



# Fitness Care Policies

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# Violence, neglect, harm, abuse, exploitation or discrimination

## Introduction

Every person has a right to live a life free from the fear of violence, abuse, harm, neglect, discrimination 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

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- applies at all times and in all locations.

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

## Definitions

Term	Description
<p><b>Abuse</b></p> <p>Single acts or patterns of abuse, such as:</p> <ul style="list-style-type: none"> <li>- physical abuse—physical or chemical restraints or coercion, hitting, slapping, burning, choking, pinching, pushing or restraining</li> <li>- sexual abuse—any sexual contact between an adult and child 16 years of age and younger; or any sexual activity with a young person or adult who is unable to understand, has not given consent, is threatened, coerced or forced to engage in sexual behaviour</li> <li>- emotional or psychological abuse—verbal assaults, threats of maltreatment, harassment, humiliation or intimidation, or failure to interact with a person or to acknowledge that person’s existence including denying cultural or religious needs and preferences</li> <li>- financial abuse—illegal or improper use and/or mismanagement of a person’s money, property or resources including forgery, stealing, forced changes to a will, unusual transfer of money or property to another person or withholding of funds</li> <li>- accidents or near accidents caused by unsafe equipment or practices.</li> </ul> <p>unregulated restrictive practices such as those unapproved and/or unauthorised.</p>	<p><b>Harm &amp; Violence</b></p> <p>Single acts or patterns of violence, such as:</p> <ul style="list-style-type: none"> <li>- physical violence — hitting, slapping, burning, choking, pinching, pushing or restraining</li> <li>- sexual abuse—any sexual contact between an adult and child 16 years of age and younger; or any sexual activity with a young person or adult who is unable to understand, has not given consent, is threatened, coerced or forced to engage in sexual behaviour</li> <li>- emotional or psychological violence—verbal assaults, threats of maltreatment, harassment, humiliation or intimidation, or failure to interact with a person or to acknowledge that person’s existence including denying cultural or religious needs and preferences</li> <li>- excessive force in a crisis situation e.g if a participant requires restraint due to an incident</li> </ul>

<p>exploitation</p>	<p>Any case where:</p> <p>someone in a position of trust and confidence knowingly, by deception or intimidation, obtains or uses, or tries to obtain or use, a participant's funds, assets or property with the intent to temporarily or permanently deprive that person of the use, benefit or possession of those funds, assets or property for the benefit of someone other than the participant a person who knows or should know that the participant lacks the capacity to consent, and obtains or tries to obtain or use, the participant's funds, assets or property with the intent to temporarily or permanently deprive the participant of the use, benefit or possession of the funds, assets or property for the benefit of someone other than the participant.</p> <p>Examples of exploitation:</p> <p>taking or using the assets, funds or other possessions of a participant without their consent tricking or threatening the participant to purchase an item or service that they do not want or that will not be used for their benefit.</p>
<p>neglect</p>	<p>Any case where a person's basic needs are not met. This includes:</p> <p>physical neglect—failure to provide adequate food, shelter, clothing, protection, supervision, medical and/or dental care or exposing someone to undue risks through unsafe environments or practices emotional neglect—failure to support and encourage, protect and provide stimulation needed for the social, intellectual and emotional growth or wellbeing of a person passive neglect—failure to provide or wilful withholding of the necessities of life, including food, clothing, shelter or medical care supervisory neglect—intentional or reckless failure to adequately supervise or support a participant that also:</p> <p>involves a gross breach of professional standards has the potential to result in the death of, or significant harm to, a participant.</p>

Documents

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

Supporting Policy Directives

**Discrimination**

Any case where a person experiences unjust or prejudicial treatment on the grounds of race, age, or sex.

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## 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.

## **Further reporting of violence, neglect, harm, abuse, exploitation or discrimination including Mandatory Reporting**

As a NDIS providers must notify the NDIS Commission of all reportable incidents (including allegations), even where the provider has recorded and responded within their own incident management system.

For an incident to be reportable a certain act or event needs to have happened (or alleged to have happened) in connection with the provision of supports or services by the registered NDIS provider. This includes:

- The death of a person with disability
- Serious injury of a person with disability
- Abuse or neglect of a person with disability
- Unlawful sexual or physical contact with, or assault of, a person with disability
- Sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity
- Unauthorised use of restrictive practices in relation to a person with disability.

### STEP 1. Notify the NDIS Commission

The Immediate Notification Form must be submitted via the NDIS Commission Portal within 24 hours of key personnel becoming aware of a reportable incident or allegation. The Immediate Notification Form includes a number of sections and questions, concerning details of the reportable incident, actions taken in response to the incident and the individuals involved in the incident. An exception to this rule is notifying the NDIS Commission of the use of a restrictive practice that is unauthorised or not in accordance with a behavior support plan. In these instances, Yogability must notify the NDIS Commission within five business days of being made aware of the incident. If however, the incident has resulted in harm to a person with disability, it must be reported within 24 hours.

To notify the NDIS Commission of an incident the authorised 'Notifier' or 'Approver' needs to login to the NDIS Commission Portal and select 'My Reportable Incidents' tile at the top of the screen. From here, the Notifier will be able to complete an Immediate Notification Form. The NDIS Commission suggests the 'Authorised Reportable Incidents Approver' is the person you want to have the authority to review and be responsible for submission to the NDIS Commission. This could be the person specified in your incident management system who is responsible for reporting incidents to the NDIS Commission. The authorised 'Approver' will have the ability to submit new Reportable Incidents and view previous Reportable Incidents submitted by their organisation.

The NDIS Commission suggests the 'Authorised Reportable Incidents Notifier' is a supporting team member who can assist the 'Authorised Reportable Incidents Approver' to collate and report the required information. The authorised 'Notifier' will have the ability to create new Reportable Incident notifications to be saved as a draft for review and submission by the authorised 'Approver'. The authorised 'Notifier' will need to inform the authorised 'Approver' that the Incident is awaiting their review and submission. The 'Notifier' can also view past Reportable Incidents they have created through the page.

### STEP 2: Submit a 5 Day Form

The 5 Day form must be submitted via the 'My Reportable Incidents' portal within five business days of key personnel becoming aware of a reportable Incident. This provides additional information and actions taken by Yogability Australia representatives.

The five-day form is also to be used for incidents involving the unauthorised use of a restrictive practice, other than those resulting in immediate harm of a person with disability.

### STEP 3. Submit a final report, if required

The NDIS provider may be required to provide a final report at the request of the NDIS Commission. When this is the case, the NDIS Commission will provide this form to the NDIS provider via email. There are key considerations for registered NDIS providers. In all cases, providers must assess:

- The impact on the NDIS participant.
- Whether the incident could have been prevented.
- How the incident was managed and resolved.
- What, if any, changes will prevent further similar events occurring.
- Whether other persons or bodies need to be notified.

Outside of business hours and if all reasonable steps have been taken, a provider should advise the NDIS Commission of these issues as soon as possible via email to [reportableincidents@ndiscommission.gov.au](mailto:reportableincidents@ndiscommission.gov.au) with an email that includes:

- The steps taken to complete the authorised notification form and the presenting issue
- The name of the impacted person
- Describe the immediate response and step taken to ensure the impacted person was safe
- Brief description of the reportable incident
- Whether other authorities, such as the police, were notified

You will receive an automated response from the NDIS Commission acknowledging receipt. As soon as practical, you will need to progress completion of the 24-hour form. If difficulties continue please refer to the website for detailed guidance or contact the Commission on 1800 035 544.

<https://www.ndiscommission.gov.au/providers/incident-management-and-reportable-incidents>

### Mandatory Reporting of violence, neglect, harm, abuse, exploitation or discrimination against child or young person

Yogability Australia is a mandatory reporter. If there are any incidents or suspected incidents of violence, neglect, harm, abuse, exploitation or discrimination against a child or young person these need to be reported to the appropriate authorities & via the incident register on the YA website.

The process to determine the appropriate reporting of a given incident or suspected incident can be found by completing the Mandatory Reporter Guide through the below link found on the Family and Community Services (FACS) - ChildStory NSW government website.

Mandatory Reporting Guide to reporting link - <https://reporter.childstory.nsw.gov.au/s/mrg>

This will generate a report that can be downloaded and give instruction on the relevant authorities to report the incident, with a timeframe when they should be reported by.

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# Advocacy

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.

Individual advocates 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.

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## Documents

- ◆Disability Discrimination Act 1992 (Cth)
- ◆National Disability Insurance Scheme Act 2013

## Supporting Policy Directives

### 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.



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# Bullying harassment and discrimination

## 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.

## Documents

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

## Supporting Policy Directives

### Worker rights

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

### Worker responsibilities to prevent bullying harassment and discrimination

- 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

- 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:

<p>directly</p>	<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>
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indirectly

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).

For example, redundancy is decided based on people who have had a worker's compensation claim rather than on merit.

- 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.

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## 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

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●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 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.

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# Business insurance

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"><li>• applies to the management and administration of the service.</li></ul>
Who
applies to key management personnel.

## Documents

- [NDIS Terms of Business](#)

## Supporting Policy Directives

### Required insurance policies

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

### Insurer requirements

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•must be an insurer recognised by the Australian Prudential Regulation Authority, or regulated by a state or territory Auditor-General.

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# Child safe

## 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.

## Definitions

Term	Description
child	Anyone under the age of 16 years.
reasonable grounds	Defined by: <ul style="list-style-type: none"><li>• first hand observations of the child, young person or family</li><li>• what the child, young person, parent or another person has disclosed</li><li>• what can reasonably be inferred based on professional training and/or experience.</li></ul>



significant harm	<p>Any case where there is reasonable grounds to suspect a child or young person is experiencing, or has experienced:</p> <ul style="list-style-type: none"> <li>● physical abuse</li> <li>● sexual abuse</li> <li>● neglect, including: <ul style="list-style-type: none"> <li>○ supervision</li> <li>○ physical</li> <li>○ shelter/environment food</li> <li>○ medical care</li> <li>○ mental health care</li> <li>○ education</li> </ul> </li> <li>● problematic sexual behaviour</li> <li>● psychological harm</li> <li>● relinquishing care</li> <li>● carer concerns, such as: <ul style="list-style-type: none"> <li>○ parent/carer substance abuse</li> <li>○ parent/carer mental health</li> <li>○ parent/carer domestic violence</li> </ul> </li> <li>● or there are concerns for an unborn child.</li> </ul>
young person	A person over 16 years but under 18 years.

## Documents

- [National Disability Insurance Scheme Act 2013](#)
- [NDIS \(Quality Indicators\) Guidelines 2018](#)

## Supporting Policy Directives

### 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.

FACS childstory for email reports and FACS helpline for telephone reports - [reporter.childstory.nsw.gov.au/s/mrg](https://reporter.childstory.nsw.gov.au/s/mrg)

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# Complaint management

## 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.

## Definitions

A *complaint* is an expression of dissatisfaction with the provision of a service, including how a previous complaint was handled, for which a response or resolution is expected.

## 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

- [National Disability Insurance Scheme Act 2013 \(Cth\)](#)
- [NDIS \(Complaints Management and Resolution\) Rules 2018](#)
- [NDIS Terms of Business](#)

## Supporting Policy Directives

### 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**

- 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.

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# Conflict of interest

## 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.

## Definitions

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

- [National Disability Insurance Scheme \(Code of Conduct\) Rules 2018 \(Cth\)](#)
- [NDIS Terms of Business](#)

## Supporting Policy Directives

### Organisation responsibilities

- 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

- 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**

- 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**

- 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**

- 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**

- 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.

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# Continuity of supports

## 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.

## Documents

- [NDIS \(Quality Indicators\) Guidelines 2018](#)

## Supporting Policy Directives

### 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.
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# Continuous improvement

## 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.

## Supporting Policy Directives

### Continuous improvement

- regularly collect 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
- record 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
- implement changes as agreed and documented
- advise 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
- report regularly to key management personnel on continuous improvement plans and the progress.

### Continuous improvement responsibilities of key management personnel

- drive quality improvement, and encourage and provide opportunities for worker involvement
- ensuring services are well planned, effective in meeting needs and provided at the best possible level of quality by:

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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**

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.

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# Decision making and consent

## 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.

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## Documents

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

## Supporting Policy Directives

### 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.

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# Diversity and inclusion

## 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.

## Definitions

Term	Description
CALD	Culturally and linguistically diverse—people from CALD backgrounds speak a language other than English, they may practice cultural activities and have specific spiritual needs.

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interpreting service	While registered NDIS providers can use any interpreting service, interpreting services through TIS National can be billed to the NDIA.
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## Documents

- ◆ [NDIS \(Quality Indicators\) Guidelines 2018](#)
- ◆ [Racial Discrimination Act 1975 \(Cth\)](#)

## Supporting Policy Directives

### 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.



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# Entry and exit

## 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.

## Documents

- [NDIS \(Quality Indicators\) Guidelines 2018](#)
- [NDIS Terms of Business](#)

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## Supporting Policy Directives

### Our commitment to ensure service accessibility

- 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

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

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# Human resources

## 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

- [NDIS Quality, Safety and You online orientation training](#)

## Supporting Policy Directives

### 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

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

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## 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.

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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.

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# Incident management

## 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

<b>When</b>
• applies to supports and services provided to all participants.
<b>Who</b>
applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

## Documents

- [NDIS \(Incident Management and Reportable Incidents\) Rules 2018](#)

## Supporting Policy Directives

### Our commitment

- 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 platform
- 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.

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## 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
- notifying 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](#) include 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 ([OAI](#))
- 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. **Responsibilities of key management personnel**

- ensuring employees have the necessary skills to manage incidents
- recording serious incidents
- managing escalated incidents and serious incidents
- reporting serious incidents to the NDIS Quality and Safeguards Commission
- responding to any media enquiries
- investigating incidents or arranging an external investigator to investigate
- reviewing incidents and instigating improvements.

## Responsibilities of workers

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



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# Infection control

## Introduction

An infection is a disease or illness caused by microorganisms (infectious agent) 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 (personal protective equipment) is often used and depending on the support need can include:

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

## Applicability

When  
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• applies at all times.

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

## Supporting Policy Directives

### 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.

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## 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
- 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 of 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

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- 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

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- 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 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

- 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

- practicing hand hygiene at all times
- practicing respiratory hygiene/cough
- etiquette wearing PPE when required

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- 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.

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# Information security

## 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.

## Definitions

Term	Definition
adware	Software that automatically displays or downloads advertising material such as banners or pop-ups.
backdoor	A technique to bypass a computer system's security undetected in order to access a computer or its data.
bot (malicious bot)	Self-propagating malware that infects its host and connects back to a central computer. Malicious bots can then be used to spy on user activity, steal passwords, relay spam, open backdoors, or perform attacks on other computers, websites or resources.
data breach	<p>An incident where personal and/or sensitive information has been accidentally or deliberately accessed and/or disclosed in an unauthorised fashion. Some common examples of data breaches include:</p> <ul style="list-style-type: none"><li>• personal information accidentally mailed or emailed to the wrong recipients</li><li>• a locked filing cabinet containing personal files is broken into or left unlocked and accessed by unauthorised persons</li><li>• a computer or storage device used to store personal information is compromised as a result of a security breach, malware or poor security practices</li><li>• personal information in printed form or on an insecure storage device is left in a public place</li><li>• personal information accidentally or deliberately shared on social media.</li></ul>
malware	Software which is specifically designed to disrupt, damage, or gain authorised access to a computer system. Includes viruses, ransomware, spyware, adware and other.

patch	See "update".
phishing	Fraudulent emails purporting to be from reputable companies sent to fool users into revealing personal information such as passwords, bank account details or credit card numbers.
ransomware	A type of malicious software designed to block access to a computer system until a sum of money is paid.
spam	Also known as junk email, spam is unsolicited email usually to containing advertising, malware, or phishing.
update (or patch)	An update to a computer, tablet or smart phone operating system usually to correct security flaws (vulnerabilities) or correct errors.
virus	A type of malicious software that installs without the user knowing. A virus can replicate itself, modify computer programs, corrupt data, open backdoors, or install adware, bots or ransomware.
vulnerability	A flaw in a system that can leave it open to attack.

### 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.

### Documents

- ◆ Privacy Act 1988 (Cth)

### Supporting Policy Directives



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## 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

- 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

- 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

- 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

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- 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

- smart phones and mobile computers must not be left unattended in public
- smart phones and mobile computers must not be left in vehicles (locked or unlocked)
- smart phones and mobile computers must not be stored in checked-in baggage when flying
- portable storage devices (e.g. USB drives, USB flash drives) should be vetted and checked for viruses prior to their use
- portable storage devices require password protection if they are used to store any personal information (such as employee or participant information).

### Social media

- 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

- 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 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](#).

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# Maintenance, records and audit

## 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.

## Documents

- [NDIS \(Quality Indicators\) Guidelines 2018](#)
- [NDIS Terms of Business](#)

## Supporting Policy Directives

### 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 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.

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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 (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.

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# Medication

## 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.

## Definitions

Term	Description
child	A person under the age of 16 years.
DAA, dosage administration aid	A dosage administration aid (DAA) is a well-sealed, tamper-evident device that allows individual medicine doses to be organised according to the prescribed dose schedule. A Webster-Pak is one example of a commonly used DAA which is a blister pack type packed at the pharmacy. Using a DAA can help reduce the likelihood of medication errors.

<p>medication error</p>	<p>A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in our control or the control of a participant. Medication errors include:</p> <ul style="list-style-type: none"> <li>● incorrect packaging or labelling</li> <li>● incorrect storage</li> <li>● incorrect dosage</li> <li>● dosage missed</li> <li>● dosage</li> <li>● wrong route of administration</li> <li>● administration to the wrong person</li> <li>● administration of the wrong medication</li> <li>● split or dropped medication</li> </ul> <p>a participant refusing their medication.</p>
<p>medicine Schedules and availability (see Scheduling)</p>	<p>Schedule 2 (pharmacy medicine)—pharmaceuticals supplied from a pharmacy.</p> <p>Schedule 3 (pharmacist only medicine)—pharmaceuticals which must be supplied by a pharmacist in a pharmacy.</p> <p>Schedule 4 (prescription-only medicine)—medicines that can only be obtained with a prescription. This category is for substances for which the use or supply should be by or on the order of persons permitted by law to prescribe (a medical officer or nurse practitioner) and should only be available from a pharmacist on prescription.</p> <p>Schedule 8 (controlled drug)—drugs of addiction. Medicines that require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse, physical and physical addiction.</p>
<p>PRN, pro re nata</p>	<p>A Latin phrase which means “as needed”.</p>
<p>Scheduling</p>	<p>Scheduling is a national classification system that controls how medicines and poisons are made available. Medicines and poisons are classified into Schedules according to the level of regulatory control over the availability of the medicine or poison required to protect public health and safety.</p>
<p>young person</p>	<p>A person over the age of 16 years but under 18 years.</p>

## Documents

- [NDIS \(Quality Indicators\) Guidelines 2018](#)
- [Therapeutic Goods Act 1989 \(Cth\)](#)

## Supporting Policy Directives

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## Medication safety

- 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) 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.
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## 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 S4 and 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

- medication for disposal is any medication that is expired or no longer required—this must be returned to the pharmacy
- 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 report incident process for any medication errors
- follow the report incident process if a participant refuses their medication.

## Medication responsibilities for workers

- 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**

- 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.

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# NDIS Code of Conduct

## 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.

## Documents

- [NDIS \(Code of Conduct\) Rules 2018](#)

## Supporting Policy Directives

### 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.

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# Participant rights

## 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.

## Documents

- [NDIS \(Provider Registration and Practice Standards\) Rules 2018](#)
- [NDIS \(Quality Indicators\) Guidelines 2018](#)

## Supporting Policy Directives

### Person-centred supports

- 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.

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# Person-centred practice

## 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.

## Documents

- [NDIS \(Quality Indicators\) Guidelines 2018](#)

## Supporting Policy Directives

### Our commitment to a person-centred practice

- 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.

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# Pricing

## 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.

## Documents

- [NDIS Terms of Business](#)

## Supporting Policy Directives

### 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 Pricing 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 NDIA 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).

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**Fraudulent claims**

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



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# Privacy and confidentiality

## 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.

## Definitions

Term	Description
data breach	<p>A data breach is type of security incident where personal, sensitive or confidential information normally protected, is deliberately or mistakenly copied, sent, viewed, stolen or used by an unauthorised person or parties.</p> <p>A data breach where people are at risk of serious harm as a result, is reportable to the <a href="#">Office of the Australian Information Commissioner</a>.</p>

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personal information	<p>Personal information includes (regardless of its accuracy):</p> <ul style="list-style-type: none"> <li>• name</li> <li>• address</li> <li>• phone number</li> <li>• email address</li> <li>• date of birth</li> <li>• recorded opinions or notes about someone</li> <li>• any other information that could be used to identify someone.</li> </ul>
sensitive personal information	<p>Sensitive personal information can include personal information that is normally private such as:</p> <ul style="list-style-type: none"> <li>• health information</li> <li>• ethnicity</li> <li>• political opinions</li> <li>• membership of a political association, professional or trade association or trade union</li> <li>• religious beliefs or affiliations</li> <li>• philosophical beliefs</li> <li>• sexuality</li> <li>• criminal record</li> <li>• biometric information (such as finger prints).</li> </ul>

## Documents

- [NDIS \(Provider Registration and Practice Standards\) Rules 2018](#)
- [NDIS \(Quality Indicators\) Guidelines 2018](#)

## Supporting Policy Directives

### Privacy and confidentiality guidelines

- 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

- 
- 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 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**

- 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 process to
- resolve a breach of privacy and confidentiality may require an investigation
- an intentional breach of privacy and confidentiality will result in disciplinary action up to and including termination of employment.

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# Referrals

## 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.

## Documents

- [NDIS \(Quality Indicators\) Guidelines 2018](#)

## Supporting Policy Directives

### 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.

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# Restrictive practices

## 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
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.
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.
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.
Psychosocial restraints	The use of social or material sanctions, or verbal threats of those sanctions, to attempt to moderate a person's behaviour. For example: <ul style="list-style-type: none"><li>● making a person stay somewhere until they are told they can leave</li><li>● not talking to the person</li><li>● yelling at the person or telling them they are bad in some way</li><li>● taking away something as a punishment.</li></ul>

Environmental restraints	Any restriction to a person's free access to all parts of their environment. For example: <ul style="list-style-type: none"> <li>locking cupboards and refrigerators</li> <li>taking away things people like</li> <li>stopping the person from going to places they enjoy.</li> </ul>
Consequence driven practices	Usually involves withdrawing activities or items.

### 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 other type of restrictive practice other than regulated, is prohibited.

### Applicability

<b>When</b>
applies to supports and services provided to all participants.

<b>Who</b>
applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

### Documents

- ◆ [NDIS \(Quality Indicators\) Guidelines 2018](#)
- ◆ [NDIS \(Restrictive Practices and Behaviour Support\) Rules 2018](#)

### Supporting Policy Directives

### Restrictive practices considerations

- participants should be consulted about their behaviour in a way they are most likely to understand, including details of the supports to address their behaviour and the use of restrictive practices
- participants should be aware of why the use of restrictive practices is being considered, and how they can make their views known and exercise their rights
- the views of participants should be considered
- participant family and support networks should have the opportunity to express their views about a participant’s behaviour, the supports to address the behaviour and the use of restrictive practices, and have these views considered
- particular consideration should be given to the needs of Aboriginal and Torres Strait Islander peoples or people from other cultural or linguistic backgrounds in this consultation process—this may include appropriate regard for Aboriginal tradition, Island custom or other cultural beliefs, and supporting people to participate in the process.

## 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.

We are committed to the core strategies for reducing or eliminating restrictive practice.

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 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.
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.
Debriefing and practice review	Regular reviews of the use of restrictive practices to identify areas for practice and systemic improvement.

## Participant assessment

We will assist in identifying participants with complex behaviour support needs and refer them to a positive behaviour support practitioner for assessment. Behaviour support needs can be identified at any point during an individual's planning development, planning implementation or planning review.

## Authorised 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, and that the risk posed by the proposed intervention is in proportion to the risk of harm posed by the behaviour of concern.

Use of a restrictive practice must only be approved in a positive behaviour support plan. Where a participant is unable to consent themselves, this must be approved by a legal guardian, public guardian or equivalent, state or territory administrative tribunal, or other legally authorised person with responsibility for approving the inclusion of a restrictive practice as part of a positive behaviour support plan.

## Use of regulated restrictive practices

- should only be used as a last resort, and with proof everything else has been tried
- first should only be used if the behaviour might harm the person or others
- should only be used for the shortest time possible
- should only be used if the person has given permission to use the practice or if approval has been given by the person's guardian
- should only be used if we have first thought about how it might affect the rights of the person
- should only be used if the practice is written in a behaviour support plan.

## Use of restrictive practices outside a positive behaviour support plan

- 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 1 month after its first use; and
- 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.

## Reporting the use of restrictive practices

We will comply with all federal and state or territory government reporting requirements for any use of restrictive practice.

Each time a regulated restrictive practice is being used, it must be recorded and reviewed at least every 12 months.

If we support participants with positive behaviour support plans likely to include the use of a regulated restrictive practice, we will report on the use of those practices. This report will include:

- 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.

If we are supporting participants with behaviour support plans and regulated restrictive practices approved by the relevant state or territory, we will provide monthly reports to the Commissioner on any use of those approved practices

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.

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

### **Unauthorised use of restrictive practices**

Unauthorised use of restrictive practices is any instance of use:  
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:

- obtain authorisation (however described) for the ongoing use of the regulated restrictive practice from the relevant state or territory as soon as reasonably practicable; and
- lodge evidence of that authorisation with the Commissioner as soon as reasonably practicable after it is received;  
and
- 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; and
- 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 six months after its first use
- report the incident to the NDIS Quality and Safeguards Commission.

### **Prohibited practices**

- 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 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.

### **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.

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# Risk management

## 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

- [NDIS \(Provider Registration and Practice Standards\) Rules 2018](#)

## Supporting Policy Directives

### 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				
		Insignificant	Minor	Moderate	Major	Extreme
Likelihood	Almost certain More than 90% likelihood of occurring	Medium	Medium	High	Critical	Critical
	Likely Between 50% and 90% likelihood of occurring	Low	Medium	High	High	Critical
	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

	<b>Rare</b> Less than 10% likelihood of occurring	Low	Low	Low	Medium	High
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### 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
- performance 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

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

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.

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

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## 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.

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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.

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# Service agreement management

## 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.

## Supporting Policy Directives

### 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.

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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.

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# Staff records

## 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.

## Documents

- [NDIS \(Quality Indicators\) Guidelines 2018](#)

## Supporting Policy Directives

### 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.

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# Support provision

## 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.

## Documents

- [NDIS \(Quality Indicators\) Guidelines 2018](#)
- [NDIS Terms of Business](#)

## Supporting Policy Directives

### 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

- 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



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- 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**

- 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**

- 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 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 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.

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# Waste management

## 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.

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## PPE

For more information on PPE (personal protective equipment), 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.

## Documents

- [NDIS \(Quality Indicators\) Guidelines 2018](#)

## Supporting Policy Directives

### 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

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- 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:

- curb side 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

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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 (Coles and Woolworths).

### 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

- 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

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- ensuring bins are correctly labelled or signposted 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**

- 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.

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# Work health and safety

## 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.

## Documents

- ◆ [Work Health and Safety Act 2011 \(Cth\)](#)

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## Supporting Policy Directives

### WHS commitments

- we are committed to creating and maintaining a safe work environment
- we are committed to complying with all relevant commonwealth, state or territory work health and safety acts and legislation
- we will proactively manage risks in the workplace
- we will not compromise the health or safety of anyone at the workplace
- we will consult and engage with workers in relation to WHS matters.

### Use of personal protective equipment (PPE)

- 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

- comply with instructions given for work health and safety
- use any provided personal protective equipment (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

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



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# Worker screening

## Introduction

Worker screening helps to reduce unnecessary risks to participants and ensure a high standard of quality 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).

## Applicability

### When

- applies to supports and services provided to all participants.

### Who

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

## Documents

- [NDIS \(Quality Indicators\) Guidelines 2018](#)

## Supporting Policy Directives

### Pre-employment checks

When taking on a new employee, the organisation requires:

at least one referee check (two recommended)

check which shows no conviction for a prescribed criminal offence within the meaning of the Disability Inclusion Act 2014 (NSW)

- a valid WWCC (if services are provided to participants under 18 years of age).

All employees are required to have a criminal records check at least once every 4 years. If services are provided to participants under 18 years, all employees must also maintain a valid WWCC. A criminal record check is not a substitute for a WWCC.

The organisation must be suitably satisfied that a criminal record check certificate is genuine and has been prepared by an Australian police service or an ACIC-accredited agency.

### Criminal and police checks

A criminal record check or national police record check is an Australia-wide 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)

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OR

- disclosable court outcomes (a criminal record), which may include: convictions of any offences and the penalty imposed charges and found guilty offences but no convictions
- 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 if the conviction is for a prescribed criminal offence within the meaning of the Disability Inclusion Act 2014. If the conviction is outside of the prescribed criminal offences within the Disability Inclusion Act 2014 management will assess on a case by case basis.

Existing employees whose check results in a record with a conviction of a prescribed criminal offence within the Disability Inclusion Act 2014 (NSW) will require termination of employment as the employee is required to disclose changes to their criminal record.

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

#### **Working with children check**

A Working With Children Check (WWCC) is a point in time check of a person's criminal history specifically relating to crimes involving children. A WWCC is valid for 5 years. The person whom the WWCC is for is responsible for ordering a WWCC and paying the cost. Note that a WWCC is not a substitute for a criminal record check.

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# Working with participant support networks

## 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.

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## Who

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

## Supporting Policy Directives

### 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.