where the punishment is out of proportion to the behaviour (for example, making a person clean an entire room because they tipped their meal on the floor)
- confinement or containment of a child or young person (anyone under 18 years of age) such as forcing them to remain in a locked room or other place that they can't leave
- punishment that involves threats to withhold family contact or change any part of a person's individual lifestyle plan
- denying access to basic needs or supports
- unethical practices, such as rewarding a person with cigarettes or alcohol
- any other act or failure to act that is an offence under federal, state or territory laws.

Applicability

When
<ul style="list-style-type: none"> • applies to supports and services provided to participants with a positive behaviour support plan that include the use of a regulated restrictive practice • applies when a prohibited practice or unauthorised regulated practice is used.
Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)



NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (Cth)

Restrictive practice principles

We support the reduction and elimination of the use of restrictive practices. Any use of restrictive practice will take into consideration the participants cultural and communicative needs. We will only use restrictive practices:

- as a last resort, and with proof all other ways of evidence-based, person-centred and proactive strategies have been tried first
- if the behaviour might harm the person or others
- for the shortest time possible
- in the least restrictive way possible
- that are proportionate and justified
- if the participant or the participant's guardian has given consent
- if the appropriate authorisation by state or territory bodies has been granted
- if we have first understood why the participant has complex behaviour and how the restrictive practice will affect the rights of the participant
- if the practice is written in a NDIS lodged positive behaviour support plan developed by a positive behaviour practitioner or specialist in consultation with the participant, the participants' family, support network and/or advocate.

We will be transparent and accountable for the use of restrictive practices through accurate record keeping and reporting.

We will regularly review records to assess the success, need and application of restrictive practices.

Reduction and elimination

We are committed to the reduction and elimination of restrictive practices and to uphold the human rights of people with disability in line with the UN Convention on the Rights of Persons with Disabilities, NDIS Safeguarding Framework and the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector. We are committed to achieve this by following the core strategies detailed below.

Core strategy	Description
person-centred focus	Including the perspectives and experiences of people with disability and their families, carers, guardians and advocates during restrictive practice incident debriefing, individualised positive behaviour support planning, staff education and training, and policy and practice development.

leadership towards organisational change	Making a goal of reducing use of restrictive practices a high priority, and providing support to staff to achieve it.
use of data to inform practice	Mechanisms such as periodic review of positive behaviour support plans containing a restrictive practice, provider reporting on use of restrictive practices, reporting client assessments and individual/positive behaviour support plans—should be used to assess whether restrictive practices are still needed, and consider possible alternatives. Data is also important to determine what factors are effective in reducing or eliminating the use of restrictive practices as well as highlighting areas for workforce training and development.
workforce development	Key needs include understanding positive behaviour support and functional behaviour assessment, and skills for trauma informed practice, risk assessment, de-escalation, and alternatives to restrictive practices.
use within disability services of restraint and seclusion reduction tools	Use of evidence-based assessment tools, emergency management plans and other strategies integrated into each individual's positive behaviour support plan. Changes to the therapeutic environment. Meaningful activities aimed at lifestyle improvement and increased engagement.
debriefing and practice review	<p>Regular reviews of the use of restrictive practices to identify areas for practice and systemic improvement.</p> <p>If an unanticipated or emergency use of a restrictive practice occurs an immediate debriefing should occur to ensure that everyone is safe, that satisfactory information is available to inform later structured debriefing and the participant is safe and being appropriately monitored.</p>

Participant assessment

We will assist in identifying participants with complex behaviour support needs and refer them to an NDIS approved positive behaviour support practitioner for assessment. A positive behaviour support practitioner, in consultation with the participant, participant's family, support network and/or advocate and the organisation, will be responsible for establishing a positive behaviour support plan which may include restrictive practices. The use of restrictive practices in a participant's positive behaviour support plan will have clear protocols for implementation and use. These practices will be reviewed at least every 12 months with the intent to reduce or eliminate the requirement of restrictive practices.

Authorising restrictive practice

Commonwealth, state and territory legislative and policy frameworks provide guidelines around the use of restrictive practices, including that the intervention is the least restrictive response available, is used only as a last resort, that the risk posed by the proposed intervention is in proportion to the risk of harm posed by the behaviour of concern and with the intent to reduce and eliminate the use of the restrictive practice.

The use of a restrictive practice will only be approved as part of a positive behaviour support plan. Participants or the participants guardian, person responsible or substitute decision-maker must consent to the proposed restrictive practices included in the positive behaviour support plan. It is also required we have the relevant state or territory approval to implement and use restrictive practices. The relevant approving authorities are detailed below.

	seclusion	chemical restraint	mechanical restraint	physical restraint	environmental restraint
ACT	Central Positive Behaviour Panel (Central panel)	Central panel	Central panel	Central panel	Central panel
NSW	NSW Government, Department of Family and Community Services Restrictive practices authorisation system	NSW Government, Department of Family and Community Services Restrictive practices authorisation system	NSW Government, Department of Family and Community Services Restrictive practices authorisation system	NSW Government, Department of Family and Community Services Restrictive practices authorisation system	NSW Government, Department of Family and Community Services Restrictive practices authorisation system
NT	NT Senior Practitioner	NT Senior Practitioner	NT Senior Practitioner	NT Senior Practitioner	NT Senior Practitioner

Qld	<ul style="list-style-type: none"> Queensland Civil and Administrative Tribunal (QCAT) guardian for a restrictive practice (respite)* public guardian** 	<ul style="list-style-type: none"> guardian for a restrictive practice (general) relevant decision-maker* guardian for a restrictive practice (respite)* key management personnel for service provider** 	<ul style="list-style-type: none"> guardian for a restrictive practice (general) relevant decision-maker* key management personnel for service provider** 	<ul style="list-style-type: none"> guardian for a restrictive practice (general) relevant decision-maker* key management personnel for service provider** 	<ul style="list-style-type: none"> relevant decision-maker relevant decision-maker (respite)* key management personnel for service provider**
SA	South Australian Civil and administrative Tribunal (SACAT)	Participant or guardian, person responsible or substitute decision-maker.	SACAT	SACAT	<ul style="list-style-type: none"> Participant or guardian, person responsible or substitute decision-maker. Directed residence approved by SACAT
Tas	Submission to Tas Senior Practitioner than approval by Guardianship and Administration Board (GAB)	Authorisation not required. Governed by Mental Health Act 2013 (Tas).	Submission to Tas Senior Practitioner than approval by GAB	Submission to Tas Senior Practitioner than approval by GAB	<ul style="list-style-type: none"> <90 days: Secretary of the Department of Health and Human Services Submission to Tas Senior Practitioner than approval by GAB

Vic	Authorised Program Officer (APO) and Victorian Senior Practitioner	APO	APO and Victorian Senior Practitioner	APO and Victorian Senior Practitioner	APO
WA	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders	Participant if capable of consent, or person with authority to consent for the participant or guardian, service provider and any other relevant stakeholders

*applies when the adult participant's services other than when the participant is only receiving respite care and/or community access.

**applies when the adult participant receives respite and/or community access services.

Record keeping

We will keep record of the following:

- restrictive practices that are ongoing (e.g. chemical restraint with a daily fixed dose)
- restrictive practices that are 'unscheduled' (e.g. physical restraint, seclusion, chemical restraint prescribed on an 'as needed' basis, also known as PRN medication)
- occasions when the use of an unauthorised restrictive practice is defined as a serious incident—also reported as a serious incident.

The detail of the report on the use of regulated restrictive practices includes:

- a description which includes:
 - the impact on to the participant or others
 - any injury to the participants or others
 - whether the use was a reportable incident
 - why it was used
- a description of the behaviour of the participant that lead to its use
- the time, date and place at which its use started and ended
- the names and contact details of the persons involved in its use
- the names and contact details of any witnesses to its use
- the actions taken in response to its use
- what other less restrictive options were considered or used before
- the actions taken leading up to its use, including any strategies used to prevent the need for the use of the practice.

All records must be kept for at least 7 years from the date of the document.

Reporting authorised restrictive practices to the NDIS

If we support participants with positive behaviour support plans that include the routine use of a regulated restrictive practice, we will report on the use of those practices each month to the NDIS Commission. This report will include:

- type of restrictive practice used
- a brief description of the practice
- details of medication (if required)
- related behaviour concern.

If we support participants with positive behaviour support plans that include as needed use (PRN) of a regulated restrictive practice, we will report on the use of those practices each month to the NDIS Commission. This report will include:

- type of restrictive practice used
- a brief description of the practice
- details of medication (if required)
- related behaviour concern
- date used
- time commenced
- time ceased
- our incident report reference.

If we support participants with positive behaviour support plans that include the use of a regulated restrictive practice, but the practice was not used during the reporting month we will submit a NIL report to the NDIS Commission.

If we are supporting participants with short term approval from a state or territory on the use of a regulated restrictive practice, we will provide a report to the Commissioner every 2 weeks on the use of those regulated restrictive practice while the approval is in force.

Reporting restrictive practices to state or territory based authorities

In addition to record keeping and the reporting to the NDIS Commission the Australian Capital Territory, Northern Territory, Queensland, Tasmania and Western Australia require the use of regulated restrictive practices to be reported to their relevant agencies, departments or offices within the specific time frames as outlined below.

	Report to	Routine restrictive practice in a PBSP	PRN restrictive practice in a PBSP	Emergency restrictive practice not in a PBSP/unauthorised
ACT	ACT Senior Practitioner via Restrictive Practice Data Reporting (RPDP)	monthly	monthly	within 24 hours

NT	Office of disability as a critical incident			within 24 hours
Qld	Department of Communities, Disability Services and Seniors via Online Data Collection.	as practice used or monthly	as practice used or monthly	
Tas	Disability and Community Services Senior Practitioner			as soon as possible (1 day)
WA	Department of Communities as a serious incident report			within 7 days

Unauthorised use of restrictive practices

Unauthorised use of restrictive practices is any instance of use:

- without a positive behaviour support plan and not compliant with state or territory legislation (during transitional stages of the NDIS)
- without the proper authorisation
- without knowing that something is a restrictive practice
- for too long and without regular review
- for reasons other than keeping people safe
- to control a person or to make a person act in a certain way
- as a form of abuse and neglect
- due to a lack of training, knowledge or reflection about less restrictive alternatives.

If we have instigated any form of unauthorised restrictive practices described above, we must:

- report the incident to the NDIS Quality and Safeguards Commission within five business days or 24 hours if the incident harmed the participant
- report the incident to any state or territory as required.

If the regulated restrictive practice will be ongoing then we will:

- obtain authorisation (however described) for the ongoing use of the regulated restrictive practice from the relevant state or territory as soon as reasonably practicable
- lodge evidence of that authorisation with the NDIS Commissioner as soon as reasonably practicable after it is received
- arrange the development of an interim behaviour support plan for the participant by a specialist behaviour support provider that covers the use of the practice within one month after its first use

- arrange the development of a comprehensive behaviour support plan for the participant by a specialist behaviour support provider that covers the use of the practice within 6 months after its first use.

Breach of policy

A breach of this policy may place the organisation in breach of NDIS Guidelines which could result in:

- an investigation into the organisation by the NDIS
- the organisation being de-registered from the NDIS
- civil penalties
- criminal convictions and fines.

Any employee found in breach of this policy will face disciplinary action up to termination of employment.

Risk management

Last edited: 18 Jun 2020, 3:08 PM

Introduction

Risk management involves identifying and managing risks. This includes a wide range of risks including risks to the organisation's operation, to workers and to participants. Risks are inevitable but risk management aims to reduce the chance of a particular event from happening. If it does happen, risk management helps to reduce its impact. Benefits of risk management can include:

- reduced business downtime
- reduced loss of cash flow
- reduced injuries or illness to participants and workers
- increased health and well-being of participants and workers
- increased innovation, quality and efficiency through continuous improvement.

Identifying risks

Risk is the combination of the likelihood (chance) of an event occurring and the consequences (impact) if it does. Risk management aims to increase the likelihood and impact of a desirable outcome as much as possible. Risk identification is the process of finding, recognising and describing risks.

Unmanaged risks

Unmanaged risk is the level of risk before any action has been taken to manage it. Managed risk is the risk remaining after taking into account the effectiveness of current controls (e.g. training, management plans or using personal protective equipment). In other words, it is the level of risk remaining after plans have been put in place and are being followed.

Risk tolerance

Risk tolerance is an informed decision to accept a particular risk, with or without risk treatment, in order to achieve a goal.

Risk analysis

Risk analysis is the process to understand the nature, sources and causes of risks to determine the degree of risk. The degree and consequences of risk together inform risk evaluation and decisions about risk treatment.

Risk assessment

Risk assessment is the overall process of risk identification, risk analysis, and risk evaluation.

Risk evaluation

Risk evaluation is the process of determining whether the risk is tolerable or whether it requires risk treatment.

Risk treatment

Risk treatment are the measures taken to change the level of risk. Possible treatment responses include:

- avoiding the risk
- removing the risk source

- making decisions or taking actions which change the likelihood and/or the consequences
- sharing the risk with another party
- tolerating the risk by informed decision.

Applicability



When

- applies to all parts of the service.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Documents relevant to this policy

-  Participant risk assessment
-  Risks register

Regulations relevant to this policy

-  NDIS (Provider Registration and Practice Standards) Rules 2018 (Cth)

Risk matrix

A risk matrix is used during risk assessment to define the level of risk by considering the category of likelihood against the category of consequences. A risk matrix aids to increase visibility of risks and assist management decision making.

		Consequence				
		Insigni ficant	Minor	Moder ate	Major	Extre me
Likelihood	Almost certain More than 90% likelihood of occurring	Mediu m	Mediu m	High	Critic al	Critic al
	Likely Between 50% and 90% likelihood of occurring	Low	Mediu m	High	High	Critic al

	Possible Between 20% and 50% likelihood of occurring	Low	Medium	Medium	High	High
	Unlikely Between 10% and 20% likelihood of occurring	Low	Low	Medium	Medium	High
	Rare Less than 10% likelihood of occurring	Low	Low	Low	Medium	High

Participant risk management

Identifying risks to participants is an important part of providing supports and services. Identifying risks to participants and regular reviews of those risks is an ongoing process. Regular reviews help to ensure risk management strategies in place are effective and that they adequately address identified risks. With this in mind:

- risk assessments for new participants must be conducted during the on-board process
- risk assessments for existing participants must be conducted every 12 months or more often if there are changes in the participant's needs
- risk management plans for participants should be reviewed quarterly or more often if there are changes in the participant's needs.

Strategic risk management

Risk management should consider strategic risks. This includes identifying and managing risks related to the service achieving its business objectives. This may include risks to:

- funding—this might include donors, gifts and funding bodies
- mismanagement—risks to the organisation's reputation
- founder risk—where the organisation's original benefactor lacks the required business and financial skills to run the service appropriately.

Strategic risk management strategies involve thorough research and planning.

Compliance risk management

Ensuring the organisation operates within the law carries its own compliance risks. These risks must be identified and assessed under a risk management framework. Examples of compliance risks may include:

- unregistered and/or uninsured company vehicles
- fulfilling reporting requirements to comply with legislation or funding agreements
- fundraising activities or sources which breach legislative requirements
- key management personnel operating outside their authority
- activities that are outside the organisation's constitution.

Compliance risks must be eliminated entirely unlike other types of risks where elimination may not be possible. Strategies to prevent compliance risks include (among others):

- a robust compliance culture
- internal controls in areas of compliance
- regular internal audits in areas of compliance.

Human resources risk management

Risk management should consider risks related to human resources including:

- unplanned exit or retirement of key management personnel
- not having workers with the required knowledge and skills
- industrial action and disputes or absenteeism
- lack of diversity (gender, race, age, ability)
- recruitment of workers and their retention or dismissal.

Strategies to manage or reduce human resources risks include:

- a robust leadership, a positive culture, and a values framework
- succession planning for key roles
- documenting critical information and key processes so others can continue to run the service
- comprehensive training program for new workers
- training workers so that more than one person knows how to perform each task
- a supervision and mentoring program for workers.

Special events risk management

Risk management is a required part of organising or participating in an event. The main risks at events includes anything that could:

- cause harm to another person
- cause damage to equipment, infrastructure or the event site, or
- harm the future of the event organiser.

Risk assessments for events may require, where appropriate:

- a risk assessment of the event site—including existing risks, risks caused by inclement weather, and risks from bodies of water
- a risk assessment of the event including all proposed activities e.g. rides, vehicles and security
- a risk assessment of all external risks such as an evacuation—if so, are there any guests that may have higher risks?

To prevent, minimise or manage identified risks, an event organiser will require appropriate management plans to ensure risks are appropriately managed.

Work health safety risk management

Under WHS laws, key management personnel (or person conducting a business or undertaking) have a duty to eliminate WHS risks as far as reasonably practicable. This means risk management needs to consider work health and safety (WHS) risks. Managing WHS risks is an ongoing process which should begin when:

- starting a new business or purchasing a business
- changing work practices, processes or work equipment
- purchasing new or used equipment or using new substances
- planning to improve productivity or reduce costs
- responding to workplace incidents (even if they have caused no injury)
- responding to concerns raised by workers or others at the workplace
- required by the WHS regulations for specific purposes.

Identifying hazards involves finding things and situations that cause harm to people. This includes workers':

- physical work environment
- equipment, materials and substances used
- work tasks and how they are performed
- work design and management.

Common hazards include:

- manual handling—when lifting or moving objects or people
- gravity—fallen objects, falls, slips and trips of people
- electricity—shock, fire, burns or electrocution
- machinery and equipment—hit by moving vehicle or caught by moving parts of machinery
- hazardous chemicals—chemicals, dusts
- extreme temperatures—heat stroke, burns, fatigue, hypothermia
- noise—permanent hearing loss
- radiation—microwaves, lasers
- biological—infection, allergies
- psychosocial hazards—stress, bullying, violence, fatigue.

Finding hazards involves:

- workplace inspections
- consulting workers
- training workers to report hazards and risks
- reviewing incident reports and complaint registers.

WHS risk assessments should be carried out:

- if there is uncertainty about how a hazard may cause an injury or illness
- the work involves a number of different hazards and it is unclear how these hazards may interact to produce new or greater risks
- changes in the workplace that may impact control measures.

Once a WHS hazard or risk is identified and assessed, managing the risk may involve:

- elimination—where possible a WHS risk should be eliminated
- substitution—replacement with less hazardous options
- isolation—if elimination or substitution is not possible isolate the hazard so workers cannot come into contact with it
- control—where elimination, substitution or isolation is not possible, controls such as safe work practices and/or personal protective equipment.

Fraud risk management

In this context, "worker" means any representative of the organisation including key management personnel, directors, employees, contractors and volunteers.

Risk management should cover risk of fraud. This includes:

- internal fraud—fraud that is carried out within the organisation such as when workers:
 - steal money or assets that belong to the organisation
 - steal cash donations that belong to the organisation
 - claim non-existent, excessive or purchase orders to obtain payment for goods and services that are not supplied
 - submit false applications for grants or other benefits
 - create non-existent beneficiaries or employees for the purposes of directing unauthorised payments
- external fraud—scams and fraud initiated externally from the organisation, such as when an external actor:
 - submits false invoices to the organisation
 - steals identities in order to obtain credit card or bank account details
 - uses a charity's name to obtain funds fraudulently e.g. a fraudulent fund raising appeal
 - makes phone calls or sends text messages or emails which pose as another organisation in order to obtain funds fraudulently.

The likelihood of fraud can be reduced by:

- having a strong ethical culture with clear commitments to integrity and ethical values
- strategies in place to protect the organisation from fraud rather than just accepting the risk.

There are three accepted ways to mitigate against risk of fraud:

- prevention—controls designed to reduce the risk
- detection—controls designed to uncover risk when it occurs
- response—controls designed to facilitate corrective action and harm minimisation.

Prevention controls can include:

- fraud risk assessments
- conflict of interest policy
- strong internal controls
- screening for new workers
- effective supervisory processes
- due diligence checks on suppliers and contractors
- worker training to increase awareness of ethics and on risk management strategies
- support programs for workers
- independent audits.

Detection controls can include:

- continuous internal monitoring and auditing of processes
- allocation of resources for fraud detection
- fraud detection software to provide real time data monitoring and analysis
- mechanisms to report fraud while protecting the whistleblower
- unannounced financial and asset audits
- fraud testing.

Response controls can include having an internal investigation team and a fraud response plan.

Financial risk management

Risk management should include managing risks to finances such as:

- liquidity risk—not enough funds to pay debts

- interest rates—when there is a dependence on borrowed funds or income generated from interest-bearing deposits
- credit risk—when goods and services are sold on credit
- risks from competitors—competition can impact market share
- risks from the market or economy—changing trends, impacts from economic downturn
- unexpected exit from business owner or partner—in the case of death or incapacitation.

Risk management strategies include:

- having the right insurance
- backup plans if things go wrong
- researching market trends.

Key personnel succession risk management

Risks to the service which relation to key personnel should be considered. A succession plan is one way to minimise the impact of one or more unplanned absences of key personnel.

Consequence ratings for participants

The steps to manage risks for participants are:

- identify risks—identify risks specific to each individual participant
- assess risks—understand how likely it is to happen and how bad it could be
- control risks—implement appropriate lifestyle plans to lessen the likelihood and/or the amount of harm
- review control measures—check and ensure risks are under control and there are no new risks.

Insignificant	Minor	Moderate	Major	Extreme
<ul style="list-style-type: none"> • Less than first aid injury • Brief emotional disturbance 	<ul style="list-style-type: none"> • First aid injury • Emotional disturbance impacting more than two days - does not require treatment 	<ul style="list-style-type: none"> • Substantial injury resulting in medical treatment • Temporary impairment/development • Exacerbation of mental illness requiring treatment or some cases of abuse/neglect of the participant 	<ul style="list-style-type: none"> • Significant injury causing permanent impairment • Severe, long lasting or significant exacerbation of mental illness requiring long-term treatment • Significant faults allowing significant abuse/neglect of participants 	<ul style="list-style-type: none"> • Avoidable death of a person • Systemic faults allowing widespread abuse/neglect of participants

Risks for participants must be managed:

- with a risk assessment as part of a periodically-reviewed individual support plan
- during a transition from one service provider to another.

Consequence ratings for organisational risks

In the organisation, persons conducting a business or undertaking:

- are required by law to manage WHS risks
- are required by law to minimise the risks of breaches of privacy.

The steps to manage risks in the organisation:

- identify risks—find out what could cause harm
- assess risks—understand the nature of the harm that could be caused by the risk, how serious the harm could be and the likelihood of it happening
- control risks—implement the most effective control measures reasonably practicable in the circumstances
- review control measures—ensuring control measures are working as planned and there are no new risks.

The following table provides example consequence ratings for organisational risks:

Consequence rating	Financial impact*	Effect on workers	Reputation	Service outputs	Legal and compliance*	Management impact	Privacy and information
Extreme	>\$1m	<ul style="list-style-type: none"> • One or more fatalities or severe permanent disability to one or more people 	<ul style="list-style-type: none"> • Widespread negative media coverage • Significant impact on funding for several years • Long term loss of clients 	<ul style="list-style-type: none"> • Multiple services ended for many months 	<ul style="list-style-type: none"> • Major litigation costs of >\$1m • Investigation by regulating body resulting in long term interruption of operations 	<ul style="list-style-type: none"> • Restructuring of the organisation with loss of senior managers 	<ul style="list-style-type: none"> • Major data breach of sensitive personal information affecting many thousands of records, high risk of harm to those affected, widespread negative media coverage

Major	\$500k-\$99k	<ul style="list-style-type: none"> • Extensive injury or impairment to one or more persons 	<ul style="list-style-type: none"> • Negative media coverage • Loss of key management personnel • Loss of clients for many months 	<ul style="list-style-type: none"> • Disruption of multiple services for several months 	<ul style="list-style-type: none"> • Major breach of regulation • Fines or litigation costs of <\$1m 	<ul style="list-style-type: none"> • Significant disruption requiring considerable time from key management personnel 	<ul style="list-style-type: none"> • Data breach of personal information of hundreds of records, risk of harm to those affected, negative media coverage
Moderate	\$250-\$499k	<ul style="list-style-type: none"> • Injuries to one or more persons 	<ul style="list-style-type: none"> • Media coverage • Loss of clients 	<ul style="list-style-type: none"> • Disruption to a service for several months 	<ul style="list-style-type: none"> • Breach of regulations • Fines or litigation costs of <\$499k 	<ul style="list-style-type: none"> • Disruption requiring time from key management personnel 	<ul style="list-style-type: none"> • Breach of privacy and confidentiality or data breach, some risk of harm to those affected, some media coverage

Minor	\$10k-249k	<ul style="list-style-type: none"> Significant medical treatment Lost injury time <2 weeks 	<ul style="list-style-type: none"> Complaint to key management personnel 	<ul style="list-style-type: none"> Some service disruptions 	<ul style="list-style-type: none"> Breach of regulations Fines or legal costs 	<ul style="list-style-type: none"> Requires some time of key management personnel over many days 	<ul style="list-style-type: none"> Breach of privacy and confidentiality to a few persons but little risk of harm to those affected
Insignificant	<\$10k	<ul style="list-style-type: none"> First aid treatment 	<ul style="list-style-type: none"> Complaint to worker 	<ul style="list-style-type: none"> Minimal disruption 	<ul style="list-style-type: none"> Minor legal issues Minor breach of regulations 	<ul style="list-style-type: none"> Requires some attention of key management personnel 	<ul style="list-style-type: none"> Minor breach of privacy and confidentiality to a worker or client, no risk of harm to those affected

* Financial impact consequence ratings, litigation costs and costs of fines may differ depending on an organisation's size and turnover.

Responsibilities of key management personnel

In the context of this policy, key management personnel includes the organisation's board of directors, management committee or director/owner.

Key management personnel are ultimately responsible for setting all risk management appetite in the organisation. Their responsibilities are to:

- set overall risk management strategy
- understand the scope of risks faced by the organisation
- ensure robust oversight of risk at senior management levels

- promote a risk-focused culture
- promote open communications within the organisation
- assign clear lines of accountability and encourage effective risk management framework.

Key management personnel must also ensure risk management policies and processes are implemented and followed across the organisation.

Responsibilities of risk manager/risk management committee

In the context of this policy, the risk manager may also be the business owner/director.

If appropriate, key management personnel may assign a risk manager or a risk management committee to assume the responsibilities described.

The responsibilities of a risk manager/risk management committee:

- form overall risk management strategy
- identify and prioritise risks across the organisation
- make risk management recommendations to key management personnel/board of directors/management committee.

Responsibilities of workers

All workers should:

- follow participant risk management plans
- support participants to communicate and self-advocate if the participant requests or requires support
- assist the participant, if they request or require support, to maintain a risk management plan as safety needs change
- inform the team of any changes to a participant's safety needs
- seek support from key management personnel to manage a risk, if required
- collaborate with relevant parties when concerns about risk management escalate to key management personnel
- be actively engaged during supervision and team meetings to work through risk management issues
- have a basic understanding of NDIS Quality and Safeguarding Framework
- have a basic understanding of relevant WHS policies.

Duty of care

Providing a duty of care to participants involves ensuring adequate care is taken to avoid injury. When assessing activities or situations for possible injury, we should keep in mind:

- what is already known about a person's capacity to carry out similar activities safely
- what is known about a person's awareness of what risks might be involved and how to avoid them
- what is known about the dangers involved in the activity and whether the person can deal with them
- what can be learnt from relevant assessments or reports about the person's abilities and skills.

Participants, workers and others important to the participant should work cooperatively to develop strategies and to identify solutions for issues that challenge duty of care for workers and dignity of risk to participants. In order to achieve this, we must:

- take all steps to avoid harm

- understand the participant's capacity for making decisions about the risk they are managing
- seek advice and assistance from their line manager when they encounter something that is outside their delegation, experience or skill set
- ensure that relevant legislation, policies and procedures are part of their decision making processes
- provide information to the participant, other workers and family about any risks, duty of care obligations and the participant's right to experience and learn from risk taking
- develop lifestyle plans in consultation with the participant, family, friends and support workers, and commence with the least restrictive option for the participant
- facilitate discussion with the participant about the consequences of particular choices
- communicate with the person, family or guardian at each stage of support and document all actions, communications and decisions
- document decisions by a person or their representative, to continue behaviour they believe is reckless, and seek further advice from a line manager
- review how support is provided from a work health and safety perspective if support workers are affected by a decision
- record the reasoning behind risk management decisions, including background, decisions, issues and solutions why some strategies were adopted and others rejected.

Breach of duty of care

- the organisation and all workers must provide appropriate standards of care at all times
- if a worker or the organisation is proven to have not provided the appropriate standard of care, this is a breach of duty of care
- a breach of duty of care is any case where a worker or the organisation has done something they should not have done or failed to do something they should have done—such a breach may potentially result in harm or injury to another person and a finding of negligence
- all suspected incidents of breach of duty of care should be investigated
- anyone found to be in breach of duty of care will be disciplined including termination of employment.

Service agreement management

Last edited: 18 Jun 2020, 3:27 PM

Introduction

All participants require an individually completed service agreement with reference to a person's NDIS plan.

Service agreements help to ensure participants have an agreed set of expectations of what supports will be delivered and how they will be delivered. A service agreement sets out the responsibilities and obligations for both parties and how to solve any problems should they arise.

A service agreement should include:

- a description of the supports that will be provided
- the cost of those supports
- how, when and where the participant requires the supports to be delivered
- how long the participant requires the supports to be provided
- when and how the service agreement will be reviewed
- how we will deal with any problems or questions that may arise and how we will include the participant in this process
- what the participant's responsibilities are under the service agreement—for example, how much notice the participant must give if they cannot attend an appointment
- what our responsibilities are under the service agreement—for example, to work with the participant to provide supports that suit their needs
- what notice is required if we or the participant need to change or end the service agreement and how this is done—for example, by email or mail.

Applicability

When

- applies to supports and services provided to all participants.

Who

- applies to all workers including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Provider Registration and Practice Standards) Rules 2018 (Cth)

New service agreements

Create a service agreement with a participant by arranging a meeting with the participant and any other nominated person (such as a family member or friend) to:

- establish the expectations
- explain the supports to be delivered
- explain any conditions attached to the provision of those supports and why those conditions are attached.

It's important that each participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to understand.

If the service agreement is written, have the participant sign it, provide the participant a copy and file the other copy in the participant's record. Where this is not practicable, or the participant chooses not to have an agreement, record this and note the circumstances under which the participant did not receive a copy of their agreement.

Specialist disability accommodation

If supported independent living supports are provided to participants in specialist disability accommodation, arrangements must be clearly documented on roles and responsibilities in a service agreement including:

- how a participant's concerns about the dwelling will be communicated and addressed
- how potential conflicts involving participants will be managed
- how changes to participant circumstances and/or support needs will be agreed and communicated
- in shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation taken into account
- how behaviours of concern which may put tenancies at risk will be managed, if this is a relevant issue for the participant.

Changing a service agreement

A service agreement that has commenced may only be changed if the changes are agreed in writing, signed and dated.

Withdrawing a service agreement

Our service agreement includes a required notification period in the event that a support or service is withdrawn or terminated. This notification period is not less than 14 days prior to the delivery of a support or service.

Ending a service agreement

If we decide to end a commenced service agreement, we will provide a minimum of 1 month's notice.

If a participant wishes to end a commenced service agreement, they will need to provide a minimum of 1 month's notice.

The 1 month's notice can be waived if we or the participant seriously breach the service agreement.

Staff records

Last edited: 18 Jun 2020, 3:08 PM

Introduction

This policy describes the records and details of all employees which must be stored. This includes fulltime, casual, contractors and volunteers.

Applicability

When

- applies to supports and services provided to all participants.

Who

- applies to all employees including key management personnel, full time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)

Requirements for staff records

For all workers, the following records must be kept:

- identification
- proof of right to work
- pre-employment checks (e.g. criminal records check)
- qualifications and/or experience
- completion of NDIS worker orientation
- details on continuing professional development.

Support provision

Last edited: 18 Jun 2020, 3:28 PM

Introduction

This policy provides guidelines for how our services and supports are provided.

All participants have the right to services and supports that:

- are person-centred
- respect individual values and beliefs
- respect privacy and dignity
- promote independence and informed choice
- are free from violence, abuse, neglect, exploitation or discrimination.

Applicability

When

- applies to supports and services provided to all participants.

Who

- applies to all employees including key management personnel, full time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)



NDIS Terms of Business

Our commitment to supports

We are committed to:

- providing each participant the most appropriate supports that meet their needs, goals and preferences
- providing supports in a safe environment, free from hazards
- ensuring participants' own money and property is secure and that they can use
- storing, monitoring and administering prescribed medication in a confident manner
- preventing medication errors or incidents.

Responsive support planning

We are committed to ensure:

- supports provided are monitored and regularly reviewed to ensure fit-for-purpose
- support plans are reviewed annually, quarterly or more regularly depending on the participant's needs
- where possible, adjustments are made to account for changes in participant needs
- each participant's health, privacy, dignity, quality of life and independence is supported
- where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan
- where agreed by the participant, links are developed and maintained through collaboration with other providers in order to fully support the participant and work toward participant goals.

Safe environment

We will ensure:

- participants can easily identify our workers who provide the agreed supports
- where supports are provided in the participant's home, we will work with the participant to ensure a safe support delivery environment
- where relevant, work is undertaken with other providers and services to identify and treat risks, ensure safe environments, and prevent and manage injuries.

Participant money and property

We will ensure:

- where we have access to a participant's money or other property, we will ensure it is managed, protected and accounted with appropriate policies and processes
- participants' money or other property is only used with the consent of the participant and for the purposes intended by the participant
- if required, each participant is supported to access and spend their own money as the participant determines
- we do not provide participants financial advice or information other than that which would reasonably be required under a participant's plan.

Medication management

We will ensure:

- we will record prescribed medication and ensure it is clearly identified and the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication
- all workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication
- all medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers.

Waste management

We will ensure:

- we have policies, procedures and practices in place for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that comply with current legislation and local health district requirements

- all incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed
- we have an emergency plan in place to respond to clinical waste or hazardous substance management issues and/or accidents
- where the emergency plan is implemented, its effectiveness is evaluated and revisions are made if required
- workers involved in the management of waste and hazardous substances receive training to ensure safe and appropriate handling including training on any protective equipment and clothing required when handling waste or hazardous substances.

Telecare

Last edited: 18 Jun 2020, 3:30 PM

Introduction

Telecare is a form of care delivered remotely rather than face-to-face. Telecare can be delivered synchronously through video-calling and telephone calls or asynchronously through methods such as recorded videos, or patient monitoring.

Telecare enables providers to offer support and care to people with disability in rural and remote areas or when it is not possible or practical to offer it in person. There is a growing body of evidence to support the outcomes of telecare, particularly among allied health workers, and the benefits are argued to be comparable to traditional forms of care. However, it is fundamental that telecare is provided in a suitable, practical and safe way for both the participant and the support worker.

We recognise that telecare support must be established using the same principles and rights as outlined in the Support provision policy. In addition to these rights, this policy considers three elements:

- evidence based research
- workers' knowledge and skills
- participants' values, goals, and circumstances.

Applicability

When

- applies to supports and services provided to all participants via telecare.

Who

- applies to all employees including key management personnel, full time workers, casual workers, contractors and volunteers.

Benefits of telecare

Research into telehealth has several applicable findings that can be translated into telecare. It provides participants the opportunity to maintain support continuity and offers a more flexible and adaptable service deliverance compared to face-to-face services.

Identified benefits include:

- removal of travel time and travel costs
- NDIS funding support for telecare practices
- consistency of support for participants and workers
- knowledge of ongoing support leading to a stronger sense of safety, and
- natural and comfortable environment for participants to receive support in.

We recognise that not all supports and services are capable of being delivered via telecare, however, when services are adaptable, we will seek to facilitate this with the knowledge that the outcomes and support are equally beneficial to

the participant as traditional means.

Workers' knowledge and skills

Delivering telecare to participants requires workers to adaptably apply skills and knowledge from face-to-face care into a telecommunication method. For telecare to be implemented and delivered successfully, workers must be able to:

- clearly communicate with participants through the participants preferred communication method
- develop rapport and engagement
- be flexible and adaptable to the participants requirements.

In addition to these skills, support workers should also actively communicate with participants ways in which goals and lifestyle choices can be facilitated and achieved through telecare. This means support workers must have adequate knowledge of the technology that will be used to support the participant. Workers providing telecare should have an understanding of:

- computers and their general functionality including:
 - videoconferencing platforms (e.g. Zoom, Microsoft Teams, Skype)
 - connecting webcams
 - microphones and sound settings
 - keyboards
 - assistive computer technology used by the participant they are supporting.
- response plans when monitoring technology indicates a problem, such as a fall or change in blood pressure etc.
- how to program specialised assistive technology used in the deliverance of telecare (e.g. timed pill dispensary within a participants' home).

Not all telecare will require technical knowledge of all forms of technology available. However, we will seek to train and educate workers to best support participants when there is a requirement to do so.

Supporting participants

We will support participants via telecare by:

- following the principals and rights outlined in our Support provision policy, including a person-centred practice including a participants' right to exercise control and choice over their life and the establishment of goals, values, and expectations
- develop innovative and continuous supports through available technology.

In the event that we are unable to support a participant's goal or lifestyle choice via telecare, we will thoroughly discuss potential alternatives including goal variation, incorporation of secondary supports or intercommunity collaboration. If these do not offer the participant their desired outcome, we will outline and discuss why we are unable to support them in this endeavour.

Waste management

Last edited: 18 Jun 2020, 11:29 AM

Introduction

This policy provides the guidelines for waste management. Correct and efficient waste management can enhance the organisation's reputation, benefit the community and the environment and minimise exposure to infection and disease. Wherever possible, waste should be reduced and a culture of proactive recycling, reusing and composting encouraged. Reducing waste and actively recycling also reduces the cost of waste disposal.

Waste produced is generally one of the following categories:

- general waste including:
 - general household waste
 - food waste
 - sanitary waste, incontinence pads and disposable nappies
- clinical waste including:
 - used bandages and dressings
 - blood-stained body fluids, materials or equipment
- sharps waste including:
 - needles and syringes with needles
 - finger prickers, lancets or blades
 - auto-injectors such as EpiPens
- pharmaceutical waste including:
 - expired pharmaceutical products
 - pharmaceutical products no longer required
- green organics including:
 - grass clippings
 - grounds maintenance
 - flowers
 - raw fruit and vegetable scraps, coffee beans
- recyclables including:
 - paper and cardboard
 - glass jars and bottles
 - aluminium and steel cans
 - aerosol cans
 - hard plastic (PET) bottles and containers
 - plastic bags
 - printer toner cartridges
- sensitive waste including:
 - printed material with personal or confidential information
 - computers, storage devices and mobile phones used to store or handle personal information
 - computer media (hard disks, CDs and USB memory keys) used to store personal information
- E-waste including:
 - computers and computer parts
 - photocopiers and printers
 - mobile phones

- medical equipment
- household appliances such as TVs, radios, microwave ovens, irons and coffee machines.

PPE

For more information on PPE, refer to the WHS policy.

Out of scope

This policy does not cover anatomical, cytotoxic or radioactive waste.

Applicability

When

- applies to all sites.

Who

- applies to all workers including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)

General waste

General waste is any waste not recyclable or categorised in other waste categories. General waste is insecure and not appropriate for sensitive information as this could increase risks of a data breach (refer to the Information security policy). General waste is not suitable for clinical waste or sharps due to the risk of injury or infection from these.

To reduce general waste, green organics, recyclables and E-waste should not be disposed of in general waste.

To comply with this policy:

- general waste should be reduced wherever possible
- recyclables should not be placed in general waste but recycled wherever possible
- clinical waste and sharps must not be disposed of in general waste at any time
- pharmaceutical waste must not be disposed of in general waste at any time
- where possible, green organic waste (including garden waste and kitchen scraps) should be composted or disposed of in organic waste rather than general waste.

Clinical waste

Clinical waste is any blood-stained fluids or material such as bandages or dressings. Clinical waste carries a risk of infection so must not be disposed in general waste. Clinical waste must be placed in separate bins designated for clinical waste and stored in a secure location for collection by a qualified waste management service that handles clinical waste.

To comply with this policy:

- do not dispose of clinical waste in general waste
- do not dispose of sharps in clinical waste
- when emptying clinical waste bags, PPE must be worn including gloves, apron and protective eyewear
- do not fill clinical waste bags more than two-thirds of their capacity and secure the contents before closing the bag
- do not secure clinical waste bags with staples or anything sharp
- store clinical waste in a secure area with restricted access until collection by a clinical waste management service.

Sharps

Incorrect disposal of sharps i.e. in a plastic bag for general waste, could expose workers and participants at risk of injury and infection. To reduce risks, place all sharps immediately after use in a sharps-approved container (usually yellow) for disposal by a qualified waste management service that handles sharps.

To comply with this policy:

- always dispose of sharps in a sharps-approved container
- do not place sharps in any non-sharps approved waste such as general waste or clinical waste
- always dispose of sharps immediately after use
- do not attempt to recap needles
- do not attempt to retrieve anything from a sharps container
- do not fill a sharps container more than three quarters full or beyond the “fill” line
- lock sharps-approved containers in the medication cupboard when not in use.

Pharmaceutical waste

Pharmaceutical waste includes pharmaceutical products expired or no longer required. If placed in general waste, these items are potentially dangerous and harmful to the environment.

All pharmaceutical waste:

- must be returned to a pharmacy for safe disposal
- must not be placed in general waste.

Green organics

To reduce general waste, green organics should be composted or placed in garden waste bins for collection by local government curb side collection, if available. Sites with gardens/yards should compost kitchen scraps to reduce general waste and to enrich the environment. Composting is best done using a compost bin on the ground to attract worms and is mixed with dead leaves, shredded paper and/or mulch to help the compost process. Once broken down, matured compost can be used to benefit the garden.

To comply with this policy:

- if possible and feasible, kitchen scraps (raw fruit and vegetable scraps, raw egg shells, used coffee beans) should be composted with organic garden waste rather than disposed of in general waste
- green organic garden waste and lawn clippings should be placed in organic waste collections operated by local governments (if available), collected by a waste management service or composted onsite.

Recyclables

Wherever possible, recyclables should always be recycled to reduce general waste. Everything that can be recycled should be recycled or reused, this includes:

- curbside collection (local government, where available) or a waste management recycling service for recycling:
 - paper and cardboard (including newspapers, egg cartons, cardboard boxes and cardboard product packaging)
 - glass jars and bottles
 - aluminium and steel cans
 - aerosol cans
 - hard plastic (PET) bottles and containers
- soft plastic recycling at local supermarkets (where available) for recycling:
 - plastic shopping bags and all soft plastic such as food wrappers and product packaging
- toner cartridge collection services for:
 - used toner cartridges from photocopiers and laser printers
- E-waste collection services for:
 - computers, TVs, radios, household appliances
- mobile phone recycling services for:
 - old mobile phones
- whitegoods recycling services for:
 - refrigerators, ovens, air conditioners or other whitegoods.

To comply with this policy:

- recyclables should be recycled wherever possible
- recyclables should not be placed in general waste
- used toner cartridges should be recycled where possible (for more information, refer to [Planet Ark](#))
- plastic bags should be returned to the local supermarket and placed in bins provided for soft plastics recycling where possible (e.g. Coles and Woolworths have collection points for recycling soft plastic).

Sensitive waste

To reduce risks of data breach (where personal information is accessed by someone unauthorised):

- sensitive paper waste must be either shredded or disposed of in secure paper recycling bins for collection by a secure document destruction service
- do not dispose of printed material containing personal or confidential information in general waste
- computers, computer storage, mobile phones, media and USB memory keys used to store personal information should be disposed of by a qualified secure E-waste service.

E-waste

If placed in general waste, E-waste can be dangerous and harmful to the environment. E-waste:

- should be disposed of using an E-waste disposal service
- including mobile phones should be recycled using mobile phone recycling services (see [MobileMuster](#))
- including used toner cartridges should be recycled where possible (see [Planet Ark](#))
- including computers, storage devices, media and USB memory keys used to store personal or confidential information should be disposed of using a secure E-waste destruction service.

Handling waste

To reduce risks of injury or illness always wear PPE (personal protective equipment) that is appropriate to the type of waste handled.

Handling of waste bags should be minimised and when handling, workers should wear appropriate PPE to reduce risk of injury.

Waste management responsibilities of key management personnel

The responsibilities of key management personnel include:

- overall waste management policy including waste reduction strategies
- ensuring each site is serviced by an appropriate waste management service
- ensuring workers are trained to dispose of waste and recyclables in correct bins
- ensuring bins are correctly labelled or sign posted to assist workers to correctly sort waste
- facilitating and encouraging composting of green organics and raw kitchen scraps where possible
- ensuring sensitive paper waste is shredded or disposed of using a secure document destruction service rather than disposed of in general waste
- ensuring sensitive E-waste is disposed of by a secure E-waste destruction service
- ensuring workers comply with this policy
- auditing waste management policy and practices.

Waste management responsibilities of workers

The responsibilities of workers include:

- disposing of waste in the correct bins provided
- recycling all recyclables as directed by key management personnel
- not disposing sharps, clinical or pharmaceutical waste in general waste
- not disposing sensitive waste in general waste or insecure recycling.

Whistleblower

Last edited: 18 Jun 2020, 3:17 PM

Introduction

This policy aims to provide guidelines on whistleblower protection and reporting in order to maintain appropriate standards of conduct and performance within the organisation. The organisation will ensure that business activities are:

- legally compliant with all relevant legislation and regulation
- completed in an ethical manner which poses no danger to the public or financial system.

The organisation will:

- ensure transparency and accountability in its administrative and management practices
- ensure workers operate in an ethical, legally compliant and proper manner
- ensure the whistleblower is protected from retaliation against a report
- ensure the principle of natural justice is upheld for whoever is the subject of the report
- not tolerate conduct that breaches this policy
- not tolerate retaliation against a whistleblower.

Applicability

When

- applies when reporting non-compliant or improper conduct.

Who

- applies to all workers and management.

Regulations relevant to this policy



ASIC Corporations (Whistleblower policies) Instrument 2019/1146



Corporations Act 2001 (Cth)

Whistleblower protections

Protections provided to whistleblowers under the Corporations Act 2001 (Cth) (the Act) include:

Detriment protection

The whistleblower (and those related to the whistleblower) will be protected from detriment by any person internal or external to the organisation. Actions that are not detrimental, include:

- Administrative action that is reasonable for the purpose of protecting a discloser from detriment.
- Managing a discloser's unsatisfactory work performance, if the action is in line with the organisation's performance management framework.

Actions to be taken

Measures to protect a whistleblower from detrimental acts include:

- Support services (including counselling or other professional or legal services) that are available to whistleblowers.
- Should the whistleblower feel it necessary, the organisation will reassign the whistleblower to another location, to a role of the same level.
- The organisation can make modifications to the whistleblowers workplace or the way they perform their work duties.
- The organisation can reassign or relocate other workers involved in the disclosable matter.
- Management will be reminded of their responsibilities when managing the performance or taking other action relating to a whistleblower.
- Should the whistleblower feel that they have suffered detriment, they may lodge a complaint to the responsible person which will then be investigated by the investigating officer. Interventions will be implemented upon the detriment being proven true.

Identity protection

The whistleblowers identity and information will be kept confidential, unless:

- they provide you with consent to disclose their information
- the information is disclosed, when:
 - the information does not include the disclosers identity
 - the organisation has taken all reasonable steps to reduce the risk that the discloser will be identified from the information, and
 - it is reasonably necessary for investigating the issues raised in the disclosure
- their identity is disclosed to:
 - the Australian Securities and Investments Commission (ASIC)
 - a member of the Australian Federal Police
 - a legal practitioner, to obtain legal advice or legal representation in relation to the whistleblowing laws, or
 - anyone else prescribed by the regulations.

Information may only be disclosed if it is necessary for the purposes of investigating the disclosure.

Actions to be taken

Reducing risk of identity disclosure:

- All personal information or reference to the whistleblower witnessing an event will be redacted.
- The whistleblower will be referred to in a gender neutral context.
- Where possible, the discloser will be contacted to help identify certain aspects of their disclosure that could inadvertently identify them.
- Disclosures will be handled and investigated by qualified workers.

Secure record keeping and information sharing:

- All paper and electronic documents and other materials relating to disclosures will be stored securely.
- Access to all information relating to a disclosure will be limited to those directly involved in managing and investigating the disclosure.
- Only a restricted number of people who are directly involved in handling and investigating a disclosure will be made aware of a discloser's identity (subject to the discloser's consent) or information that is likely to lead to the identification of the discloser.

- Communications and documents relating to the investigation of a disclosure will not be sent to an email address or to a printer that can be accessed by other workers.
- Each person who is involved in handling and investigating a disclosure will be reminded about the confidentiality requirements, including that an unauthorised disclosure of a discloser's identity may be a criminal offence.

Compensation and other remedies—the whistleblower will be provided with additional support and compensation through the courts if:

- they suffer loss, damage or injury because of a disclosure, and
- the entity failed to take reasonable precautions and exercise due diligence to prevent the detrimental conduct.

Whistleblowers are encouraged to seek independent legal advice.

Civil, criminal and administrative liability protection—the whistleblower will be provided with protections from:

- civil liability (e.g. any legal action taken as a result of whistleblowing)
- criminal liability (e.g. attempted prosecution for unlawfully releasing information)
- administrative liability (e.g. disciplinary action for making the disclosure).

Note: the protections do not grant immunity for any misconduct a discloser has engaged in that is revealed in their disclosure.

Should a whistleblower feel that any of their protections have been breached, they can submit a complaint to the responsible person or to ASIC. It is also advised that they seek independent legal advice.

Penalties for breach of whistleblower protection

Severe civil and criminal penalties will apply to those who breach the protections provided to whistleblowers under the Act. Courts are empowered to make orders for relief against a company if they fail to protect a whistleblower from detriment. Applicable penalties under the Act are as follows:

Relevant conduct	Criminal penalties		Pecuniary penalties	
	Individual	Body corporate	Individual	Body corporate
Detrimental conduct	\$50,400 (240 penalty units) or imprisonment for two years, or both.	\$504,000 (2400 penalty units)	\$1,050,000 (5000 penalty units) or three times the benefit derived or detriment avoided.	\$10,500,000 (50,000 penalty units), three times the benefit derived or detriment avoided, or 10% of the body corporate's annual turnover (up to \$525 million, 2.5 million penalty units).

Breach of confidentiality	\$12,600 (60 penalty units) or imprisonment for six months, or both.	\$126,000 (600 penalty units).		
Failure to have a compliant whistleblower policy*	For an individual, \$12,600 (60 penalty units).	\$126,000 (600 penalty units).		

*Please refer to [ASIC](#).

Reporting internally

Reports made by a whistleblower must be based on reasonable grounds and be a disclosable matter. The report should (where possible) be in writing and contain details of:

- the nature of the disclosable matter
- the person responsible for the disclosable matter
- the facts on why the whistleblower believes the disclosable matter has occurred
- (if known) the nature and whereabouts of any further evidence that supports the report.

All disclosable matters must be treated as confidential and (without the whistleblowers consent) must not be disclosed to anyone not connected with the investigation. Unless the responsible person is obliged to do so by law. If the whistleblower wishes to make their report anonymously, their wish is honoured unless overridden by due process of law. However, there may be difficulties with keeping them updated with relevant information as a result of remaining anonymous.

Workers need to be aware that only disclosable matters are covered by this policy. Disclosures, such as a personal work-related grievance, do not qualify for protection under the Act.

Investigation

The responsible person will need to assess each disclosure made to determine:

- whether whistleblower protections will apply (if unsure, proceed as if they do apply), and
- if a formal, in-depth investigation is required.

It is important that the responsible person and investigating officer focus on the substance of the disclosure, not possible motives for the whistleblower to have made the disclosure. Whistleblowers are not required to act in good faith to be protected.

If an investigation is necessary, the responsible person will arrange for an investigating officer to conduct an investigation to determine the legitimacy of the allegations. The investigation is to be conducted thoroughly, but with the aim to conclude the investigation as early as possible.

The whistleblower, subject to privacy and confidentiality considerations, will be kept informed of the investigation process and (where appropriate) its outcome. They must maintain full confidentiality of any information they receive.

The person who is subject to a disclosure also needs to be informed about the investigation. However, this can be at any time so long as it is before making any adverse findings against them. This is in the event there may be concerns that the individual will destroy information or the disclosure needs to be referred to ASIC or the Federal Police. A worker who is subject to the disclosure may contact the organisation's support services (e.g. counselling).

When conducting an investigation, the investigating officer must:

- address all relevant questions
- conduct the investigation under strict confidence
- observe the rules of natural justice
- meet with the person upon whom the allegations are against, allowing them the opportunity to comment beforehand (according to the rules of natural justice)
- compile all the information into an investigation report for further review.

The investigation report will include:

- the allegations
- comments by the person the allegations are against, with considerations by the investigating officer
- a statement of all relevant findings, with the evidence provided
- the conclusions reached (including the damage caused and the impact on the organisation and other affected parties) and the reasoning behind it
- recommendations based upon those conclusions.

At the end of the investigation, the responsible person will be provided a copy of the investigation report and be consulted in regards to a decision on the matter. If the police are to be involved, this is to be done at the earliest possible opportunity.

Should the whistleblower not be content with the outcome of the investigation, they can request the investigation be reopened. The organisation is not obligated to reopen an investigation if it feels it is unnecessary and that the prior investigation was conducted properly. A further complaint can still be made to ASIC should the whistleblower still feel dissatisfied.

Note: It may not be possible to undertake an investigation if not enough information was provided and the disclosure was made anonymously and it is not possible to contact the whistleblower.

False and malicious reports

Workers should take care not to make deliberately false or malicious disclosures. Workers found (by the investigating officer) to have made such a disclosure will be subject to disciplinary action, including possible termination of employment.

Reporting externally

Workers are still covered by the whistleblowers protections if they wish to report their concerns to ASIC, even if they have not raised their concerns internally first. A report can be lodged through ASIC's [online misconduct reporting form](#) or by writing to ASIC. Concerns can be made to ASIC anonymously; however, ASIC will not be able to follow up for further information or advise what steps can be taken based on the information provided. However, anonymous reports still qualify for whistleblower protections.

Other people who can receive a disclosure include:

- legal practitioners

- regulatory bodies (e.g. ASIC) and other external parties (if authorised by the organisation), and
- (under certain [circumstances](#)) journalists and members of Commonwealth, state or territory parliaments.

Responsibilities of workers

Responsibilities of workers are to:

- be familiar with and regularly review this policy and related processes
- report any disclosable matters
- ensure reports of disclosable matters are private and confidential.

Responsibilities of the investigating officer

Responsibilities of the investigating officer is to:

- remain unbiased throughout the investigation
- ensure the scale of the investigation is in proportion to the seriousness of the wrongdoing
- ensure the investigation is completed in a fast and efficient manner
- examine relevant documents and evidence
- maintain strict confidentiality throughout the investigation
- conduct interviews with relevant witnesses
- keep accurate and clear records.

Responsibilities of the CEO

Responsibilities of the CEO is to:

- regularly review and memorise this policy and related processes
- appoint an investigating officer
- ensure sufficient resources are allocated to the investigating officer
- ensure all reports by whistleblowers are investigated to the necessary degree.

Responsibilities of the chair of the board

In the event the CEO is the person the allegations are placed against, the chair will have the same responsibilities as the CEO.

Work health and safety

Last edited: 18 Jun 2020, 1:36 PM

Introduction

The work health and safety (WHS) policy aims to ensure all work activities are carried out safely, and with all possible measures taken to remove or reduce risks to the health, safety and welfare of workers, contractors, participants, authorised visitors, and anyone else who may be affected by our operations. The health and wellbeing of everyone affected is the highest priority.

Creating and maintaining a safe work environment is a legal requirement and a critical one for the long term success of the business. It can help us:

- retain staff
- maximise employee productivity
- minimise injury and illness in the workplace
- reduce the costs of injury and workers' compensation
- ensure we meet legal obligations and employee responsibilities.

Personal protective equipment (PPE) is clothing or equipment designed to be worn by someone to protect them from the risk of injury or illness.

Examples of PPE include:

- hearing protection, e.g. ear muffs and ear plugs
- respiratory protective equipment
- eye and face protection, e.g. facemasks*, safety glasses and face shields
- safety helmets, e.g. hardhats
- fall arrest harnesses for working at heights
- skin protection, e.g. gloves*, gauntlets and sunscreen*
- clothing, e.g. high visibility vests, aprons*, life jackets and coveralls
- footwear, e.g. safety boots and rubber boots.

* Indicates PPE most likely to be used when providing NDIS supports and services.

Applicability

When

- applies to supports and services provided to all participants.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Regulations relevant to this policy



Work Health and Safety Act 2011 (Cth)

WHS commitments

We are committed to work health and safety by:

- creating and maintaining a safe work environment
- complying with all relevant commonwealth, state or territory work health and safety acts and legislation
- proactively manage risks in the workplace
- not compromising the health or safety of anyone at the workplace
- consulting and engaging with workers on WHS matters.

Use of personal protective equipment (PPE)

As a guideline:

- PPE must be suitable for the nature of the work or hazard
- PPE must be a suitable size and fit and reasonably comfortable for the person required to use it
- PPE must be maintained, repaired or replaced including keeping it:
 - clean and hygienic
 - in good working order
- when PPE is required, it must be used or worn by workers so far as reasonably practical.

Worker WHS responsibilities

The responsibilities of workers are to:

- comply with instructions given for work health and safety
- use any provided PPE and be properly trained in how to use it
- not wilfully or recklessly interfere with or misuse anything provided for work health and safety at the workplace
- not wilfully place others at risk
- not wilfully injure themselves.

Key management personnel WHS responsibilities

The responsibilities of key management personnel are to:

- take a leading role to promote safe work practices across the business
- provide safe work premises, assess risks and implement appropriate measures for controlling them
- ensure safe use and handling of goods and substances
- provide and maintain safe machinery and materials
- provide personal protective equipment (PPE) to workers where relevant
- ensure information, training and instructions are provided on the correct use, wearing, storage and maintenance of PPE
- assess workplace layout and provide safe systems of work
- provide workers with information about and training in:
 - infection control practices
 - use, storage and maintenance of PPE

- waste management
 - relevant WHS risk management measures
- provide a suitable working environment and facilities
- ensure that WHS related matters are effectively communicated to workers
- have insurance and workers compensation insurance for your employees
- ensure there are procedures for emergencies and drills in place.

Worker screening

Last edited: 18 Jun 2020, 3:26 PM

Introduction

Worker screening helps to reduce unnecessary risks to participants and ensure a high standard of services. Worker screening ensures employees are properly qualified and have no criminal history.

This policy is mandatory and applies to all employees (including casual, temporary or permanent employees), volunteers, self-employed people, contractors, subcontractors or consultants, and students undertaking training as part of an educational or vocational course or program (other than school students on work experience).

Please note: Australian states and territories are working to implement national NDIS worker screening checks that will ensure consistency of practice across Australia. This policy will be updated to reflect these changes when they are fully instated in 2020.

Applicability

When

- applies to supports and services provided to all participants.

Who

- applies to all workers involved in interviewing and screening new employees.

Regulations relevant to this policy



NDIS (Practice Standards—Worker Screening) Rules 2018 (Cth)

Identifying personnel that require a worker screening

Our organisation will assess all roles and identify all risk-assessed roles. All risk-assessed roles require worker screening checks. According to the [NDIS Commission](#), risk-assessed roles include:

- key management personnel roles
- roles that include the provision of direct supports or services for a person with a disability as part of normal duties
- roles that require more than incidental contact with a person with a disability, this includes:
 - physical touch
 - building rapport
 - working with multiple people with a disability as part of a service or in a disability accommodation setting.

Other roles that are generally not risk-assessed (e.g. administrative staff) do not require a worker screening check. However, we acknowledge that our organisation the right to request workers that are not risk-assessed to complete

worker screening checks.

Pre-employment checks

When hiring new employee, our organisation requires:

- at least one referee check (two are recommended)
- a criminal record with no discloseable outcomes
- a valid check that authorises the person to work with children (if services are provided to participants under 18 years of age).

All employees must ensure that their references and checks are both current and valid.

Criminal and police checks

A criminal record check is an assessment of a person's criminal history. Where a person has lived or worked in other countries, the person can also be asked to provide a statutory declaration about relevant criminal offences.

A criminal record check will result in either:

- no disclosable court outcomes (a clean record)

OR

- disclosable court outcomes (a criminal record), which may include:
 - convictions of any offences and the penalty imposed
 - charges and guilty verdicts for offences, even if they do not result in a conviction
 - any criminal charges still pending before a court.

Criminal record checks that result in a record

If a criminal record check results in a criminal record, that person *cannot* be employed. Participants' health and well-being always takes priority.

Employees are strictly required to disclose any changes to their criminal record.

Any applicant or employee that:

- has a check that results in a criminal record; or
- fails to disclose changes in their criminal record

will have their employment terminated or will no longer be considered for a position.

Objections to criminal record check

If a prospective employee refuses a criminal record check, this person *cannot* be employed.

Working with children check

All states and territories require a check before undertaking child-related work. It is the check of a person's criminal history, specifically relating to crimes involving children. Each worker is responsible for arranging and providing a check for working with children. Please note that this check is not a substitute for a criminal record check.

Region-specific criminal and working with children checks

	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Check for working with children (and/or vulnerable people)	Working with vulnerable people (WWVP)	Working with children check	Ochre card	Blue card	Working with children check	Registration to work with vulnerable people	Working with children check	Working with children check
Criminal check	National police check (AFP)	Criminal history check	Criminal history check	Yellow card	Police record check	Police history record check	National police check	National police certificate

Please note that until national NDIS worker screening arrangements are in place, specific screening requirements are in place for each state and territory. This table should be used as a guide only. Refer to [NDIS Commission](#) guidelines for more information.

Worker screening exemptions

A worker may be allowed to undertake risk-assessed roles before obtaining their worker screening checks if:

- they are in the process of obtaining a clearance
- they are supervised by a worker that has received all necessary checks, and
- there is a relevant and thorough risk management plan in place.

High school students on formally organised work placements do not need worker screening checks. At all times, students on work placement must be directly supervised by a worker that has received all necessary checks.

Hiring contract workers

We will identify all contract workers that intend to engage in risk-assessed roles and ensure that only workers with appropriate checks (or legitimate exemptions) are allowed to work with participants. We will arrange a formal contract with the company responsible for the contract worker. This contract will include sections about:

- all relevant worker screening requirements
- the requirement to disclose reasons (if there are any) for the contract worker not being able to work in risk-assessed roles (e.g. exclusion or suspension)

- the requirement for a contractor to comply with our requests to assist with investigating incidents and complaints involving their worker
- responding to requests for information about how the company is complying with their contractual obligations
- extending all obligations to all workers that are engaged by the contractor to provide services for our organisation.

Managing worker screening records

We will maintain an up-to-date list of workers that engage in risk-assessed roles. This list will incorporate important information including:

- the worker's name, date of birth and address
- the risk-assessed role that is undertaken by the worker
- details of their exemptions (if the worker has one), including:
 - exemption start and end date
 - name of the worker's supervisor
- if the worker is applying for a check, their application number and the due date of the outcome
- if the worker has their check, the check number and expiry date
- any information about any suspensions or exclusions and actions taken in response
- information by any allegations against a worker with a check, including
 - details of the allegations
 - actions we have taken in response to the allegations.

Working with participant support networks

Last edited: 9 Jul 2019, 9:20 AM

Introduction

This policy aims to ensure each participant receives coordinated support from a collaborative team which includes the service provider, the participant, the participant's support network and other relevant providers. A coordinated collaborative approach helps to facilitate the participant's development and address their needs and priorities. Effective collaboration means being able to provide safe, coordinated supports and services whilst involving the participant and their support network as much as possible.

Participant support networks

A participant's support network are the people in the participant's life that help the participant informally to achieve their goals and aspirations. A support network can include the participant's family, guardians, carers, friends, advocates or other members of the community. A support network includes people with important relationships, people who can help the participant learn new skills, give advice on decisions, provide opportunities to be involved in the community and develop dreams and ideas how to achieve them.

Collaborative links

We are committed to genuine collaborative relationships between support networks and other service providers where we can value each other's knowledge of participants, communicating freely and respectfully and sharing insights and engaging shared decision-making. We encourage the participant's support network to be as involved and provide input into support plans, spend time with the workers and contribute their skills and resources to enhance well-being, learning and development.

Communication

It's important that all involved remain confident that their personal information is kept safe and secure and that the privacy of the participant is upheld while sharing information to deliver better services. Keep in mind the following seven golden rules for information sharing:

- information security should not be a barrier to sharing information
- record decisions and reasons for it—record what was shared, with whom and for what purpose
- be open and honest with the participant (and their family, where appropriate) at the outset about why, what, how and with whom information will or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so
- seek advice if you are in any doubt, without disclosing the identity of the participant, where possible
- share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information—information can still be shared without consent in certain situations e.g. if the participant is at serious risk of harm
- consider safety and well-being of the participant and others who may be affected by their actions
- the information sharing should be necessary, proportionate, relevant, accurate, timely and secure.

Applicability

When

- applies when supporting participants.

Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Working with participant support networks

We will work with each participant and their support network to achieve the best possible outcomes for the participant. The following principles guide the services we provide. We will:

- promote open communication about major concerns, issues or opportunities to the collaborative areas
- adopt a positive outlook coupled with in a positive, proactive manner
- adhere to statutory requirements and best practice including compliance with Australian privacy law
- ensure collaborative links with participant support networks and other providers are established
- manage stakeholders effectively and support decisions collaboratively made by the support network
- act in a manner that reflects and respects the importance of the collaborative arrangement
- ensure qualified resources are available and authorised to fulfil their responsibilities
- act in good faith to support achievement of agreed objectives.