

# **OPTIMUM DISABILITY SERVICES**

## **Trading as**

# **OPTIMUM HEALTH & COMMUNITY**

## **Core Module**

### **Policy and Procedure Manual**

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# Section 1: Rights and Responsibilities

Topic	Policy and Procedure
<b>1.1 Person-Centred Supports</b>	<ul style="list-style-type: none"> <li>● Aboriginal and Torres Strait Islander People Policy and Procedure</li> <li>● Person-Centred Supports Policy and Participant Service Charter of Rights</li> <li>● Preferred Method of Communication Policy and Procedure</li> <li>● Person-Centred Supports Linkage Policy and Procedure</li> <li>● Advocacy Support Policy and Procedure</li> </ul>
<b>1.2 Individual Values and Beliefs</b>	<ul style="list-style-type: none"> <li>● Individual Values and Beliefs Policy and Procedure</li> </ul>
<b>1.3 Privacy and Dignity</b>	<ul style="list-style-type: none"> <li>● Privacy and Dignity Policy and Procedure</li> <li>● Management of Data Breach Policy and Procedure</li> </ul>
<b>1.4 Independence and Informed Choice</b>	<ul style="list-style-type: none"> <li>● Independence and Informed Choice Decision-Making Policy and Procedure</li> </ul>
<b>1.5 Violence, Abuse, Neglect, Exploitation and Discrimination</b>	<ul style="list-style-type: none"> <li>● Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure</li> <li>● Working with Children Policy and Procedure</li> <li>● Risk Assessed Role Policy and Procedure</li> <li>● Zero Tolerance Policy and Procedure</li> </ul>

# 1.1 Person-Centred Supports

## 1.1.1 Aboriginal and Torres Strait Islander People Policy and Procedure

### 1.0 Purpose

Optimum Health & Community wishes to recognise the Traditional Owners of the Land and the Aboriginal communities served by our organisation.

Optimum Health & Community will provide services and supports that meet the needs of Aboriginal and Torres Strait Islander people.

Optimum Health & Community will ensure all staff are trained in culturally appropriate actions and requirements and that they work collaboratively with local Aboriginal and Torres Strait Islander people.

### 2.0 Scope

This policy applies to all individuals who have contact with any of our participants.

### 3.0 Policy

It is the policy of Optimum Health & Community to create a safe and welcoming environment for everyone. This policy intends to ensure that participants have the right to engage with Aboriginal and Torres Strait Islander community members and to access the support required to meet their individual needs.

If required, front-line workers will collaborate with Aboriginal and Torres Strait Islander community members to support participants in the development and review of their support plans and activities.

## 4.0 Procedure

Our inclusive approach will promote the cultural safety of Aboriginal and Torres Strait Islander people through engagement with the participant, their community, and all relevant stakeholders. Our processes are designed to meet the needs and requirements of the participant.

A variety of procedures may be implemented including, but not limited to:

- incorporating symbols and images that reflect the indigenous culture in our marketing material, on our website and in our environment
- displaying a Statement of Traditional Owners
- clarifying if participants identify as an Aboriginal and Torres Strait Islander
- contacting and maintaining networks with local Aboriginal and Torres Strait Islander communities
- working with community networks for the benefit and support of the participant
- contacting the participant's family, extended family, and community
- establishing communication processes for maintaining an individual's indigenous supports
- working with other services, in a coordinated manner, to enhance supports for the participant
- planning will include actions that promote cultural safety and connectivity while respecting the cultural and spiritual identity of Aboriginal and Torres Strait Islander communities
- researching and supporting community events for the participants and then sharing this information with all staff workers.
- collaborating with local communities in the provision of services, referrals, consortia involvement and memorandums of understanding.

### 4.1 Advocacy information

Files of all participants who identify as Aboriginal and Torres Strait Islander will be reviewed to ensure we meet our inclusive approach obligations. The review will determine if:

- service access and support strategies are relevant for Aboriginal and Torres Strait Islander people
- service involvement and links with the Aboriginal community and Aboriginal services are being provided, as relevant

- cultural needs of the participants are documented in their support plans
- strategies and supports are implemented as per individual plans
- appropriate feedback is being collected from Aboriginal and Torres Strait Islander people and front-line workers (feedback should relate to the cultural competence of our service provision).

#### **4.2 Staff and volunteer training**

Optimum Health & Community will train all staff worker and volunteers so that all front-line workers can capably implement Aboriginal or Torres Strait Islander cultural competence strategies. The training aims to increase access to the service by Aboriginal and Torres Strait Islander people.

#### **5.0 Related documents**

- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan
- Easy Read Documents and Forms

#### **6.0 References**

- Disability Discrimination Act 1992 (Commonwealth)
- Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Racial Discrimination Act 1975 (Commonwealth)
- Sex Discrimination Act 1984 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020



## 1.1.2 Person-Centred Supports Policy and Participant Service Charter of Rights

### 1.0 Purpose

The NDIS Quality and Safeguards Commission aims to uphold the rights of people with disabilities, including the right to dignity and respect, and to live free from abuse, exploitation, and violence; this is in keeping with Australia's commitment to the [United Nations Convention on the Rights of Persons with Disabilities](#). Our organisation has used this statement as the basis of our policy.

The purpose of this policy is to empower people with disabilities to exercise choice and control in the support services they receive while ensuring appropriate protections are in place; and building the capacity of people with disabilities, their families, and their carers to make informed decisions about National Disability Insurance Scheme (NDIS) providers.

### 2.0 Scope

This policy applies to all staff members and participants; the purpose of the policy is to assist participants in understanding their rights.

### 3.0 Policy

Optimum Health & Community will provide supports that promotes, upholds, and respects individual rights to freedom of expression, self-determination, and decision-making.

The Participant Service Charter outlines the rights of participants, how participants will be treated and the obligations of Optimum Health & Community. This charter also sets out participant responsibilities and how they can provide feedback on any aspect of the service.

Optimum Health & Community takes a person-centred, evidence-based approach to any services that we provide where the participant, family or their advocate/s is primary to any decisions made.

Optimum Health & Community exists to work with our participants, their advocates, family members and other service providers, as relevant, to provide the services to meet our participants' needs, within the scope of our services.

We will provide support and work with other community groups or education programs directly, or in partnership with other services. Information regarding our services is located on our website, Optimum Health & Community or by asking a staff member.

Optimum Health & Community will work with other groups, services, and programs, either directly or in partnership, to ensure the provision of relevant supports.

Our Service Charter of Rights will be provided to participants in a Participant Handbook using simple terminologies such as your rights, your responsibilities, and our responsibilities.

## **4.0 Charter of Rights**

### **4.1 Participants' rights**

Participants have many individual rights. We understand these rights and work towards informing, supporting, and assisting participants to achieve their goals and exercise their rights. Optimum Health & Community adopts a policy of non-discrimination in the provision of our support services to individuals and the eligibility and entry to these services.

Participants have the right to:

- access supports that promote, uphold, and respect their legal and human rights
- exercise informed choice and control
- freedom of expression, self-determination, and decision-making
- access supports that respect culture, diversity, values, and beliefs
- access a service that respects their dignity and right to privacy
- support access to make informed choices to maximise their independence
- access supports free from violence, abuse, neglect, exploitation or discrimination
- receive supports which are overseen by strong operational management
- access services which are safeguarded by caring carers who work within a well-managed risk and incident management system
- receive services from workers who are competent, qualified and have expertise in providing person-centred supports

- consent to the sharing of information between providers during transition periods
- select to opt-out of providing information, as required by NDIS.

#### **4.2 Participants' responsibilities**

Participants using our support services have responsibilities to Optimum Health & Community. We ask that they:

- respect the rights of our staff worker to ensure a workplace that is safe, healthy, and free from harassment
- abide by the terms of their agreement with us
- understand that their needs may change and, correspondingly, services provided may need to change to meet their needs
- accept responsibility for their actions and choices, even though some decisions may involve risk
- inform us if they have any problems with our staff or the services received
- share appropriate information to develop, deliver and review their support plan
- care for their health and wellbeing (as much as they can)
- provide information that will help us better meet their needs
- provide us with a minimum of 24-hours' notice if they will not be home for their service
- understand that our staff are only authorised to perform the agreed number of hours and tasks outlined in their service agreement
- contribute and participate in the safety assessments of their home
- control pets during service provision
- provide a smoke-free working environment
- pay the agreed amount for the services provided
- inform us in writing (where able) and provide appropriate notice before terminating our service
- advise our staff, when asked, if they wish to opt-out of a service.

#### **4.3 Participant's right to provide feedback**

Optimum Health & Community values all feedback, positive and negative. We ask participants to speak up and not be silent; we want to know when a service has been exceptional or when individuals are not happy with service received, or they believe they have not been fairly treated.

Feedback can be provided in the following ways, including:

- completing a Complaints and Feedback Form
- talking directly to a staff member
- asking to speak to a more senior manager or supervisor
- contacting the office via the phone
- contacting us anonymously or completing the Anonymous Complaints and Feedback Form.

Optimum Health & Community will resolve complaints openly, honestly and quickly. We will acknowledge the complaint by responding within one working day. (See our Complaints and Feedback Policy and Procedure for further details).

If not satisfied with the resolution of a complaint, we recommend individuals contact the NDIS Quality and Safeguards Commission on 1800 035 544 (free call from landlines) or TTY 133 677.

Alternatively, individuals can lodge a complaint via the NDIS Quality and Safeguards Commission website. To view go to [forms.business.gov.au/smartforms](https://forms.business.gov.au/smartforms)

#### **4.4 NDIS Code of Conduct**

Our team will provide supports or services to participants and quality service to participants, their family and advocate. To enable us to do this, we request that all participants:

- provide complete and accurate information about themselves and their situation
- explain any changes in their health
- inform their staff worker if they cannot keep an appointment or commitment
- complete consent forms so that we can work with an advocate (if applicable)
- act respectfully and safely towards other people using the service and towards our front-line worker
- provide feedback about the service and advise how services could be improved
- report back to us if unhappy with our services, or if there is any matter of concern.

#### **4.5 Our commitment to participants**

Optimum Health & Community takes a strengths-based, person-centred, holistic approach to care and support, where the participant or their advocate is primary to the decision-making

process. Our team will ensure that services are managed with respect and in consultation with participants. When dealing with our stakeholders, we will:

- treat people with respect
- treat individuals courteously, fairly and without discrimination
- inform participants of their rights and responsibilities through our orientation process, Easy Read documents and handbooks
- protect personal information
- involve participants in any decisions regarding the services they access
- assist participants in connecting with other services, if needed
- inform how to provide feedback on our services
- ensure participant safety and undertake practices that prevent injury
- assist participants in accessing and using our services
- comply with signed service agreements
- inform participants of their rights and responsibilities
- arrange for an interpreter or other language services, if required
- respect individual views, opinions, personal circumstances, and cultural diversity
- provide advice and options regarding other supports and services that may be available
- ensure staff have the appropriate skills and competencies to meet participants needs
- treat everybody with dignity, fairness, and respect, without discrimination or victimisation
- advise how complaints can be made and provide information on how we will respond to that complaint
- provide support and care that recognises and acknowledges individual preferences, choices, interests, and capability
- support the right for participants to receive quality care in an appropriate environment which promotes participation
- provide services that meet, or exceed, relevant industry standards such as the NDIS practice standards and quality indicators, NDIS rules, and their charter of rights.

## 5.0 Related documents

- Complaints and Feedback Form
- Anonymous Complaints and Feedback Form
- Complaints and Feedback Policy and Procedure
- Participant Handbook

## 6.0 References

- NDIS Code of Conduct Rules 2018
- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020
- United Nations Convention on the Rights of Persons with Disabilities

# 1.1.3 Preferred Method of Communication

## Policy and Procedure

### 1.0 Purpose

All participants have the right to access supports that promote, uphold and respect their legal and human rights and to enable them to exercise choice and control. Due to the variation in types of disability, there is a variation in the modes of communication that each participant will require. This policy is designed to ensure that our employees understand each participant's preferred method of communication. This preferred method of communication will then be embedded in the supports and services provided to the participant.

#### Scope

Staff at initial contact and those who work with our participants must understand the participant's preferred method of communication and put that preference in practice wherever possible. The Manager will inform the staff workers of each participant's communication requirements and will always endeavour to place staff that can communicate effectively with a participant.

### 2.0 Definitions

Term	Definition
<b>Interpreter</b>	A person who interprets, especially one who translates speech orally or in sign language.  An interpreter translates the spoken words based on whatever grammatical knowledge they have of the language from which they interpret. Their interpretation is based on their expertise in the subject.
<b>Translator</b>	A person who professionally translates from one language into another.  A translator must be equipped with great linguistic skills. They must have a sound knowledge of <a href="#">grammar</a> and should be in a position to express the thoughts presented in the language to a participant.

<b>Mode of communication</b>	The medium or channel through which communicative intent is expressed. Typical communication modes include natural speech, facial expression and gesture. Exceptional communication modes include the use of graphic symbols or synthetic speech.
<b>Easy Read documents</b>	Easy Read documents simplify information, so it is easy to understand by the participant. Typically, it uses simple text, pictures to assist in explaining text and has lots of white space.

### 3.0 Policy

The best means of communicating with a participant is determined at the initial contact and will be recorded and used from that point forward. Staff are required to treat all participants with respect and use their preferred mode of communication wherever possible. Variations in the mode of communication may include:

- written documents with no adjustments
- verbal explanations
- demonstration
- Easy Read documents – explanations and forms
- interpreters (oral)
- translators (written)

Participants may use their own interpreters and access their advocate to assist them.

### 4.0 Procedure

At the initial contact meeting, staff will consult with the participant, and their family or advocate to determine the most preferred mode of communication.

#### 4.1 Initial Meeting

The Manager will undertake the following steps:

- Determine the best means of communication via discussion or assessment.
- Record this mode of communication in the support plan.
- Inform all staff workers who work with the participant.



- Match staff with these skills, or train and support staff in how to communicate.
- Arrange for interpreter or translator (if required).

#### 4.2 Provision of Information

Staff are to use the information gained in the initial meeting to provide information to the participant in their mode of communication where information must be discussed with the participant. Methods that will be used may include:

- providing information in written form without any adjustments.
- providing information in written form using Easy Read Documents.
- explaining the information orally for those with issues with reading or comprehending written documents.
- demonstrating information (if able to do so).
- accessing an interpreter via [Translating and Interpreting Services](#), Department of Home Affairs.

#### 5.0 Related documents

- Participant Intake Form
- Support Plan
- Easy Read Documents and Forms

#### 6.0 References

- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2020
- NDIS Act 2013 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities

## 1.1.4 Person-Centred Supports Linkage Policy and Procedure

### 1.0 Purpose

People with disabilities have the same right as other members of Australian society to realise their full potential. They should be supported to participate in and contribute to social and economic life. The purpose of this policy is to ensure inclusion of, and access for people with disabilities to mainstream and community-based activities and other government initiatives.

### 2.0 Scope

This policy applies to all front-line staff.

### 3.0 Policy

Optimum Health & Community will access links between other service systems, e.g., social activities, which will improve and support the varying needs of people with disabilities, their families and advocates.

Optimum Health & Community' commitment is to make sure people with disabilities are connected to their communities by:

- providing information on mainstream services and community activities which will benefit participants
- contributing to developing links and networks within the community
- working in partnership with community organisations to provide opportunities for active participation in local activities
- supporting key workers to build their capacity so that they can sustain their role which could involve linking them into direct-carer support services
- linking the participant and their families to social and recreational activities that provide the family with a break from their caring role and connect them with the community

- sourcing activities that promote the participant's wellbeing, e.g., personal development, peer support and mentoring.

## 4.0 Procedure

Optimum Health & Community will follow this policy to allow participants to maintain their ability to participate in and contribute to society. Front-line workers are required to ensure that participants are:

- connected within their community
- informed about relevant activities, to allow for the participant to make decisions and choices
- provided with the necessary skills to participate confidently and contribute to the community and protect their rights
- assisted to use and benefit from mainstream services
- assisted to participate in, and benefit from, community activities
- supported to contribute to leading, shaping and influencing their community.

## 5.0 Related documents

- Agency Referral Form
- Participant Information Consent Form

## 6.0 References

- NDIS - Framework for Information Linkages and Capacity Building
- NDIS Practice Standards and Quality Indicators 2020

## 1.1.5 Advocacy Support Policy and Procedure

### 1.0 Purpose

Optimum Health & Community recognises the importance of ensuring the participant's right to use an advocate or representative of their choice is maintained. Both participants and potential participants have the right to select and involve an advocate, or a representative of their choice, to participate or act on their behalf at any time.

### 2.0 Scope

This policy applies to all participants, staff, volunteers, and stakeholders.

### 3.0 Definition

**Advocacy** is the active support for a cause or position, and, in this context, it is an expression of support for a person who may find it difficult to speak for him or herself. It may include matters such as achieving social justice, improving a person's wellbeing, prevention of abusive and discriminatory treatment or stopping unjust and unfair treatment, so it is possible that a person's fundamental needs and interests are met.

Below is a list of six types of advocacy:

1. **Individual advocacy** - A one-on-one approach, aiming to prevent or address instances of discrimination or abuse.
2. **Systemic advocacy** - Working to influence or secure long-term changes to ensure the collective rights and interests of people with disabilities.
3. **Family advocacy** - A parent or family member advocates with, and on behalf of, a family member with a disability.
4. **Citizen advocacy** - Matches people with disabilities to volunteers.
5. **Legal advocacy** - Upholds the rights and interests of individual people with disabilities by addressing the legal aspects of discrimination, abuse and neglect.
6. **Self-advocacy** - Supports people with disabilities to advocate for themselves, or as a group.

## 4.0 Policy

All participants have the right to use an advocate of their choice to represent their interests and speak on their behalf regarding any aspect of the supports or services they receive.

Our staff will work cooperatively with the participant's nominated advocate and will show the same respect to the advocate as is shown to the participant. When a participant cannot advocate for themselves, it is Optimum Health & Community' policy to ensure that the participant's interests are represented and supported using a substitute decision-maker.

### 4.1 Advocacy principles

- Optimum Health & Community will ensure that all staff members receive training in the use of advocates.
- Optimum Health & Community will maintain printed material on advocacy and advocacy services.
- Optimum Health & Community will maintain local advocacy resource/contact lists.
- Optimum Health & Community will work cooperatively with any nominated advocate chosen by the participant and show the same respect to the advocate, as is shown to the participant.
- Optimum Health & Community will utilise a governance system to enable Optimum Health & Community to identify where a participant needs advocacy.

## 5.0 Procedure

### 5.1 Initial assessment (participant without an advocate)

- Discuss the participant's right to appoint an advocate at any time and to have an advocate present to speak on their behalf.
- Provide the participant with advocacy information.
- Explain to the participant their rights regarding advocacy as per the Optimum Health & Community' Service Agreement and Charter of Rights and the NDIS Practice Standards and Quality Indicators 2020.
- Advise the participant that if they wish to utilise advocacy services Optimum Health & Community can assist them in contacting any of these services.

- Provide the Authority to Act as an Advocate Form to the participant if they decide to utilise the services of an advocate. The completed and signed form is stored in the participant's file.
- Provide the Third-Party Information Release Consent Form to the participant. The completed and signed form is stored in the participant's file.
- Discuss and document any specific communication issues or protocols to be used between the service and the advocate (such as email, phone, or any other method).
- Inform the participant that they can withdraw approval for an advocate to act on their behalf at any time.

## **5.2 Initial assessment (participant with advocate/representative)**

### ***Before initial assessment***

- Ensure during initial contact with the participant that they are informed of their right to an advocate and record the advocate's details if they have one.
- Advise the participant of the need to complete the Authority to Act as an Advocate Form and provide the appropriate form to the participant.
- Contact the nominated advocate to ensure that they are aware they are nominated and to confirm that they agree to be an advocate.
- Place the completed Authority to Act as an Advocate Form in the participant's file.
- Ensure the potential participant is aware of their advocacy rights, including the right to have an advocate present for all assessments, meetings and communication between themselves and Optimum Health & Community.
- Schedule the participant's initial assessment at a time and date that will allow the advocate to be present.
- Ensure that an identified advocate is present at the assessment.

### ***At initial assessment***

- Request the completion of the Authority to Act as an Advocate Form if it has not yet been provided. Explain to the participant that the form must be completed for Optimum Health & Community to formally recognise the nominated person as the participant's advocate.
- Gather information about the advocate, such as contact details and methodology.
- Explain that the participant has the right to change their advocate at any time. Changes should be documented in writing by the participant using the Authority to Act as an Advocate Form.

### 5.3 Working with advocates

- Identify the existence of an advocate in the participant's file.
- Discuss and document any specific communication issues or protocols to be used between the service and the advocate.
- Communicate with a participant's advocate and involve them in the process of goal setting, planning service responses, and referrals for additional or alternative services.
- Provide the advocate with ongoing information regarding the health and well-being of the participant, as agreed.
- Ensure that all on-call staff are aware of the participant's advocate.

### 5.4 Continuing work with advocates

- Provide participants with written and verbal information that reminds them of their right to have (or change) an advocate during reassessments, visits or meetings.
- Remind participants of their right to have (or change) an advocate during each annual review of services or via written communication.
- Communicate effectively and work cooperatively with advocates.
- Refer participants assessed as 'not able to manage their service' (and who have no advocate) to the NSW Department of Justice, Public Guardian, as appropriate.

**Note:** A web-link accessing disability advocacy services is available. As a postcode, town or suburb is required to be entered to access services, Optimum Health & Community will guide and assist participants. To access Advocacy providers go to [WA Directory of Service Providers](#) or [disabilityadvocacyfinder](#)

## 6.0 Related documents

- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan
- Authority to Act as an Advocate Form
- Third-Party Information Release Consent Form

## 7.0 References

- Disability Services Act 1993 (WA)
- Equal Opportunity Act 1984 (WA) (as amended)
- Disability Discrimination Act 1992 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth)
- National Disability Strategy 2010 - 2020
- NDIS Practice Standards and Quality Indicators 2020

## 8.0 Advocacy information

Organisations	Websites
Australian Centre for Disability Law	<a href="http://disabilitylaw.org.au">disabilitylaw.org.au</a>
Autism Asperger's Advocacy Australia (A4)	<a href="http://a4.org.au">a4.org.au</a>
The Autistic Self Advocacy Network of Australia and New Zealand	<a href="http://asan-au.org">asan-au.org</a>
Blind Citizens Australia	<a href="http://bca.org.au">bca.org.au</a>
Brain Injury Australia	<a href="http://braininjuryaustralia.org.au">braininjuryaustralia.org.au</a>
Children and Young People with Disability Australia	<a href="http://cyda.org.au">cyda.org.au</a>
Deaf Australia	<a href="http://deafaustralia.org.au">deafaustralia.org.au</a>
Deafness Forum of Australia	<a href="http://deafnessforum.org.au">deafnessforum.org.au</a>
Disability Advocacy Network Australia (DANA)	<a href="http://da.org.au">da.org.au</a>



First Peoples Disability Network (FPDN)	<a href="http://fpdn.org.au">fpdn.org.au</a>
Human Rights Council of Australia	<a href="http://hrca.org.au">hrca.org.au</a>
Inclusion Australia (National Council on Intellectual Disability - NCID)	<a href="http://inclusionaustralia.org.au">inclusionaustralia.org.au</a>
Intellectual Disability Rights Service (IDRS)	<a href="http://idrs.org.au">idrs.org.au</a>
Mental Health Australia	<a href="http://mhaustralia.org">mhaustralia.org</a>
National Disability Services	<a href="http://nds.org.au">nds.org.au</a>
National Ethnic Disability Alliance (NEDA)	<a href="http://neda.org.au">neda.org.au</a>
People With Disability Australia	<a href="http://pwd.org.au">pwd.org.au</a>
Physical Disability Australia (PDA)	<a href="http://pda.org.au">pda.org.au</a>
Short Statured People of Australia	<a href="http://sspa.org.au">sspa.org.au</a>
Women with Disabilities Australia (WWDA)	<a href="http://wwda.org.au">wwda.org.au</a>

### 8.1 Western Australia advocacy providers

Advocacy provider	Website
Ethnic Disability Advocacy Centre	<a href="http://www.edac.org.au">www.edac.org.au</a>
People with Disabilities Western Australia (PWDWA)	<a href="http://www.pwdwa.org">www.pwdwa.org</a>
For more providers go to the WA Government Directory of Service Providers	<a href="#">Directory of Service Providers</a>

## **1.2 Individual Values and Beliefs**

### **1.2.1 Individual Values and Beliefs Policy and Procedure**

#### **1.0 Purpose**

People with disabilities have the same right as other members of Australian society to realise their full potential. They should be supported to participate in and contribute to social and economic life.

We support inclusion of, and access for people with disabilities to mainstream and community-based activities and other government initiatives (National Disability Strategy 2010-2020).

To inform the community of Optimum Health & Community' service provision capacity, including the priority of access process and eligibility criteria requirements, we will encourage and manage requests for service from potential participants and referrals to and from other agencies.

Optimum Health & Community commits to cultural diversity and to support our participants by respecting their culture, values and beliefs. We will recognise and value the multicultural nature of Australian society and provide specific acknowledgement and support to the customs of Australian Indigenous people.

#### **2.0 Scope**

The Individual Values and Beliefs Policy focuses on the inclusiveness of all community groups and freedom from discrimination that belongs to all people, irrespective of their sexual orientation, gender identity, disability, race, sex, cultural and linguistic diversity, age and stage of development.

The policy applies to all Optimum Health & Community staff and management engaged in working with participants.

### **3.0 Policy**

Optimum Health & Community will deliver flexible services that are designed to meet the needs of diverse peoples. We will actively provide a work environment that supports, values and encourages cultural diversity by training our staff to develop their cultural understandings.

Optimum Health & Community will identify any real or potential barriers for the participant to access our services. Our strategies to ensure equity for all peoples may include:

- treating all people equally according to their human rights
- encouraging inclusion of all people regardless of their background, ethnicity, culture, language, beliefs, gender, age, sexual orientation, socioeconomic status, level of ability, additional needs, family structure or lifestyle
- promoting inclusive practices and ensuring the successful involvement of participants in the community to enable them to reach their goals and aspirations.

Optimum Health & Community will collaborate with the participant to identify their culture, diversity, values and beliefs. Optimum Health & Community acknowledges the participant's right to practice their cultures, values and beliefs. Optimum Health & Community will work with the participant to ascertain how and when they wish to participate in any religious or cultural practices. The team must respond sensitively to the participant's requirements and work with the participant to access their required supports.

Optimum Health & Community recognises, respects, promotes and celebrates the value of cultural diversity. Our team will adopt and implement inclusive and culturally diverse policies and strategies.

Optimum Health & Community is committed to social inclusion and community participation, in both the delivery and expansion of services, for disadvantaged participants. Our team will work in partnership with the community, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse groups, people with different sexual orientations and those with disabilities.

To improve and support the varying needs of people with disabilities, their families and advocates, we will access links between other service systems. We will:

- consult with our participants to facilitate the provision of fair, equitable and transparent services
- work with services in the community to ensure our participants are provided with relevant contacts to other services and community networks to enable the development of their personal goals, outcomes and aspirations, in line with their support plan
- actively encourage and support our participants to maintain personal networks, community connections and participate in their community
- use networks and community engagement feedback to inform management processes.

Optimum Health & Community will gather information about participants' cultural beliefs, values and diversity. Participants' decisions and choices regarding their beliefs and cultural practices are supported and recorded in their support plan.

Optimum Health & Community' commitment is to make sure people with disabilities are connected into their communities by:

- providing information on mainstream services and community activities which will benefit people with disabilities, as well as their families and advocates
- contributing to relevant links and networks within the community
- encouraging participation and inclusion of people with disabilities by working in partnership with community organisations.

Optimum Health & Community is committed to identifying and liaising with other stakeholders. Stakeholder identification and contact are dependent on the participant and may include local community support organisations, job networks, training organisations and housing agencies.

Optimum Health & Community will uphold and promote the legal and human rights of all people and abide by the United Nations Convention on the Rights of People with Disabilities.

Optimum Health & Community will treat all people with courtesy, dignity and will recognise their human rights to self-determination and privacy.

## 4.0 Procedure

Optimum Health & Community will ensure that all participants are treated fairly and in a non-discriminatory manner. This intent incorporates both intake and service delivery processes. Information provided will be in an Easy Read format, but we will arrange relevant support in the form of home language, or an interpreter, as required. If a participant has a barrier of not being able to read or understand information, then a support person will be provided to assist the participant in understanding what is said to them.

Optimum Health & Community will support the participant to access supports linked to their culture, diversity, values and beliefs. The type of support and responses will be determined through consultation with the participant and will follow the choices made by the participant. To assist the participant in making choices about their level of participation in their relevant supports, our team may:

- pursue contacts that have been chosen by the participant
- contact local communities, e.g., cultural, religious, sexual orientation groups or spiritual groups including Aboriginal and Torres Strait Islander communities
- contact government agencies to seek support for individual participants
- source community members and groups to provide input into the service
- contact advocates to assist with the development of community support plans for the participants
- support the rights of the participant to seek contact with those in the community relevant to their wishes, goals and aspirations. The participant will be encouraged to join with related community links, as required
- follow the participant's aspirations and needs to participate in the community actively.

Optimum Health & Community will make relevant contacts for the participant to assist in initial involvement with their selected group or individual.

Optimum Health & Community will work with Aboriginal and Torres Strait Islander people and culturally diverse groups to actively engage with their communities. Support provided from their community is incorporated within the support plan of the participant. This support will be assessed, monitored and reviewed to ensure that goals and aspirations of participants are met using the relevant community supports.

Optimum Health & Community will provide services that meet the aspirations and goals of the participant for inclusion in the community.

Our organisation will work with the community to actively encourage the participant to participate in various activities, including employment, education, sporting activities, cultural events and any relevant activities. We are committed to building relationships with and between key stakeholders, including governments, organisations and communities, to obtain the best result for their participants.

Optimum Health & Community will ensure that their services are tailored to meet their participant's needs flexibly; acknowledging that each person's needs are different.

Optimum Health & Community will place a high priority on providing early intervention and prevention in each participant's case. By understanding the root causes of any issues and intervening early, problems can be effectively managed. Optimum Health & Community will undertake cultural competency training for staff to increase knowledge and build strategies on how to work inclusively.

Optimum Health & Community promotes inclusion by:

- working closely with a network of health and allied health professionals to be able to support the holistic needs of our participants
- building effective partnerships with the participants and their families, advocates, and support people to discuss and foster shared priorities and understand the participant's individual needs and goals
- focusing efforts on building social inclusion and participation opportunities within the range of services provided
- providing information on community events and other relevant networks that meet participants' needs and identified goals
- working within a participant's networks and supports, e.g., childcare, kindergarten, school or home environments to allow Optimum Health & Community to assist the participant foster relationships and increase participation in familiar surroundings
- instigating a Person-Centred Supports Linkage Policy and Procedure outlining how Optimum Health & Community will work with other communities for the betterment of their participants
- operating in a manner that ensures all people can access our services.

## 5.0 Related documents

- Person-Centred Supports Linkage Policy and Procedure
- Participant Information Consent Form
- Support Plan
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan

## 6.0 References

- Disability Discrimination Act 1992 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- National Disability Strategy 2010 - 2020
- NDIS Practice Standards and Quality Indicators 2020
- United Nations Convention on the Rights of People with Disabilities

## **1.3 Privacy and Dignity**

### **1.3.1 Privacy and Dignity Policy and Procedure**

#### **1.0 Purpose**

Optimum Health & Community provides our participants with access to services and supports that respect and protect their dignity and right to privacy.

#### **2.0 Scope**

This policy applies to all participants and staff of Optimum Health & Community and other service agency representatives.

#### **3.0 Policy**

Optimum Health & Community is committed to protecting and upholding all stakeholders' rights to privacy and dignity, including participants, staff, management, and representatives of other service agencies.

Optimum Health & Community is committed to protecting and upholding the participants' rights to privacy and dignity as we collect, store and handle information about them, their needs and the services provided to them.

Optimum Health & Community requires staff and management to be considered and consistent when writing documents regarding a participant and when deciding who has access to this information.

Optimum Health & Community is subject to NDIS Quality and Safeguards Commission rules and regulations. Optimum Health & Community will follow the guidelines of the Australian Privacy Principles in its information management practices.

Optimum Health & Community will ensure that each participant understands, and agrees to, the type of personal information collected and the reasons for collection. If the material is to be recorded in an audio or visual format, the participant must agree to their involvement, in



writing, before any material can be collected. The participant must also be informed at the time material is being recorded in an audio or visual format.

Optimum Health & Community will advise each participant of our Privacy Policy using the language, mode of communication and terms that the participant is most likely to understand (Easy Read documents are made available to all participants).

Optimum Health & Community will ensure that:

- it meets its legal and ethical obligations as an employer and service provider, concerning protecting the privacy of participants and organisational personnel
- participants are provided with information about their rights regarding privacy and confidentiality
- participants and organisational personnel are provided with privacy and confidentiality is assured when they are being interviewed or discussing matters of a personal or sensitive nature
- all staff, management and volunteers understand the requirements to meet their obligations
- participants are informed of Optimum Health & Community' confidentiality policies using the language, mode of communications and terms they are most likely to understand
- Optimum Health & Community will attempt to locate interpreters and will use easy access materials.

This policy conforms to the *Federal Privacy Act (1988)* and the *Australian Privacy Principles*, which govern the collection, use and storage of personal information.

This policy will apply to all records, whether hard copy or electronic, containing personal information about individuals and to interviews or discussions of a sensitive personal nature.

## **4.0 Procedure**

### **4.1 Dealing with personal information**

In dealing with personal information, Optimum Health & Community staff will:

- ensure privacy for the participants, staff, or management when they are being interviewed or discussing matters of a personal or sensitive nature

- collect and store personal information that is only necessary for the functioning of the organisation and its activities
- use fair and lawful ways to collect personal information
- collect personal information only with consent from the individual
- ensure that people know of the type of personal information collected, the purpose of keeping the information, the method used when information is collected, used or disclosed, who will have access to information
- ensure that personal information collected or disclosed is accurate, complete, and up-to-date and provide access to the individual to review information or correct wrong information about themselves
- take reasonable steps to protect all personal information from misuse, loss and unauthorised access, modification, or disclosure
- destroy or permanently de-identify personal information no longer needed or after legal requirements for retaining documents that have expired
- ensure that participants understand and agree with the type of personal information being collected and the reason/s for collection
- ensure participants are advised of any recordings in either audio or visual format, and the participant's involvement in any recording format has been agreed to, in writing, before collection of material takes place.

#### **4.2 Participant records**

Participant records will be kept confidential and only handled by staff directly engaged in the delivery of service to the participant. Information about a participant may only be made available to other parties with the consent of the participant, or their advocate, guardian or legal representative. A written agreement providing permission to keep a recording must be stored in the participant's file.

All hard copy files of participant records will be kept securely in a locked filing cabinet, in the office of the Manager.

#### **4.3 Responsibilities for managing privacy**

All staff members are responsible for the management of personal information to which they have access. The Manager is responsible for the content appearing in Optimum Health & Community publications, communications, and on our website, and must ensure:

- appropriate consent is sought and obtained for the inclusion of any personal information about any individual, including Optimum Health & Community personnel (see Consent Policy and Procedure).
- information provided by other agencies or external individuals conforms to our privacy principles.
- our website contains a Privacy Statement that clearly outlines the conditions regarding any collection of personal information from the public captured via their visit to the website.

The Manager is responsible for safeguarding personal information relating to Optimum Health & Community' staff, management, and contractors. The Manager will be responsible for:

- ensuring that all staff members are familiar with the Privacy Policy and administrative procedures for handling personal information
- providing participants and other relevant individuals with information about their rights regarding privacy and dignity
- handling any queries or complaints about a privacy issue.

#### **4.4 Privacy information for participants**

During the first interview, participants are notified of the information being collected about them, how their privacy will be protected, and their rights concerning this data. Information sharing is part of our legislative requirements. Participants must provide consent to any information sharing between our organisation and government bodies. The participant is informed they can opt-out of any NDIS information sharing during audits.

#### **4.5 Privacy for interviews and personal discussions**

To ensure privacy for participants or staff when discussing sensitive or personal matters, Optimum Health & Community will only collect personal information which is necessary for the provision of supports and services and which:

- is given voluntarily
- will be stored securely on the Optimum Health & Community database.

When in possession, or control, of a record containing personal information, Optimum Health & Community will ensure that the record shall be protected against loss, unauthorised access, modification, or disclosure, by such steps as is reasonable in the circumstances. If a

record must be provided to a person in connection with the provision of a service to Optimum Health & Community, everything reasonable will be done to prevent unauthorised use or disclosure of that record.

Optimum Health & Community will not disclose any personal information to a Third-Party without an individual's consent, unless that disclosure is required or authorised by, or under, law.

## **5.0 Related documents**

- Code of Conduct Agreement
- Consent Policy and Procedure
- Easy Read Privacy Document
- Privacy and Confidentiality Agreement

## **6.0 References**

- NDIS Practice Standards and Quality Indicators 2020
- Privacy Act 1988 (Commonwealth)
- Australian Privacy Principles (Commonwealth)

## 1.3.2 Management of Data Breach Policy and Procedure

### 1.0 Purpose

To meet legislative compliance requirements as a mandatory reporter of eligible data breaches to both the Office of the Australian Information Commissioner (OAIC) and any individuals who may be potentially affected by a data breach, to inform relevant authorities of any breach, and to limit and reduce risks to the business and ensure continuous improvement in maintenance of data held by our organisation.

### 2.0 Scope

All staff members are required to maintain the confidentiality of all data relating to participants and other staff members. This policy relates to all personal data regarding both participants and team members.

### 3.0 Definitions

Term	Definition
<b>Data breach (Eligible data breach)</b>	Unauthorised access to or unauthorised disclosure of personal information or personal information is lost in circumstances where unauthorised access to, or unauthorised disclosure of the information is likely to occur.
<b>Likely (likely to result in serious harm)</b>	To be interpreted to mean more probable than not
<b>Reasonable person</b>	A person in Optimum Health & Community who is properly informed, based on information immediately available or following reasonable enquiries, or an assessment of the data breach.

	<p>OAIC's guidance states that the reasonable person is not to be taken from the perspective of an individual whose personal information was part of the data breach or any other person, and, generally, entities are not expected to make external enquiries about the circumstances of each individual whose information is involved in the breach.</p>
<p><b>Likely to result in serious harm</b></p>	<p>An assessment as to whether an individual is likely to suffer 'serious harm' because of an eligible data breach depends on, among many other relevant matters:</p> <ul style="list-style-type: none"> <li>● the kind and sensitivity of the information subject to the breach</li> <li>● whether the information is protected and the likelihood of overcoming that protection</li> <li>● if a security technology or methodology is used in relation to the information to make it unintelligible or meaningless to persons not authorised to obtain it - the information or knowledge required to circumvent the security technology or methodology</li> <li>● the persons, or the kinds of persons, who have obtained, or could obtain, the information</li> <li>● the nature of the harm that may result from the data breach.</li> </ul>
<p><b>Potential forms of serious harm</b></p>	<p>Could include physical, psychological, emotional, economic and financial harm, as well as harm to reputation.</p>
<p><b>Remedial action</b></p>	<p>There are several exceptions to the notification obligation, including importantly where an entity can take effective remedial action to prevent unauthorised access to, or disclosure of, information when it is lost or to prevent any serious harm resulting from the data breach. Where an entity takes such remedial action, an eligible data breach will not be taken to have occurred. Therefore an entity will not be required to notify affected individuals or the OAIC.</p>

<b>Suspicion of an eligible data breach</b>	<p>If Optimum Health &amp; Community merely suspects that an eligible data breach has occurred, but there are no reasonable grounds to conclude that the relevant circumstances amount to an eligible data breach, the entity must undertake a “reasonable and expeditious assessment” of whether there are reasonable grounds to believe that an eligible data breach has occurred.</p>
<b>Assessment time frame</b>	<p>Within 30 days after the day, it became aware of the grounds that caused it to suspect an eligible data breach.</p>
<b>Personal Information</b>	<p>Personal information includes a broad range of information, or an opinion, that could identify an individual. What is personal information will vary, depending on whether a person can be identified or is identifiable in the circumstances.</p> <p>For example, personal information may include:</p> <ul style="list-style-type: none"> <li>● an individual’s name, signature, address, phone number or date of birth</li> <li>● sensitive information</li> <li>● credit information</li> <li>● staff member record information</li> <li>● photographs</li> <li>● internet protocol (IP) addresses</li> <li>● voiceprint and facial recognition biometrics (because they collect characteristics that make an individual’s voice or face unique)</li> <li>● location information from a mobile device (because it can reveal user activity patterns and habits).</li> </ul>

## 4.0 Policy

Optimum Health & Community views data breaches as having serious consequences, so the organisation must have robust systems and procedures in place to identify and respond effectively.

Optimum Health & Community will delegate relevant staff members with the knowledge and skills required to become a Data Breach Response Team member.

Staff are required to inform the Manager or their delegate of the potential, or suspected, data breach immediately. Within forty-eight (48) hours, the Manager is to complete a Data Breach Process Form and ensure that, as a regulated entity, they notify the individuals and the Commissioner about eligible data breaches as soon as practicable (no later than thirty (30) days after becoming aware of the breach or suspected breach).

If a staff member becomes aware that there are reasonable grounds to believe that there has been an eligible data breach, Optimum Health & Community is required to promptly notify any individuals at risk of being affected by the data breach and the OAIC.

Optimum Health & Community will undertake the following when an eligible data breach has occurred:

1. Prepare a statement that, at a minimum, contains:
  - a. Optimum Health & Community contact details:
    - i) If relevant, the identity and contact details of any entity that jointly or simultaneously holds the same information, in respect of which the eligible data breach has occurred, e.g., due to outsourcing, joint venture or shared services arrangements. If information of this sort is included in the statement, the other entity will not need to report the eligible data breach separately.
  - b. A description of the data breach.
  - c. The kinds of information concerned.
  - d. The steps it recommends individuals take to mitigate the harm that may arise from the breach (while the entity is expected to make reasonable efforts to identify and include recommendations, it is not expected to identify every recommendation possible following a breach).
2. Provide a copy of the prepared statement to the OAIC using online [Notifiable Data Breach Form](#).
3. Undertake such steps, as are reasonable in the circumstances, to notify affected or at-risk individuals of the contents of the statement. Individuals will be notified by email, telephone or post, depending on the situation; if direct notification is not practicable Optimum Health & Community will publish the statement on its website and take reasonable steps to publicise its contents.



## 5.0 Procedure

### Stage 1. Assess and determine the potential impact

- Once notified of the potential data breach, the Manager must consider whether a privacy data breach has (or is likely to have) occurred and then make a preliminary judgement as to its possible severity.
- Advice on how to manage the data breach should be sought from appropriate managerial staff.
- Criteria for determining whether a privacy data breach has occurred:
  - Is personal information involved?
  - Is the personal information of a sensitive nature?
  - Has there been unauthorised access to personal information, or unauthorised disclosure of personal information or loss of personal information, in circumstances where access to the information is likely to occur?
- Criteria for determining the severity of the breach:
  - Type and extent of personal information involved.
  - The number of individuals that have been affected.
  - If information is protected by any security measures (password protection or encryption).
  - Type of person/s who now have access.
  - Whether there is (or could be) a real risk of serious harm to the affected individuals.
  - If there could be media or stakeholder attention due to the breach/suspected breach.
- Concerning the above, serious harm could include physical, physiological, emotional, economic/financial or harm to reputation and is defined in *Section 26WG* of the *National Data Breach Act*.

The Manager and relevant staff will take a preliminary view as to whether the breach (or suspected breach) may constitute a Notifiable Data Breach. Accordingly, the Manager will issue pre-emptive instructions as to whether the data breach should be managed at the local level or escalated to the Data Breach Response Team (Response Team); this will depend on the nature and severity of the breach.

## 5.2 Stage 2. Select appropriate data breach management option

### ***Option 1 - Data breach managed at a local level by managerial staff***

1. The Manager will ensure implementation of immediate corrective action if this has not already occurred. Corrective action may include retrieval or recovery of the personal information, ceasing unauthorised access, shutting down or isolating the affected system.
2. A Data Breach Process Report is to be completed within 48 hours of receiving instructions. The report will contain a:
  - description of the breach or suspected breach
  - summary of action taken
  - summary of outcomes from the action taken
  - outline of processes implemented to prevent a repeat situation
  - recommendation outlining why no further action is necessary.
3. The Manager will sign-off, confirming that no further action is required.

### ***Option 2 - Data breach managed by the Data Breach Response Team***

1. When the Manager instructs that the data breach be escalated to the Response Team, the Manager will convene the Response Team and notify any relevant managerial staff.
2. The Response Team will consist of:
  - Manager
  - Human Resource nominee
  - Information Technology nominee
  - Marketing and external relations nominee
  - Other people nominated by the Manager.

#### ***5.2.1 Primary role of the Data Breach Response Team***

There is no single method of responding to a data breach. Each incident must be dealt with, on a case by case basis, by assessing the circumstances and associated risks to inform the appropriate course of action. The following steps may be undertaken by the Response Team, as appropriate:

1. Immediately contain the breach if this has not already occurred. Corrective action may include retrieval or recovery of the personal information, ceasing unauthorised access, shutting down or isolating the affected system.
2. Evaluate the risks associated with the breach, including collecting and documenting all available evidence of the breach, having regard for the information outlined above.
3. Call upon the expertise of, or consult with, relevant staff members in specific circumstances.
4. Engage independent cybersecurity or a forensic expert, as appropriate.
5. Assess whether serious harm is likely (with reference above and to Section 26WG of the National Data Breach Act).
6. Make a recommendation to the Manager whether this breach constitutes an NDB for mandatory reporting to the OAIC and the practicality of notifying affected individuals.
7. Consider developing a communication or media strategy including the timing, content and method of any announcements to participants, staff members or the media.
8. The Response Team must undertake its assessment within 48 hours of being convened.

### ***5.2.2 Secondary role of the Data Breach Response Team***

Once the data breach has been dealt with appropriately, the Response Team should turn its attention to the following steps:

1. Identify lessons learnt and remedial action that can be taken to reduce the likelihood of a recurrence; this may involve a review of policies, processes, and refresher training.
2. Prepare a report for submission to senior management.
3. Consider conducting an audit to ensure that the necessary outcomes are affected and effective.

### **5.3 Stage 3. Notify the Office of the Australian Information Commissioner**

- Taking into consideration the Response Team's recommendation, the Manager will determine whether there are reasonable grounds to suspect that a Notifiable Data Breach has occurred.
- If there are reasonable grounds, the Manager must prepare a prescribed statement and provide a copy to the OAIC as soon as practicable (and no later than 30 days after becoming aware of the breach or suspected breach).

## 6.0 Related documents

- Staff Training Record
- Staff Training Plan
- Data Breach Process Form

## 7.0 References

- NDIS Practice Standards and Quality Indicators 2020
- Privacy Act 1988 (Commonwealth)
- Privacy Amendment (Notifiable Data Breaches) Act 2017 (Commonwealth)

# 1.4 Independence and Informed Choice

## 1.4.1 Independence and Informed Choice

### Decision-Making Policy and Procedure

#### 1.0 Purpose

Optimum Health & Community policy is underpinned by international, national and state obligations, in relation to the human rights of people with disabilities; Article 12 of the *United Nations Convention on the Rights of Persons with Disabilities* is the critical driver behind supported decision-making.

We wish to support all participants to make informed choices, exercise control and maximise their independence relating to the supports provided.

Quality decision-making will underpin the long-term effectiveness of participant supports and agreements. It facilitates the achievement of strategic goals, maximises participant involvement, enhances participant outcomes and encourages wellbeing and productivity of our staff.

#### 2.0 Scope

This policy applies to all Optimum Health & Community staff and participants accessing our services.

#### 3.0 Policy

This policy assumes that each participant has decision-making capacity, unless proven otherwise, and acknowledges that each participant's capacity varies for each decision and situation. All participants have the dignity of risk to make their own decisions.

In instances where a participant's decision-making capacity is in doubt, this policy provides direction regarding the determination of capacity and consent, supporting and facilitating decision-making, and deciding on behalf of the participant, where required.

This policy will eliminate the risk of decisions being made about a participant's life without their involvement or against their actual or anticipated wishes. Decisions are only to be made with the consent of the participant.

Optimum Health & Community puts choice and control squarely in the hands of people with disabilities, their families and carers.

Optimum Health & Community will provide information in an Easy Read format for participants who require this communication style.

## 4.0 Definitions

Term	Definition
<b>Decision-making</b>	Process of identifying and choosing alternatives based on the values, preferences, and beliefs of the decision-maker.
<b>Informed choice</b>	A person chooses services based on knowledge of diagnostic tests or treatments, knowing the details, benefits, risks and expected outcomes of their choice.
<b>Dignity of Risk</b>	The right to take risks when engaging in life experiences and the right to fail in taking these.
<b>Advocate</b>	A person who puts a case on someone else's behalf.
<b>Autonomy</b>	The capacity to decide for oneself and pursue a course of action in one's life, often regardless of any moral content.

## 5.0 Procedure

### 5.1 Advocate

Optimum Health & Community will inform all participants from their first contact with Optimum Health & Community that they have the right to access an advocate (including an independent advocate) of their choosing. They will be advised that it is their right to have the advocate present at any time that they are in contact with Optimum Health & Community.

### 5.2 Decision-making and choice

During the development of the service agreement and all ongoing interactions with each participant, Optimum Health & Community staff must:

- inform the participants, and their advocate, of their options regarding their supports
- advise the participants, and their advocate, of any risks to themselves or others regarding their options
- consult and collaborate with the participant, and their advocate, by providing current and relevant information to allow the participant to make decisions
- allow the participant enough time to absorb and understand all relevant information before and during the decision-making process
- provide information in an Easy Read format
- assess the participant's service requirements, against their NDIS plan, to plan and provide proper support and design appropriate strategies with the participant, family, and advocate
- undertake review meetings where the participant, family and advocates have input
- plan with the participant, family, and advocates when the participant decides to exit from Optimum Health & Community.

Optimum Health & Community recognises that participants have the right to dignity of risk in their decision-making. Participants will be advised of the:

- various relevant options that may support their needs, before any decisions being made
- benefits of each relevant option
- risk, if any, linked to each relevant option.

Participants will be provided time to absorb information and make the appropriate decisions based on the risks involved. If the participant wishes to undertake an activity that has been deemed by Optimum Health & Community as a risk to the health and safety of the participant, then our team will:

- inform the participant that if they wish to continue, it is their choice
- develop a risk management plan to identify and reduce the possible risks
- keep notes in the participant's file recording the participant was informed that the activity had identified risks and could be dangerous.

### **5.3 Autonomy**

All participants have the right to autonomy, and all staff will respect this. Participants can make decisions for themselves and pursue the actions that they determine. Participants have the right to make choices based on who they are and what they want to do. Front-line workers must allow the participant their right to intimacy and sexual expression (in the context of lawful behaviour).

### **5.4 Time**

Optimum Health & Community recognises that the participant may require time to make some decisions so they can review the various options available to them. Participants may also need to seek advice from their networks and relevant stakeholders. Staff must not rush participants at any stage during the support provision and decision-making process.

### **5.5 Documentation**

Optimum Health & Community requires staff to record all information and options provided to each participant.

Decisions will be recorded in the participant's file.

## **6.0 Related documents**

- Access to Supports Policy and Procedure
- Easy Read Rights Document
- Participant Notes
- Responsive Support Provision and Support Management Policy and Procedure
- Risk Management Plan
- Service Agreement
- Support Plan
- Support Planning and Service Agreement Collaboration Policy and Procedure
- Transition or Exit Policy and Procedure
- Participant Information Consent Form



## 7.0 References

- NDIS Practice Standards and Quality Indicators 2020
- United Nations Convention on the Rights of Persons with Disabilities

# **1.5 Violence, Abuse, Neglect, Exploitation and Discrimination**

## **1.5.1 Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure**

### **1.0 Purpose**

Optimum Health & Community recognises the right of all participants to feel safe and to live in an environment that provides protection from assault, neglect, exploitation, discrimination, or any other form of abuse. People with disabilities, children and young people are some of the most vulnerable groups in our society. Optimum Health & Community must identify, consult, and respond to instances where persons with disabilities, children or young persons are at risk of significant harm.

Common reasons for people with disabilities, children, and young people to be at risk of significant harm include:

- domestic and family violence
- physical, sexual, and emotional abuse
- neglect.

The purpose of this policy is to prevent and mitigate the effects of violence, abuse and neglect on participants through training and implementing processes to inform staff and protect participants who are at risk of significant harm.

### **2.0 Scope**

Optimum Health & Community will encourage and support any person who has witnessed the abuse of a service user or, who suspects that abuse has occurred, to make a report and be confident of doing so without fear of retribution.

### 3.0 Definitions

Term	Definition
<b>Abuse and neglect</b>	Any behaviour that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e., neglect) and commission (i.e., abuse).
<b>Discrimination</b>	Treating, or proposing to treat someone unfavourably because of a personal characteristic protected by the law. Discrimination includes bullying someone because of a protected characteristic.
<b>Exploitation</b>	The action or fact of mistreating someone to benefit from their work or the action of making use of and benefiting from resources.
<b>Violence</b>	Violent behaviour by a person towards another can include abusive behaviour that is physical, sexual, intimidating and forceful.

### 3.1 Types of abuse

Term	Signs and symptoms	Causes
<b>Physical abuse</b>	Bruising, lacerations, welts, rashes, broken or healing bones, burns, weight loss, facial swelling, missing teeth, pain or restricted movements, crying, acting fearful, agitation, drowsiness, hair loss or poor physical well-being	Hitting, slapping, pushing, punching, or burning, which entails an incident that is non-accidental, resulting in pain or injury.
<b>Psychological/ emotional abuse</b>	Loss of interest in self-care, helplessness, withdrawal, apathy, insomnia, fearfulness, reluctant to communicate openly, chooses not to maintain eye contact, paranoia and confusion.	Intimidation, humiliation, harassment, threatening, sleep deprivation, withholding affection, or not allowing the person to maintain their decision-

		making powers, which leads to a pattern repeated over time.
<b>Sexual abuse</b>	Unexplained sexually transmitted disease, vaginal/anal bleeding, fearful of certain people or places, bruising to genital areas inner thigh or around breasts, anxiety, torn or bloody underclothes, difficulty in walking or sitting, change in sleep pattern and repeating nightmares.	Rape (penetration or oral-genital contact), interest in older person's bodies, inappropriate comments, and sexual references, inappropriate (possibly painful) administration of enemas or genital cleansing, indecent assault, sexual harassment which is mainly about violence and power over another person, rather than sexual pleasure.
<b>Neglect</b>	Poor hygiene or personal care, unkempt appearance, lack of personal items, absence of health aids, weight loss, agitation, inappropriate clothing, or lack of food.	The intentional failure to provide basic life necessities.
<b>Domestic and family abuse</b>	Any type of controlling, bullying, threatening or violent behaviour between people in a relationship including emotional, physical, sexual, financial or psychological abuse.	Many experts believe psychopathology. Witnessing abuse as the norm, or being abused, destroys the child's ability to trust others and undermines his or her ability to control emotion.

## 4.0 Policy

This policy aims to:

- take a preventative, proactive and participatory approach to participant safety
- value and empower the participant to contribute to decisions which affect their lives
- foster a culture of openness that supports all persons to disclose the risks of harm to participant safety

- respect diversity in cultures and child-rearing practices, while keeping the participant's safety paramount
- provide training to staff on appropriate conduct and behaviour towards participants
- engage only the most suitable people to work with participants and ensure superior quality staff, volunteer supervision and professional development
- ensure participants know who to talk to if they are worried or feeling unsafe and that they are comfortable and encouraged to raise any issues
- report suspected abuse, neglect, or mistreatment promptly to the appropriate authorities
- share information appropriately and lawfully with other organisations where the safety and wellbeing of the participant is at risk
- value the input of families and advocates and communicate regularly with them.

In the case that situation meets the criteria of a reportable incident, then the Reportable Incident, Accident and Emergency Policy and Procedure will apply.

#### **4.1 Statement of commitment to safety**

Optimum Health & Community is committed to the safety and wellbeing of all participants. This commitment is the primary focus of our support and decision making. Optimum Health & Community is committed to providing a safe environment where participants are safe, and their voices are heard and included in decisions that affect their lives. Attention is paid to the cultural safety of participants from culturally or linguistically diverse backgrounds.

All Optimum Health & Community staff members have a responsibility to understand the critical and specific role they play, both individually and collectively, to ensure the wellbeing and safety of all participants and young people are at the forefront of all they do and every decision they make.

#### **4.2 Safe Code of Conduct**

Optimum Health & Community is committed to the safety and wellbeing of participants. Our business recognises the importance of, and responsibility for, ensuring our environment is a safe, supportive and enriching environment that respects and fosters the dignity and self-esteem of all people, enabling them to thrive.

The Safe Code of Conduct aims to protect both our employees and participants and to reduce opportunities for abuse or harm to occur. It also assists in understanding how to avoid, or better manage, risky behaviours and situations. It is intended to complement child protection legislation, disability legislation, policies and procedures and professional standards, codes or ethics as these apply to all staff.

Optimum Health & Community management supports the implementation and monitoring of the Code of Conduct. We will plan, implement and monitor arrangements to provide inclusive and safe environments.

All staff, volunteers, and any other community members involved in participant-related work are required to comply with the Code of Conduct by observing expectations for appropriate and acceptable behaviour (see '4.3 Acceptable behaviours' below). The Code of Conduct applies in all situations, including planned activities and the use of digital technology and social media.

#### **4.3 Acceptable behaviours**

Staff workers or any other persons involved with participant-related work are responsible for supporting and promoting the safety of participants by:

- upholding Optimum Health & Community' Statement of Commitment for the participant's safety
- treating the participant, their family, and advocates with respect within the environment and during outside activities as part of normal social and community activities
- listening and responding to the views and concerns of the participant, particularly if they are reporting that they or another person have been abused; or that they are worried about their safety or the safety of another participant
- promoting cultural safety, participation, and empowerment of Aboriginal and Torres Strait Islander people through interactions with their community leaders and members
- promoting the cultural safety, participation, and empowerment of people with culturally or linguistically diverse backgrounds through engagement with the community accessing the service
- promoting the safety, participation, and empowerment of people with disabilities
- reporting any allegations of abuse or personal safety concerns to management

- understanding and complying with all reporting or disclosure obligations (including mandatory state reporting), as they relate to protecting the participant from harm or abuse
- maintaining the right to live in a safe environment by promoting and informing the participants of their rights
- ensuring participants are safe and protected from harm, as quickly as possible, once abuse is suspected
- identifying themselves to a participant upon entering premises and show any required identification.

#### **4.4 Unacceptable behaviours**

As front-line workers, volunteers and community members involved in participant-related work, our staff will not:

- ignore or disregard any concerns, suspicions, or disclosures of abuse
- develop a relationship with any participant that could be viewed as favouritism or grooming behaviour, e.g., offering gifts
- exhibit behaviours, or engage in activities, with participants that can be interpreted as abusive and unjustifiable in an educational, therapeutic, or service delivery context
- ignore behaviours by other adults towards young participants when they are overly familiar or inappropriate
- discuss the content of an intimate nature or use sexual innuendo with participants, except where it occurs relevantly in the context of parental/advocate guidance or a therapeutic setting
- treat a participant unfavourably because of their disability, age, gender, race, culture, vulnerability, sexuality, or ethnicity
- communicate directly with an underage participant, through personal or private contact channels, e.g., social media, email, instant messaging or texting, except where that communication is reasonable in all the circumstances, related to work or activities, or where there is a safety concern or other urgent matter.

#### **4.5 Screening, supervising, training, and human resource practices to reduce risk**

Our staff will be required to undertake checks, including disability worker checks, relevant police, and working with children checks and the mandatory NDIS Worker Orientation Module. All records will be maintained in their personnel file.

## 5.0 Procedure

### 5.1 Strategies to identify and reduce or remove the risk of harm

Optimum Health & Community recognise that creating a safe organisation begins with a clear understanding of the potential risks to the participant and staff in our organisation's setting. Optimum Health & Community will identify possible issues and problems and plan to reduce or remove these risks.

To reduce the likelihood of harm, Optimum Health & Community will consider, define, and act against its organisational risks. These strategies include:

- considering the organisation, activities and the services provided to participants
- reviewing and planning how to make all activities as safe as possible
- developing a safety plan for participants who require additional supports
- supporting participants with disabilities to understand plans and safety procedures using appropriate communication methods
- informing participants that they have the right to live in a safe environment
- acting proactively to reduce the likelihood of any risks.

### 5.2 Reporting violence, abuse, neglect, exploitation, and discrimination

A report must be made if:

- a participant shows a change in behaviour or mood which may indicate they are being abused
- someone is observed behaving towards a participant in a way that makes others feel uncomfortable
- a participant advises another person is abusing them
- a person advises that they are abusing another participant
- a participant or visitor informs that they have observed abusive acts
- a participant advises that they feel discriminated against, e.g., language and actions
- a participant presents as unkempt or seeking food
- there is evidence of unexplained bruising or similar
- an action or inaction is witnessed that may be considered abusive
- when an individual, for any reason, believes a participant is being abused.



Failure to report an abusive situation may result in a criminal offence. Reporting procedure below relates to:

- abuse or neglect of a person with a disability
- unlawful sexual or physical contact with, or assault of, a person with a disability
- Sexual misconduct, committed against, or in the presence of, a person with a disability, including grooming of the person with a disability for sexual activity
- Unauthorised use of restrictive practices in relation to a person with a disability.

### 5.3 Reporting roles

The organisation will establish the following roles and ensure that allocated staff are aware of their responsibilities:

1. Approved Reportable Incident Approver responsibilities:
  - Has the authority to review reports before submission to the NDIS Commission.
  - Submits new reportable incidents.
  - Views previous reportable incidents submitted by their organisation.
2. Authorised Reportable Incidents Notifier responsibilities:
  - Supports the Authorised Reportable Incident Approver to collate and report the required information.
  - Creates new reportable incident notifications to be saved as a draft for review and submission by the Authorised Reportable Incident Approver.

### 5.4 How to report

The Manager will review the information and contact the police immediately to inform them of the suspected abuse.

**Important note:** Information regarding how our organisation reports abuse against children can be found in the Working with Children Policy and Procedure.

Reportable incidents are submitted via the NDIS Commission Portal > My Reportable Incidents page as follows:

1. Complete an **Immediate Notification Form** and submit within 24 hours:
  - Approved Reportable Incident Notifier will create for approval.
  - Approved Reportable Incident Approver will approve and submit.
    - Note: Approved Reportable Incident Notifier may create and submit, as required by the circumstance of the incident.

2. The **5-day Form** is to be completed within five days of key stakeholders being informed of an incident:
  - Approved Reportable Incident Notifier will create a form for approval.
  - Approved Reportable Incident Approver will approve and submit.
    - Note: Approved Reportable Incident Notifier may create and submit, as required by the circumstance of the incident.
3. A final report will be submitted, if requested by the NDIS Commission.
  - Approved Reportable Incident Notifier will create for approval.
  - Approved Reportable Incident Approver will approve and submit.
    - Note: Approved Reportable Incident Notifier may create and submit, as required by the circumstance of the incident.

### 5.5 Details to provide

The Manager will give the following information to the authorities:

- participant's name, age, date of birth and address
- description of injury, abuse and neglect (outline current and previous)
- participant's current situation
- location of the participant and alleged perpetrator, if known
- explanation of when and how abuse was discovered and by whom.

**Note:** NDIS forms must be submitted to the NDIS Commission. The required police contact will also use the above information if investigating an incident.

### 5.6 Investigating allegation or incident

The Manager undertakes a review of the allegation or incident by:

- gathering data from the relevant person/s
- analysing the situation to determine what occurred, how it occurred, and the parties involved
- determining the effect on the participant/s
- consulting with relevant stakeholders; never seek information from children, as this requires a specialist, any questioning will be conducted by appropriate authorities once the incident is reported
- informing the participant or their family that they have access to a support advocate
- reviewing the outcome against practices
- undertaking action to prevent the incident from being repeated.

## 5.7 Support the participant

Reported allegations or incidents require the Manager to gather all the relevant information and make a report to the relevant authority such as the police or via each state's reporting process.

Support will be provided to the participant relevant to the allegation or incident. The participant will be provided with an appropriate advocate if required.

## 5.8 Documentation

- Record all allegations and incidents in the Incident Register.
- Complete Incident Investigation Form, if required.
- Reports to be included in the participant's file.
- Complete Immediate Notification Form and 5-Day Form and NDIS Report, as required.
- Maintain records for seven years.

## 6.0 Related documents

- Authority to Act as an Advocate Form
- Code of Conduct Agreement
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Report
- Incident Register
- Participant Notes
- Risk Assessment Form
- Risk Management Plan
- Risk Register
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan
- Reportable Incident, Accident and Emergency Policy and Procedure

- Working with Children Policy and Procedure
- Zero Tolerance Policy and Procedure

## 7.0 References

- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020
- The National Framework for Protecting Australia's Children
- United Nations Convention on the Rights of the Child 1989

## 1.5.2 Working with Children Policy and Procedure

### 1.0 Purpose

Optimum Health & Community recognises the participant's right to feel safe and to live in an environment that provides protection from assault, neglect, exploitation or any other form of abuse. This policy specifically looks at the requirements when working with participants under the age of eighteen (18) years.

### 2.0 Scope

This policy applies to all staff and stakeholders linked to our organisation.

### 3.0 Policy

Optimum Health & Community will encourage and support any person who has witnessed the abuse of a participant, or who suspects that abuse has occurred, to make a report and be confident of doing so without fear of retribution.

Optimum Health & Community acknowledges that prevention is the best protection from abuse and neglect and recognises their duty of care obligations to implement prevention strategies. Optimum Health & Community, as a mandatory reporting body, is required to report any indicators.

It is the legislative policy that staff engaged in a **risk assessed role** must have the required Western Australia clearance checks. Staff must undergo the NDIS worker screening process prior to employment. Results are recorded in their personnel file.

Staff should guide children who require assistance to Kids Helpline on 1800 55 1800 for support, as required.

## 4.0 Procedure

### 4.1 When to report an abusive situation

It is important to always search for the cause of a change in a participant's behaviour or unexplained physical symptoms. If a participant shows one or more of the possible signs of abuse, it must be reported immediately, even though this does not automatically mean abuse has taken place. Possible signs of abuse are when:

- a participant shows a change in behaviour or mood that may indicate they are being abused
- someone is seen behaving inappropriately towards a participant
- a participant tells staff another person is abusing them
- a person tells staff that they are abusing a participant
- a participant or visitor advises staff that they have observed abusive acts
- someone observes an action or inaction towards the participant that may be considered abusive
- a person suspects or has reason to believe a participant is being abused.

The Manager will then report to child safety services. Failure to report an abusive situation may result in a criminal offence.

### 4.2 How to report

If abuse and neglect are involved, please refer to the Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure for information on reporting to the NDIS Commission via their portal.

The Manager will report a child at risk of harm or neglect to the Central Intake Team on:

- Metropolitan: 1800 273 889
- Country area: [local district office](#)
- Or email: [cpduty@cpfs.wa.gov.au](mailto:cpduty@cpfs.wa.gov.au)

If the situation is life-threatening, then call police on 000.

#### 4.3 Details to provide

The Manager will provide the following information to the Central Intake Team:

- child's name, age, date of birth and address
- description of injury, abuse or neglect (outline current and previous)
- child's current situation
- location of the child, parent or caregiver and alleged perpetrator
- when and how they found out about the abuse.

#### 4.4 Child identification details and context

Optimum Health & Community will need to provide enough detail to identify the child or young person and give context to the report, including:

- child's full name
- date of birth or age
- current address
- contact number
- school/kindergarten/childcare centre
- ethnicity, i.e., cultural background, aboriginal kinship group, non-English speaking
- who are the parents; do they all live in the same house; are there siblings in the house?
- alleged perpetrator's name, age, address, relationship to the child and current whereabouts
- current whereabouts of the child of concern
- details of when the next expected contact with the alleged perpetrator will occur
- family court orders, apprehended violence orders and domestic violence orders, if in place.

#### 4.5 Defining child maltreatment, abuse and neglect

Child abuse and neglect are related to any behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a child or a young person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e., neglect) and commission (i.e., abuse).

#### **4.5.1 Physical abuse**

- *Signs and symptoms:* Bruising, lacerations, welts, rashes, broken or healing bones, burns, weight loss, facial swelling, missing teeth, pain or restricted movements, crying, acting fearful, agitation, drowsiness, hair loss or poor physical wellbeing.
- *Causes:* Hitting, slapping, pushing, punching or burning, which involves an incident that is non-accidental, resulting in pain or injury.

#### **4.5.2 Psychological and emotional abuse**

- *Signs and symptoms:* Loss of interest in self-care, helplessness, withdrawn, apathy, insomnia, fearfulness, reluctance to communicate openly, chooses not to maintain eye contact, paranoia and confusion.
- *Causes:* Intimidation, humiliation, harassment, threatening behaviour, sleep deprivation, withholding affection, not allowing a person to maintain their decision-making powers which lead to a pattern when repeated over time.

#### **4.5.3 Financial abuse**

- *Signs and symptoms:* Unpaid accounts, withholding funds, loss of jewellery and personal belongings, removal of cash from wallet/purse, the person becomes agitated when discussing money, not providing money for outings and personal items or a person takes over the care of someone's money without their permission.
- *Causes:* Misuse of a person's money, valuables or property, forced changes to legal documents (such as a will), denying access to or control of personal funds, stealing, fraud, forgery, embezzlement, misuse of power of attorney, removing decision-making powers of a person.

#### **4.5.4 Sexual abuse**

- *Signs and symptoms:* Unexplained sexual transmitted disease, vaginal/anal bleeding, fearful of certain people or places, bruising to genital areas, inner thigh or around breasts, anxiety, torn or bloody underclothes, difficulty in walking or sitting, change in sleep patterns, repeating nightmares.
- *Causes:* Rape (penetration or oral-genital contact), interest in older person's bodies, inappropriate comments, and sexual references, inappropriate (possibly



painful) administration of enemas or genital cleansing, indecent assault, sexual harassment which is mainly about violence and power over another person rather than sexual pleasure.

#### **4.5.5 Neglect**

- *Signs and symptoms:* Poor hygiene or personal care, unkempt appearance, lack of personal items, absence of health aids, weight loss, agitation, inappropriate clothing, lack of food.
- *Cause:* Intentional failure to provide basic life necessities.

#### **4.5.6 Social abuse**

- *Signs and symptoms:* Sadness and grief due to people not visiting, anxiety after a certain person's visit, withdrawal, low self-esteem, appearing ashamed, passivity, listlessness.
- *Causes:* Prevention of contact with friends or family, preventing access to social activities.

## **5.0 Related documents**

- Code of Conduct Agreement
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Report
- Incident Register
- Participant Notes
- Risk Assessment Form
- Risk Management Plan
- Risk Register
- Reportable Incident, Accident and Emergency Policy and Procedure
- Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Zero Tolerance Policy and Procedure

## **6.0 References**

- Children and Community Services Act 2004 (WA)
- Commissioner for Children and Young People Act 2006 (WA)
- Children and Community Services Regulations 2006 (WA)
- Working with Children (Criminal Record Checking) Act 2004 (WA)
- Working with Children (Criminal Record Checking) Regulations 2005 (WA)
- NDIS (Practice Standards - Worker Screening) Rules 2018
- NDIS (Quality and Safeguards) Commission 2018
- The National Framework for Protecting Australia's Children
- United Nations Convention on the Rights of the Child 1989

## 1.5.3 Risk Assessed Role Policy and Procedure

### 1.0 Purpose

Registered NDIS providers must ensure that key personnel and other workers in certain types of roles have appropriate worker screening clearances that meet the requirements of the NDIS Practice Standards. Appropriate clearances ensure that the key personnel and employees in risk assessed roles do not pose an unacceptable risk to the safety and wellbeing of our NDIS participants. Compliance with the NDIS Practice Standards and Quality Indicators 2020 is a condition of registration for all registered NDIS providers.

### 2.0 Scope

The Manager must record information regarding each role to determine employees who meet the criteria of performing in a risk assessed role.

### 3.0 Description

Term	Description
<b>A risk assessed role</b>	<ul style="list-style-type: none"> <li>• A key personnel role (person or an entity) as defined in s11A of the National Disability Insurance Scheme Act 2013 (e.g., a CEO or a Board Member) as:</li> <li>• a role for which the normal duties include the direct delivery of specified supports or specified services to a person with a disability</li> <li>• a role for which the normal duties are likely to require 'more than incidental contact' with people with disability, which includes:               <ul style="list-style-type: none"> <li>• physically touching a person with a disability</li> <li>• building a rapport with a person with a disability as an integral and ordinary part of the performance of normal duties</li> </ul> </li> <li>• having contact with multiple people with disability, as part of the direct delivery of a specialist disability</li> </ul>

	support or service, or in a specialist disability accommodation setting.
<b>Exceptions/exemptions</b>	<p>A registered NDIS provider may engage a person in a risk assessed role, who does not have an NDIS Worker Screening clearance, only if the registered NDIS provider is subject to the transitional and special arrangements and the registered NDIS provider is complying with those arrangements.</p> <p>A registered NDIS provider can also allow secondary school students on a formal work experience placement to engage in risk assessed roles without having an NDIS Worker Screening clearance or an acceptable check under the transitional and special arrangements, provided the students are directly supervised by another worker who has an NDIS Worker Screening clearance or acceptable check under the transitional and special arrangements.</p>
<b>Contractor</b>	<p>NDIS providers who engage another organisation or individual to perform work on their premises, or otherwise, as part of their provision of supports and services in the NDIS. The organisation or individual will be a contractor engaged by the registered NDIS provider.</p>

## 4.0 Policy

As a registered NDIS provider, Optimum Health & Community will comply with the requirements relating to worker screening as per the [National Disability Insurance Scheme \(Practice Standards – Worker Screening\) Rules 2018](#).

The Manager will identify which roles are risk assessed roles and ensure all workers in the roles have an NDIS Worker Screening Check or an acceptable check under the transitional and special arrangements. The following table lists the NDIS registration groups that may have risk assessed roles.

**Table 1. Supports and services that may have risk assessed roles as described by the NDIS**

<b>Descriptor</b>
-------------------

Assistance to access and maintain employment or higher education
High intensity daily personal activities
Assistance in coordinating or managing life stages, transitions and supports
Assistance with daily personal activities
Assistance with travel/transport arrangements, but only if the services are concerning specialised transport to school/educational facility/employment/community (does not include public services, i.e., taxi, bus and train)
Specialist positive behaviour support
Community nursing care
Assistance with daily life tasks in a group or shared living arrangement
Innovative community participation
Development of daily living and life skills
Early intervention supports for early childhood
Specialised hearing services
Interpreting and translating
Participation in community, social and civic activities
Exercise physiology and personal training
Management of funding for supports in participant plans
Therapeutic supports
Specialised driver training
Specialised support coordination
Specialised supported employment
Hearing services
Customised prosthetics
Group and centre-based activities

As a registered provider, Optimum Health & Community is not required to ensure employees who do not work in risk assessed roles have an NDIS worker screening clearance or an acceptable check under the transitional and special arrangements. However, Optimum Health & Community or a self-managed participant may, as a safety measure, require a staff worker to have an NDIS worker screening clearance or to have an acceptable check under the transitional and special arrangements, prior to engaging the staff worker in a role that is not a risk assessed role.

## 5.0 Procedure

The Manager will determine whether the normal duty of a role requires more than incidental contact with a person with a disability, which may include:

- physical contact
- face-to-face contact
- oral communication
- written communication
- electronic communication.

The Manager will review all roles within Optimum Health & Community and enter into them into Risk Assessed Role Register. Staff whose role has been identified as a risk assessed role will undergo the appropriate checking process, which will be recorded in a Risk Assessed Role Staff Checklist. Roles that have been determined as not risk-assessed are not required to hold worker screening clearances.

### 5.1 Documenting a risk assessed role

The Manager will complete the Risk Assessed Role Register for each risk assessed role and will document:

- risk assessed role title
- description of the role
- type of risk assessed role (as contained in the NDIS (Practice Standards - Worker Screening) Rules 2018)
- date risk assessed role determined
- employees who are role assessed
- the name and title of the person who made the assessment.

### 5.2 New reclassification of risk assessed role

When a new risk assessed role is identified, or a current role is reclassified as a risk assessed role following a review, the written list of roles must be updated within 20 business days of the identification or review of the risk assessed role.

### 5.3 Worker risk assessed role checks

For each worker in a risk assessed role, the Manager or their delegate will document in the Risk Assessed Role Staff Checklist:

- the full name, date of birth and address of the employee
- the risk assessed role or roles in which the employee engages
- if the worker may engage in a risk assessed role without an NDIS worker screening clearance:
  - the basis on which they may do so (refer to sections below regarding the exemptions to the requirement for a worker to have an NDIS Worker Screening clearance)
  - the start and end date of the period in which the exemption that allows them to work in a risk engaged role applies
- the name of the staff member who supervises the worker during this period
- the worker's NDIS Worker Screening Check application reference number
- the worker's NDIS Worker Screening Check outcome expiry date
- whether the worker's NDIS Worker Screening Check is subject to any decision which has the effect that Optimum Health & Community may not allow the worker to engage in a risk assessed role, and the nature of any such decision (i.e., interim bar, suspension, exclusion)
- records relating to an interim bar, a suspension, an exclusion, or any action taken by the provider concerning these kinds of decisions in relation to any worker
- allegations of misconduct against a worker with a check and the action taken by the registered NDIS provider in response to that allegation.

### 5.4 Engaging contractors

Optimum Health & Community and contractors employed, need to work together to ensure that any contractor workers, including the individual contractor, have an NDIS worker screening clearance.

The Manager or their delegate will complete a Contractor Risk Assessed Check Form.

### 5.5 Records

- Optimum Health & Community will keep all documents up to date.

- A record must be kept for seven years from the date it was made. Records will be kept in our organisation on a secure cloud-based server in an organised, accessible and legible manner.
- Information relating to workers engaged in a risk assessed role will be kept in a manner that is accessible to the NDIS Commission or a quality auditor. Information will include workers engaged on any given day over the previous seven years.

## 6.0 Risk assessed role transitional requirements

From 1 December 2020, all registered NDIS providers delivering supports and services in Western Australia must ensure that any person engaged in a risk assessed role:

- has gained a National Police Clearance (before 1 February 2021) which is:
  - less than three years old for workers who commenced their employment with the registered NDIS provider before 1 December 2020; and
  - less than 12 months old for workers who commence their employment with the registered NDIS provider between 1 December 2020 and 1 February 2021.
- has no convictions on their last National Police Check (NPC) for a “relevant offence” committed as an adult.
  - “Relevant offences” include certain violent or sexual offences set out in the Worker Screening Rules section 29A.
  - Between 1 December 2020 and 1 February 2021, there are 18 relevant offences.
  - After 1 February 2021, any conviction for a Class 1 or Class 2 offence within the meaning of the *National Disability Insurance Scheme (Worker Screening) Bill 2020 (WA)*, committed as an adult, is a relevant offence.
- has no convictions subsequent to that NPC that their employer is aware of, for a “relevant offence” committed as an adult.
- if the risk assessed role involves child-related work within the meaning of the *Working with Children (Criminal Record Checking) Act 2004* - has a Working with Children assessment notice or pending application.

After the end of the transition period, a person engaged in a risk assessed role that met the requirements during the transition period may continue to work in the role for two years, or until an acceptable WA check (including the Working with Children assessment notice



issued in response to the application which was pending on 1 February 2021) expires – whichever is sooner.

## 7.0 Related documents

- Risk Assessed Role Register
- Risk Assessed Role Staff Checklist
- Risk Assessed Role Transitional Requirements
- Contractor Risk Assessed Check Form
- Human Resource Management Policy and Procedure

## 8.0 References

- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020

## 1.5.4 Zero Tolerance Policy and Procedure

### 1.0 Purpose

We are committed to meet the requirements of the Disability Abuse Prevention Strategy. We will always endeavour to understand, promote and enhance safeguards to prevent abuse from occurring.

### 2.0 Scope

This policy is relevant to all staff, volunteers or stakeholders.

### 3.0 Definition

Term	Definition
<b>Zero tolerance</b>	<p>Aims to provide an evidence-based, nationally applicable and contemporary approach to preventing and responding to abuse of people with disabilities.</p> <p>The aim is to assist service providers in developing positive organisational cultures and practices and robust safeguarding mechanisms relevant to the National Disability Insurance Scheme (NDIS).</p>

### 4.0 Policy

Optimum Health & Community is committed to all elements of the National Disability Insurance Scheme (NDIS) Code of Conduct. Optimum Health & Community will train staff in all areas of the NDIS Code of Conduct to ensure a zero tolerance approach is adhered to across all practices.

To follow the Code and guidelines, we will:

- refuse to tolerate any form of abuse towards people with disabilities, by workers or other people with disabilities, and promotes zero tolerance for abuse

- provide staff with training and information to correctly apply the obligations of the NDIS Code of Conduct
- assist staff in undertaking their role, e.g., keeping support plans up-to-date; provide training opportunities which will include formal training, mentoring and on-the-job supervision
- act on all reported cases of abuse or suspected abuse
- agree never to take adverse action against any staff member or volunteer if they report abuse or neglect
- base all necessary disciplinary actions on the principle of procedural fairness if a staff member violates the obligations of the NDIS Code of Conduct
- respect and value the diversity of people and cultures to create an inclusive environment, where it is safe for people with disabilities to express their cultural identity
- actively maintain a working environment which minimises the risks of abuse
- create and maintain a positive complaints culture, where people are not afraid to speak up
- foster a culture of zero tolerance to abuse towards people with disabilities.

Optimum Health & Community informs their front-line staff (who impose the obligations) that they must:

- provide services without engaging in abuse, exploitation, harassment or neglect
- report any form of abuse or suspected abuse
- never engage in sexual abuse or misconduct and to report any such conduct by other workers, participants, family members, carers or community members
- show respect for cultural differences when providing services
- act ethically, with integrity, honesty and transparency.

## 5.0 Procedure

Optimum Health & Community will train staff to be able to understand and act on a zero-tolerance approach and ensure that staff appreciate participants are people first, who have needs, aspirations, preferences and feelings.

All staff are required to listen to participants, so they can determine their preferences, aspirations, needs and supports (where it is safe to do so).

Optimum Health & Community will ensure that staff are informed that people with disabilities tend to face significantly higher risks of sexual assault and exploitation than the general population and that this is particularly true for women with a disability. Also, there can be barriers to disclosure that make it difficult for a person with a disability to report sexual abuse and misconduct.

### **5.1 Reporting abuse**

Optimum Health & Community acknowledges that reporting abuse is critical to prevent abusive situations from escalating and abuse recurring to participants.

Optimum Health & Community staff who work with participants will report any form of abuse (zero tolerance) following the reporting procedures outlined in the Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure. When reporting a reportable incident, staff will refer to the reporting procedures outlined in the Reportable Incident, Accident and Emergency Policy and Procedure.

## **6.0 Related documents**

- Code of Conduct Agreement
- Incident Report
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Register
- Participant Notes
- Risk Assessment Form
- Risk Management Plan
- Risk Register
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan
- Reportable Incident, Accident and Emergency Policy and Procedure
- Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Working with Children Policy and Procedure

## 7.0 References

- NDIS Practice Standards and Quality Indicators 2020
- Disability Discrimination Action 1992 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Privacy Act 1988 (Commonwealth)

# Section 2: Provider Governance and Operational Management

Topic	Policy and Procedure
<b>2.1 Governance and Operational Management</b>	<ul style="list-style-type: none"> <li>• Corporate Governance Policy and Procedure</li> <li>• Conflict of Interest Policy and Procedure</li> <li>• Work Health Safety and Environmental Management Policy and Procedure</li> <li>• Manual Handling Policy and Procedure</li> <li>• Continuous Improvement Policy and Procedure</li> </ul>
<b>2.2 Risk Management</b>	<ul style="list-style-type: none"> <li>• Risk Management Policy and Procedure</li> </ul>
<b>2.3 Quality Management</b>	<ul style="list-style-type: none"> <li>• Quality Management Policy and Procedure</li> </ul>
<b>2.4 Information Management</b> (see '3.2 Support Planning')	<ul style="list-style-type: none"> <li>• Information Management Policy and Procedure</li> <li>• Consent Policy and Procedure</li> </ul>
<b>2.5 Complaints and Feedback Management</b>	<ul style="list-style-type: none"> <li>• Complaints and Feedback Policy and Procedure</li> </ul>
<b>2.6 Incident Management</b>	<ul style="list-style-type: none"> <li>• Reportable Incident, Accident and Emergency Policy and Procedure</li> </ul>

<b>2.7 Human Resource Management</b>	<ul style="list-style-type: none"> <li>● Human Resource Management Policy and Procedure</li> <li>● Delegation of Responsibility and Authority Policy and Procedure</li> </ul>
<b>2.8 Continuity of Supports</b>	<ul style="list-style-type: none"> <li>● Continuity of Supports Policy and Procedure</li> <li>● Telehealth Policy</li> <li>● Disaster Management Policy and Procedure</li> <li>● Business Continuity Policy and Procedure</li> </ul>

## 2.1 Governance and Operational Management

### 2.1.1 Corporate Governance Policy and Procedure

#### 1.0 Purpose

Corporate governance is a performance driver of our company. Governance refers to the framework of rules, relationships, systems, and processes by which an enterprise is directed, controlled and held to account and through which authority is exercised and maintained.

The Optimum Health & Community is committed to providing a high-quality service to participants and maintaining business practices that demonstrate high standards of corporate governance. The purpose of this policy is to:

- ensure the organisation's business operates in accordance with legal, regulatory and company standards
- establish a framework for corporate governance that promotes transparency and safeguards against individual's unethical or unlawful practice
- outline control measures that govern the internal and external actions of managers, staff, contractors or any person who is conducting business with Optimum Health & Community.

## 2.0 Scope

Principal accountability and approaches to corporate governance include:

- fulfilling our duty to all Optimum Health & Community' stakeholders, including participants, participants representatives, advocates, staff, contractors, and any person conducting business with our organisation
- providing services of value to our participants
- providing meaningful employment for our staff
- contributing to the welfare of the community.

## 3.0 Company details

### 3.1 Optimum Health & Community business details

<b>Business name</b>	Optimum Health & Community
<b>Date registered</b>	12/10/2020
<b>ABN</b>	77645036764
<b>Domain name</b>	www.optimumsupports.com.au
<b>Licences and permits</b>	NDIS Registered Service Provider
<b>Products/services</b>	Assist Life Stage Transition (0106) Assist Travel Transport (0108) Assistive Prod Personal Care Safety (0103) Community Nursing (0114) Daily Living Life Skills (0117) Daily Personal Activities (0107) Daily Tasks Shared Living (0115) Group Centre Based Activities (0136) Household Tasks (0120) Participate Community (0125)
<b>Premises</b>	22 Retchford Way, Queens Park, 6107, WA

<b>Are these premises rented or owned?</b>	Owned
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### 3.2 Insurance

<b>Workers' compensation</b>	QBE Insurance
<b>Public liability insurance</b>	Vero Insurance
<b>Professional indemnity</b>	Vero Insurance

### 3.3 Business focus

#### 3.3.1 *Commitment to quality*

Optimum Health & Community is committed to providing high-quality services to its participants in a supportive environment. This commitment is in line with National Disability Insurance Service requirements.

Optimum Health & Community will use information from the management of continuous improvement, complaints and feedback, incidents, work health and safety, information feedback and risk management to adjust our policies and practices so that we meet participant and community requirements.

Optimum Health & Community will seek feedback from participants and the community to ensure that we are meeting their requirements and to provide high quality, responsive service. Information and feedback gained through surveys and consultation with community and stakeholders will be collated and forwarded to management to review and make recommendations about any adjustments to policies and practices as required. Managerial meetings will document discussions and outcomes, and this data will be fed back into our continuous improvement cycle.

#### 3.3.2 *Target group*

There are two (2) target groups within the community in which we work:

1. **Participants:** Individuals with special needs who require support.



2. **Service providers:** Disability services organisations who seek support for their participants.

### **3.3.3 Services provided**

Optimum Health & Community provides the following support services for participants with a disability:

- Assist Life Stage Transition (0106) Assist Travel Transport (0108) Assistive Prod Personal Care Safety (0103) Community Nursing (0114) Daily Living Life Skills (0117) Daily Personal Activities (0107) Daily Tasks Shared Living (0115) Group Centre Based Activities (0136) Household Tasks (0120) Participate Community (0125).

### **3.4 Management and reporting structure**

All reporting is based on the management structure as outlined in the organisation chart.

### **3.5 Key personnel**

The following staff are employed/contracted by our organisation:

- Bhuwan Khadka
- Deepak Sharma
- Hari Prasad Adhikari

We also engage specialist consultants and contractors to support business functions and assist with a range of participant support services.

Knowledge, skills and experiences of all partners and key personnel, who influence the company, are reviewed to ascertain if additional training is required to address any identified gaps.

Combined industry experience of the current key personnel:

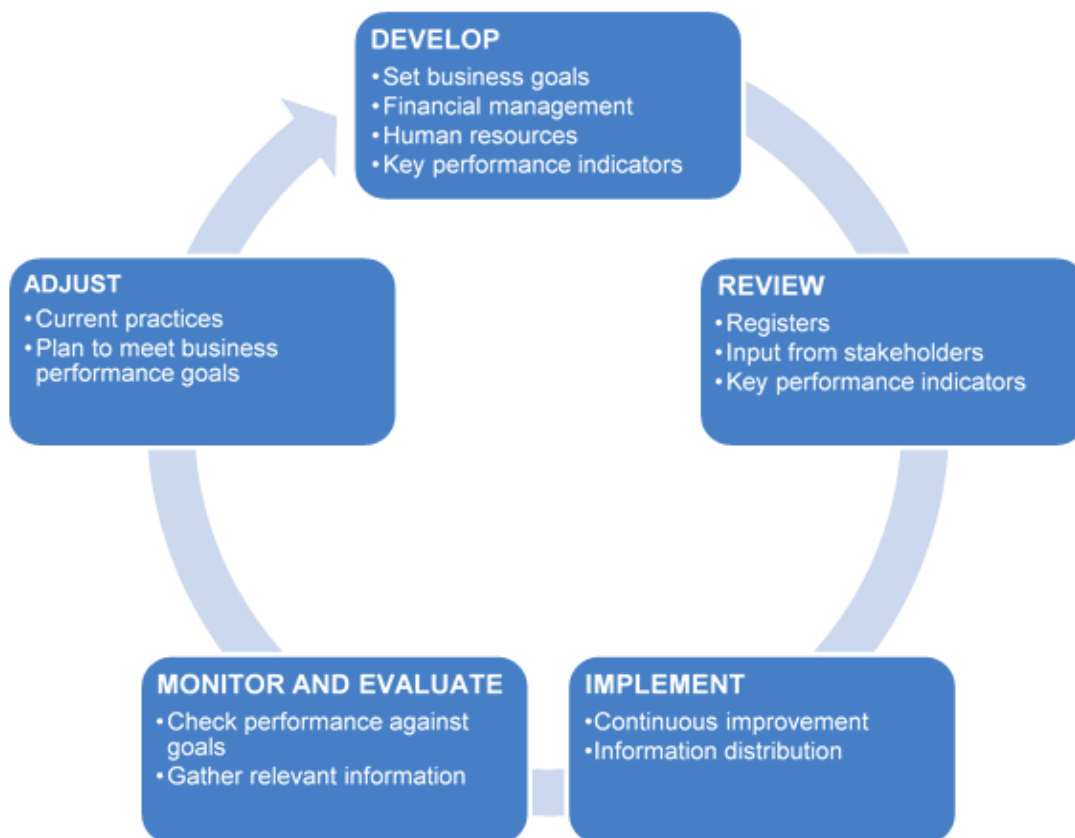
- *Disability Care*- More than 10 years of work experience
- *Mental Health*- More than 6 years of work experience
- *Aged Care*- More than 10 years of work experience
- *Rehabilitation*- More than 5 years of work experience
- *Cleaning*- More than 10 years of work experience

### 3.6 Performance planning and review

The planning and review process are included in the Human Resource Management Policy and Procedure. Optimum Health & Community will monitor and review the performance of employees on an annual basis to:

- determine staff member performance matches the current role description
- evaluate if the staff member's performance is meeting the needs of the participants
- establish additional training to meet changes in contemporary practices
- provide support to staff to meet the required level of supports
- match skills and knowledge to the target audience.

#### 3.6.1 Business planning and review



*Figure 1 Business Planning and Review*

### 3.7 Conflict of interest

All key personnel and staff must inform Optimum Health & Community' management regarding any situation in which they will derive personal benefit from actions or decisions

made in their official capacity. The person concerned must complete a Conflict-of-Interest Declaration.

## 4.0 Procedure

### 4.1 Corporate governance principles

Optimum Health & Community will be governed to ensure the best interests of all stakeholders and to remain viable and productive. Our corporate governance principles include, but are not limited to, the following:

- services are regularly monitored, reviewed and improved
- risk management reviews are conducted regularly
- continuous improvement strategies are undertaken and implemented
- implementation of necessary reviews and audits of all systems, policies, and procedures
- planning processes incorporate community engagement
- effective management of human resource requirements, so all services meet the requirements of the participant and community
- additional training and supervision will be provided to our workers, as needed
- contractual obligations are to always be met
- effective management and implementation of appropriate financial and funding arrangements.

### 4.2 Financial management

The Optimum Health & Community will undertake all requirements linked to NDIS contractual arrangements and other business practices.

An Asset Register will be maintained with a list of all current assets, allowing for additional purchases as required. Building and property will be reviewed to ensure that premises meet the current requirements of our business. If additional sites are required, then an analysis of costing will be undertaken.

#### ***4.2.1 Business financial management - roles and tasks***

- Financial roles and responsibilities are determined by Optimum Health & Community.

- An accountant will be used to complete the required financial compliance and obligations.
- Financial decisions are the responsibility of Optimum Health & Community.

#### ***4.2.2 Business financial management practices***

The following practices apply to financial management, including the recording of business earnings and documentation of the company as a legitimate enterprise with a clear revenue stream and records of deductible business expenses.

Documentation and organisation of information regarding company transactions will be used to facilitate financial management for tax purposes.

##### ***4.2.2.1 Bank accounts***

All bank accounts are maintained, and separate bank accounts are always used for business and private purposes.

For monies withdrawn from any bank account, whether by EFT or other online payment method, approvals are required by the Manager to authorise each payment.

Each payment made must be supported by invoice, receipt or other appropriate documentation, and the authorisations must be attached to this documentation before payment.

Any variations to banking arrangements can be made or varied by the Manager who will delegate the responsibility for updating the financial system or bank account register with the new information.

##### ***4.2.2.2 Credit cards***

The business credit card can only be used for travel, authorised entertainment and purchases of small value expenses or equipment up to the value of \$ 500.

No cash advances are to be taken using the business credit card unless authorised by the Manager.

Where a business credit card is lost or stolen, then the owner of this card is to notify the Manager who is responsible for notifying the issuing agency and ensuring the card is cancelled.

The use of the business credit card is not to be used for personal expenses.

All holders of business credit cards are required to attach all receipts for payments made on the credit card. Upon completion and authorisation of the monthly expense statement, these documents are to be forwarded to the Manager for payment of the credit card statement.

All business credit cards are to be returned to the business when the person is requested to by the Manager or where they cease employment with the business.

#### **4.2.2.3 Budget**

Optimum Health & Community develops an annual budget with the support of a financial adviser. The budget will include:

- time frames
- fixed costs – salaries, rent, insurances, and any other known costs
- variable costs – utilities, cost of materials, staff wages
- income – over the budget period.

#### **4.2.2.4 Books of accounts**

Optimum Health & Community is responsible for maintaining accounts, assisting the financial adviser in the preparation of the annual budget and for preparing monthly, quarterly, and annual financial reports.

Optimum Health & Community or their delegate is responsible for processing all receipts and payments.

#### **4.2.2.5 Issuing petty cash**

Petty cash is approved by the Manager. Each payment made must be supported by invoice, receipt or other appropriate documentation and the authorisations must be attached to this documentation before payment before any cash is taken from the petty cash float. Only up to \$50 can be disbursed at any one time.

Once the petty cash is spent, a receipt or invoice should be attached to the voucher and returned to petty cash with any balance of money unspent.

Petty cash float is to be reconciled with a delegated staff member.

#### **4.2.2.6 Income**

All money received is deposited in our bank account. All monies received are receipted and recorded in the electronic financial system. Unallocated direct deposits of more than one week will be investigated fully to determine the source of deposit. Where the source cannot be identified, the deposit will be allocated to a separate bank account until the source is recovered.

Income is matched against invoices to determine when payments have been received and when additional actions are required.

#### **4.2.2.7 Payments**

All payments (except petty cash) are made by electronic transfer. Payments must be accompanied by an invoice and matched against services or equipment received before authorisation. Payments are authorised by the Manager.

#### **4.2.2.8 Recurrent payments**

Recurrent payments, wherever possible, are made electronically. All recurring payments must be approved by the Manager who will delegate the arrangement for the payment to be authorised by the bank.

The Manager or their delegate is responsible for carrying out the following duties regarding payment stop on a payment:

- ensuring the payment has not already been made
- getting authorisation to activate the stop payment using appropriate forms from the bank
- ensuring the bank receives the notification of the stop payment notice
- receiving confirmation of action from the bank of the stop payment
- ensuring the details of the stop payment are kept.

#### **4.2.2.9 Supplier accounts**

When purchases are charged to the accounts of established suppliers, the account will be paid in full, upon receipt of the statement or invoice, within the required terms of payment.

#### **4.2.2.10 Asset register**

The Asset Register will list the assets owned by Optimum Health & Community. It will contain pertinent details about each fixed asset to track the value and physical location. The register will show the quantity and value of items such as office equipment, motor vehicles, furniture, computers, communications systems, and equipment.

#### **4.2.2.11 Reconciliations and ATO reports**

The following reconciliations and Australian Taxation Office (ATO) reports are completed at the end of each month:

- Bank's accounts are reconciled against bank statements.
- The Instalment Activity Statement is completed and forwarded to the ATO.

The following reconciliations and ATO reports are completed at the end of each quarter:

- The Business Activity Statement (BAS) is completed and forwarded to the ATO.
- Superannuation Guarantee contributions are reconciled, and payments made.

The following reconciliations and ATO reports are completed at the end of each year:

- Books of accounts are balanced and closed off.
- Wages are reconciled, and Payment Summaries are completed and forwarded to the employee and the ATO.
- Audit reports are prepared.

#### **4.2.2.12 Audit**

Annual acquittal statements and audited financial reports will be forwarded, as per contractual requirements, to the relevant government bodies. An annual audit is undertaken each year by a qualified external auditor.

#### **4.2.2.13 Participant - payments and pricing (NDIS)**

- Optimum Health & Community must adhere to the NDIS Price Guide or any other agency pricing arrangements and guidelines as in force from time to time.
- Optimum Health & Community must declare relevant prices, any notice periods or cancellation terms to participants before delivering a service. Participants are not bound to engage the services of Optimum Health & Community once our prices have been disclosed.
- Optimum Health & Community can make a payment request once that support is delivered or provided.
- No other charges can be added to the cost of the support, including credit card surcharges, or any additional fees including any 'gap' fees, late payment fees or cancellation fees. These requirements apply to all Optimum Health & Community participants whether the participant self-manages their funds or a plan manager or the agency manages it.
- A claim for payment is to be submitted within a reasonable time, and no later than sixty (60) days from the end of the service booking, to the participant or the NDIS.
- Optimum Health & Community will not charge cancellation fees except when provided explicitly in the NDIS Price Guide.
- Optimum Health & Community and participants (except for those that are self-managing) cannot contract out of the Price Guide.
- Where there are any inconsistencies between the Service Agreement and the NDIS Price Guide, the NDIS Price Guide prevails.
- As required, Optimum Health & Community will obtain a quote for services which the participant is required to approve before the commencement of the service.

### **4.3 Monitoring, evaluation, and reporting**



Optimum Health & Community exhibits a continuous improvement culture to facilitate the development of its services and processes; we seek stakeholder input and review immediately upon receipt.

All Optimum Health & Community' policies are reviewed annually and consider the input from all stakeholders. Policy reviews also consider any changes in legislation and the results attained through monitoring and evaluation practices.

#### 4.4 Strategic plan

The planning process involves:

Planning activity	Notes	When
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>● Review plan to determine future services or products required for NDIS participants and their families.</li> <li>● Review against the vision of creating a unique cultural environment, community environment with genuine care and support, focusing locally, developing staff.</li> <li>● Review of the current political climate and its influence on business practices and forward planning.</li> <li>● Organisation's performance, including risk and continuous improvement.</li> <li>● Undertake situational analysis as per risks and continuous improvement.</li> </ul>	Every three years.
<b>Planning</b>	<ul style="list-style-type: none"> <li>● Set goals for business and participants and stakeholders.</li> <li>● Create a framework that may include:               <ul style="list-style-type: none"> <li>○ development of participants</li> <li>○ professional staff development</li> <li>○ improvement of services</li> <li>○ safety and security for all.</li> </ul> </li> </ul>	Every three years.

	<ul style="list-style-type: none"> <li>• Problem identification and problem resolution processes to identify key organisational challenges, goals, strategies, timeframes, persons responsible and evaluation methods.</li> <li>• Consultation is undertaken with the community, and community priorities are considered in line with the organisation's vision and mission.</li> <li>• Use evaluations to adjust planning - political, social, financial continuous improvement recommendations are to be fed back into the plan.</li> <li>• Ensure that any planning and future planning matches our mission of creating a unique cultural environment, community environment with genuine care and support, focusing locally, developing staff.</li> </ul>	
<b>Development</b>	<ul style="list-style-type: none"> <li>• The plan is developed by Optimum Health &amp; Community.</li> <li>• Feedback obtained from stakeholders including community members, employees, participants, advocates, and networks.</li> <li>• Using feedback to improve services and develop new services based on the needs of the community and individuals.</li> </ul>	Every three years.
<b>Approval</b>	<ul style="list-style-type: none"> <li>• Plan approved.</li> </ul>	Every three years.
<b>Implementation</b>	<ul style="list-style-type: none"> <li>• The details of the plan are shared with staff and other stakeholders (as relevant).</li> </ul>	Ongoing.
<b>Review</b>	<ul style="list-style-type: none"> <li>• Achievements against the plan are reviewed monthly.</li> </ul>	Monthly.

	<ul style="list-style-type: none"> <li>Optimum Health &amp; Community documents achievements and timeframes completed within the plan.</li> </ul>	
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#### 4.5 Risk management

Optimum Health & Community will review risks and ensure that they are either eliminated or reduced. Possible potential risks are identified below:

Risk	Likelihood	Impact	Strategy
Non-compliance with NDIS	Likely	High	Internal review of policies, procedures, financial structures, and staff training.
Competitors	Likely	High	Provide high-quality service that encourages loyalty.
Key personnel risk	Likely	High	Identify and train a support person in managing and implementing business needs.

#### 4.6 Marketing

##### 4.6.1 Target markets

- Participants.
- Individuals.
- Legal guardians.
- Plan managers.
- Small organisations who are seeking reliable support for their participant/s.

##### 4.6.2 Marketing strategy

- Contact local networks and communities to provide information about the services we provide.
- Work with the community and other coordinating participant services; advise details of services provided and associated fees.
- Incorporate community languages into all marketing collateral and on our website.

- Provide a single point of contact for enquiries (someone who can provide clear, relevant, and accurate information).

## 5.0 Related documents

- Asset Register
- Conflict of Interest Declaration
- Conflict of Interest Register
- Continuous Improvement Policy and Procedure
- Business Plan and Strategic Plan
- Participant Handbook
- Quality Management Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Management Policy and Procedure
- Offer of Employment Letter
- Staff Handbook
- Staff Orientation Checklist
- Training Attendance Register – In-house
- Training Register
- Service Agreement

## 6.0 References

- NDIS Practice Standards and Quality Indicators 2020
- Disability Discrimination Act 1992 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)

## 2.1.2 Conflict of Interest Policy and Procedure

### 1.0 Purpose

Optimum Health & Community is committed to ensuring that actions and decisions taken at all levels in the organisation are informed, objective, and fair. A conflict of interest may affect the way a person acts, the choices they make, or the way they vote on group decisions.

Optimum Health & Community will proactively manage any perceived and actual conflicts of interest through the development and maintenance of organisational policies. This management will ensure that corporate and ethical values do not impede the participant's right to choose and control their supports and services.

Identified conflicts of interest require action to be undertaken to ensure that personal or individual interests do not impact on the organisation's services, activities, or decisions.

### 2.0 Scope

All management, staff and contractors must act in the interests of the organisation and notify the organisation when any conflicts clash with other interests or commitments.

### 3.0 Policy

Declaration and management of conflicts of interest are required explicitly by the Manager, as part of their legal responsibilities as the controlling member of the organisation.

This policy requires management and staff to disclose any outside interests that conflict with the interests of the organisation. The Manager must act impartially, and without prejudice, and not accept gifts or benefits that would influence any decision relating to Optimum Health & Community. Examples may include:

- close personal friends or family members involved in decisions about employment, discipline or dismissal, service allocation, or awarding of contracts
- individuals, or their close friends or family members, who are gaining financially or gaining some other form of advantage

- an individual engaged by another organisation offering services that are in a competitive relationship with Optimum Health & Community (the individual may have access to commercially sensitive)
- information, plans or financial information which conflict with Optimum Health & Community
- prior agreements or allegiances that are binding an individual to other individuals or agencies, requiring them to act in the interests of another party or to take a position on an issue that will conflict with Optimum Health & Community.

## 4.0 Procedure

### 4.1 Registration of known conflicts of interest

A Conflict-of-Interest Register will be maintained, and management and staff will be asked to declare:

- potential or actual conflicts of interest that exist when a person joins the organisation
- conflicts of interest that arise during their involvement with the organisation, which will be recorded in the register maintained by the Manager or their delegate.

All potential and actual conflicts will be recorded in the register to provide sight of the identified and declared conflicts.

All management and staff are required to declare any potential or actual conflicts of interest that become evident during their involvement with the organisation. Management must disclose potential conflicts before the commencement of any meeting.

All management and staff must speak with the Manager when a conflict becomes apparent and provide formal notification in writing to the Manager of the conflict.

### 4.2 Management of conflicts of interest

Where a conflict of interest is declared or identified by a staff member:

- the immediate supervisor and the Manager will assess the conflict
- if a conflict of interest exists (or there is a perception that a conflict exists) the staff member may be asked to:

- contribute to the discussion but abstain from voting or taking part in a decision on the matter
- observe but not take part in the discussion or decision-making
- leave the meeting during the discussion and before a decision has been made.

#### **4.3 Staff involvement in external activities**

Optimum Health & Community encourages and supports staff to become involved in community activities and volunteer work in their personal lives. However, the staff member may undertake volunteer or professional roles outside the organisation that may give rise to a conflict of interest, or a perception of conflict, e.g., staff undertaking consultancy work for member organisations or government agencies.

As a result, Optimum Health & Community expects that all staff members declare their involvement in external work-related activities to allow for discussion and management of the potential conflicts of interest with the Manager. Staff members who undertake other (new) work outside of the organisation need to inform the Manager.

#### **4.4 Contractors**

All contracts with external consultants engaged by the organisation will include a Conflict-of-Interest Declaration confirming that no conflict of interest exists.

### **5.0 Related documents**

- Code of Conduct
- Conflict of Interest Declaration
- Conflict of Interest Register
- Privacy and Confidentiality Agreement

### **6.0 References**

- NDIS Act 2013 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020
- Privacy Act 1988 (Commonwealth)

- Australian Privacy Principles (Commonwealth)



## **2.1.3 Work Health Safety and Environmental Management Policy and Procedure**

### **1.0 Purpose**

Work Health and Safety (WHS) regulations place an obligation on decision-makers of the service to take reasonable steps to gain an understanding of the hazards and risks associated with working and support activities, and to allocate appropriate resources and processes, to eliminate or minimise these risks to health and safety.

These legal requirements extend to eliminating risks to staff members, participants, subcontractors, and volunteers whenever it is practical; if it is not feasible to eliminate all risks, then they will be minimised wherever possible.

### **2.0 Scope**

Staff members, participants, volunteers, and sub-contractors are also obligated to protect their own and other people's health and safety. Their responsibilities also extend to identifying hazards and risks, managing work health and safety risks, and applying appropriate treatments. They should also consult with other people, including supervisors or management, about these risks.

### **3.0 Policy**

Optimum Health & Community aims to promote and maintain the highest degree of physical, mental, and social wellbeing of all individuals in the workplace. The organisation will comply with all relevant federal and state legislation to ensure a safe workplace. All personnel have a responsibility to ensure a safe workplace by implementing safe systems of work.

Optimum Health & Community will provide the resources required to comply with relevant acts and regulations associated with workplace health and safety to ensure that the organisation's workplaces are safe and without health risk.

Optimum Health & Community will undertake regular reviews and take steps to enhance workplace health and safety on a continuous improvement basis.

### **3.1 Statement of injury management and return to work**

Optimum Health & Community is committed to:

- establishing and reviewing the return-to-work program, that is consistent with the injury management program, to ensure injured workers return to work in a timely and safe manner
- managing all claims and the return to work of employees injured in the workplace
- establishing individualised injury management plans according to legislative requirements, as outlined in the policy and procedures
- consulting with employees and other stakeholders on health and safety issues
- complying with relevant work health and safety legislation and regulations and other associated legislation
- providing and maintaining equipment and appropriate personal protective equipment for the safety of our employees
- providing employees with information, training, and supervision, as necessary, to enable them to work in a safe manner and without risks to health
- documenting, investigating, and reviewing incidents
- displaying, documenting, and distributing this Work Health Safety and Environmental Management Policy and Procedure and all other associated documentation in the workplace, including the return-to-work program
- maintaining the required insurance cover
- appointing a designated person to manage all claims for workers' compensation, occupational rehabilitation and return to work programs
- outlining the roles and responsibilities of all relevant parties in the return-to-work process
- regularly reviewing workers compensation claims.

### **3.2 Environmental management**

Management will endeavour to minimise our environmental impact in the following areas:

- reduction of waste generated
- unnecessary energy consumption.

Optimum Health & Community will actively take part in:

- identifying waste streams and options for effective waste management
- reviewing purchasing behaviour, e.g., buy recycled materials; reduce waste; use less harmful/volatile chemicals
- improving storage, e.g., reduce the quantity of waste and spills, reduce odours by keeping containers closed
- conserving energy, e.g., install eco-friendly lights, turn lights off when not needed, purchase energy-efficient emergency equipment and use greener fuel sources
- conserving water, e.g., install water-saving accessories, repair leaks
- preserving waterways, e.g., mark and protect storm-water drains
- creating an emergency plan and spill response
- improving education and awareness
- notifying relevant authorities in the event of a major environmental impact.

### 3.3 Incident management

Incident management is an integral element of the Optimum Health & Community' planning processes. All stakeholders are encouraged to raise any concerns regarding risk, incidents, or safety. Support delivery issues, and their contributing factors, are identified and utilised as Optimum Health & Community' performance measures:

- Optimum Health & Community management is ultimately accountable for incident management throughout our service and support provision.
- Our organisation reinforces our accountability by using governance structures including policy, performance management and delegations; and defines the acceptable level of risk for the organisation.

The Manager is responsible for:

- overseeing the incident management system including monitoring, reviewing, and reporting on its effectiveness
- managing, reviewing, and implementing the contingency disaster plan, including establishing and maintaining all service agreements
- implementing incident management processes
- advising results and analysis of incident investigations
- evaluating and documenting actual and potential risks with a formal risk assessment
- ensuring all staff within Optimum Health & Community have a responsibility to identify and engage in the minimisation of risks that may exist in service delivery.



Figure 2 Incident Management

### **3.3.1 Responding and reporting obligations**

- Optimum Health & Community has a responsive risk management hazard, incident, and accident reporting system in place.
- All incidents, of any nature, are a matter of concern and, as such, should be recorded using incident and hazard reports.
- All notifiable incidents are to be reported to state Workcover authorities and the NDIS Commission through the portal, as per regulatory requirements.
- Details of incidents will be documented through the incident management system.

### **3.3.2 Documentation**

- All information is gathered with due regard to privacy and confidentiality, recorded comprehensively and stored securely.
- The incident report is for the use of the Manager only, as it will contain identifying information. Minimum information required includes a description of the event, damage, injuries, reporting requirements, parties/persons involved and recommendations. Reportable Incidents documentation will be held for seven (7) years. Where children are involved, records will be kept until the child turns 25 years of age.
- When discussing the incident findings and recommendations in a meeting, care must be taken not to minute any identifying information.

### **3.3.3 Evaluation and feedback**

- Staff involved in the incident will be advised of the findings and recommendations of the incident investigation.

- Information will be reported through the meeting system.
- Optimum Health & Community may trend incidents, accidents, and critical events.
- Reviews of policy, procedure and equipment may occur because of an incident or accident.

### **3.3.4 Support for stakeholders**

- Any staff member, participant or visitor involved in, or affected by, an incident is offered support.

### **3.4 Manual handling**

- Optimum Health & Community has a Manual Handling Policy and Procedure, and all staff are instructed in this procedure at induction and as required.
- Maintenance of the participants' independence by encouraging mobility is a priority.
- The manual handling needs of participants are assessed and documented on entry to Optimum Health & Community.
- Manual handling is a component of the education and training program.
- Staff members are instructed on the correct manual handling and lifting techniques.
- All staff members are assessed on their manual handling techniques during induction and then regularly.
- All manual handling injuries and incidents are reviewed, risk assessments are conducted, and then strategies implemented to control risks.
- Risk identification, assessment and control are carried out in consultation with staff.
- Incidents, accidents, and hazards, identified from manual handling activities, are reported through the communication meeting and other associated meetings, as deemed by management as required.
- Appropriate equipment is provided so manual handling activities can be safely executed.
- Personal manual handling equipment such as 'slide sheets' are maintained according to infection control guidelines.
- The Manager will ensure that the general layout of the workplace is conducive to the safe handling of participants and the safe use of equipment.

### **3.5 Work health and safety consultation**

Optimum Health & Community will establish and maintain systems for work health and safety consultation to enable staff to contribute to the decision-making process regarding matters that affect their health, safety, and welfare at work. The intended outcomes of this policy include:

- prevention of risk of injury to workers and others
- consultation with workers regarding the risk management process
- reduction of social and financial costs of work health and safety hazards
- establishment and maintenance of safe systems of work
- regulatory compliance maintenance
- prompt consultation on work health and safety matters, taking into consideration the level of risk involved in any specific issue
- training is updated according to current work health and safety regulatory requirements and made available to staff.

### ***3.5.1 Nature of consultation***

The purpose of the work health and safety consultation with staff is to:

- share health and safety information
- provide a reasonable opportunity to:
  - express their views
  - raise work health and safety issues
  - contribute to the decision-making process
- consider the opinions of staff members
- promptly inform staff of any future outcomes.

### ***3.5.2 When a consultation is required***

Consultation is required when:

- identifying and assessing risks to health and safety
- deciding ways to eliminate or minimise those risks
- deciding on the adequacy of facilities for worker welfare
- proposing changes that may affect the health and safety of workers.

### ***3.5.3 Work health and safety resolution***

- Staff are to be consulted on proposed changes to the work environment, equipment, policies, protocols, and procedures that may affect their health and safety.

- Information on hazards, work health and safety activities, and achievements will be disseminated to staff through staff meetings, memos or similar.
- A staff member may approach the Manager to bring forward issues in the workplace.
- The Manager will attempt to resolve the issue locally.
- Optimum Health & Community will always make a reasonable effort to achieve a timely, final, and effective resolution of work health and safety matters.

Work-related problems, concerns or complaints concerning work health and safety will be managed in accordance with our Human Resource Management Policy and Procedure.

Only after reasonable efforts have been made to resolve the issue can the parties seek the assistance of an appropriate workplace health and safety inspector. This right arises whether all, some or only one of the parties have made reasonable efforts to have the work health and safety issue resolved, this means that a party's unwillingness to resolve the issue would not prevent an inspector being called in.

The inspector's role is to assist in resolving the issue which could involve the inspector providing advice or recommendations or exercising any of their compliance powers, e.g., issuing a notice.

Even if an inspector has been requested to assist in resolving a work health and safety issue, the rights of a worker to cease unsafe work remain under the *Work Health and Safety Act 2011* model.

When an issue is resolved, the details of the issue and the resolution will be set out in writing to the satisfaction of all the parties, as soon as reasonably practicable:

- Worker/s affected by the issue will be informed of the details of the agreement between the parties.
- A copy of the agreement to the resolution of an issue may be forwarded by any of the parties involved or Optimum Health & Community that represents the party.

### **3.6 Workplace incidents**

Optimum Health & Community will:

- hold current workers' compensation insurance policy that covers all workers
- notify a worker of any workplace incidents, as per legislative requirements
- make suitable duties available to injured workers

- maintain a record of wages according to regulatory requirements
- maintain a register of workplace-related injuries and illnesses
- forward any workers' compensation payments to injured workers
- avoid dismissing an injured worker because of their injury, within six months of the injury or illness occurring, and the injured worker's incapacity to work
- maintain a register of acceptable modified duties
- prepare an offer of modified duties in writing and provide these to the injured worker and healthcare practitioner
- educate staff about the causes of the injury and subsequent risk
- keep associated records as required
- ensure all staff are aware of responsibilities and rights concerning return to work through training and education
- manage disputes according to regulatory requirements.

### **3.6.1 Notification of injuries**

- The Manager will be notified of all injuries, as soon as possible.
- All injuries are to be recorded.
- The workers' compensation agent will be notified of any injuries within 48 hours.
- Workers will be notified immediately of any serious incidents involving a fatality or a serious injury or illness.

### **3.6.2 Recovery**

- The Manager will ensure that the injured worker receives appropriate first aid and medical treatment as soon as possible.
- The injured worker must nominate a treating doctor who will be responsible for the medical management of the injury and assist in planning a return to work.

### **3.6.3 Return to work**

The Manager will:

- arrange a suitable person to explain the return-to-work process and the injury management plan to the injured worker
- ensure the injured worker's right to the confidentiality of medical information
- ensure no information will be used to discriminate against the injured worker



- provide mechanisms to communicate across cultures including ethnicity, gender, and age
- ensure all return-to-work plans are completed within the legal time frames
- prepare the return-to-work plans based on the advice of the staff member's own treating health practitioner/doctor and the workplace rehabilitation provider
- follow the relevant legislation and the agreed consultation procedures
- create availability of suitable work where possible, when a staff member's injury does not allow a return to immediate pre-injury duties (these suitable duties shall be made available temporarily)
- maintain contact and communication with an injured staff member during the period of incapacity and absence from work
- ensure the confidentiality of the injured staff member's information and records.

### **3.7 Work health and safety management program**

The work health and safety management program consist of a set of activities, policies and procedures that are updated, as required, which relate to all aspects of work health and safety, including:

- work health and safety training and education
- work design, workplace design and standard/safe work procedures
- emergency procedures
- provision of work health and safety equipment, services, and facilities
- workplace inspections and evaluations
- reporting, recording, and reviewing incidents, accidents, injuries, and illnesses
- hazard identification activities
- equipment assessment procedures and practices
- participant risk assessment procedures and practices
- staff risk assessment procedures and practices
- provide information on work health and safety to staff, participants, and their families
- implement safe manual handling procedures and safe work procedures.

### **3.8 Education/training**

Within seven days of commencing employment, each new employee will be provided instruction regarding:

- identification and minimisation of hazards in/around a participant's home and in the workplace

- procedures to be followed in the event of an emergency.

Every staff member will receive emergency training at least annually. Education/training will always be conducted by appropriately authorised and skilled personnel.

### **3.9 Hazard identification and risk management**

Management actively encourages the reporting of hazards and promotes a positive and timely response; staff and contractors are informed of the mechanism for hazard identification. On identification and reporting of a hazard, staff members and subcontractors will:

- take immediate action to minimise the hazard(s), where possible
- report immediately to the person in charge when the action is beyond role limitations, and the hazard poses a high risk
- record the hazard according to the organisation's hazard reporting requirements.

Identified hazards are reported and reviewed using Optimum Health & Community' continuous improvement and risk management processes (see the Risk Management Policy and Procedure and the Continuous Improvement Policy and Procedure).

### **3.10 Risk management**

Optimum Health & Community considers risk management to be fundamental to good management practice. Effective management of risks will provide an essential contribution to the achievement of Optimum Health & Community' strategic and operational objectives and goals. Risk management must be an integral part of Optimum Health & Community' decision-making and must be incorporated within the strategic and operational planning processes, at all levels, across Optimum Health & Community.

Optimum Health & Community will maintain strategic and operational risk management plans. Management is committed to ensuring all staff are provided with adequate guidance and training on the principles of risk management and their responsibilities so they can implement risk management effectively.

Optimum Health & Community will regularly review and monitor the implementation and effectiveness of the risk management process, including the development of an appropriate risk management culture across our organisation.

## 4.0 Definitions

Term	Definition
<b>Bullying</b>	Bullying can be defined as “unreasonable and inappropriate workplace behaviour that may intimidate, offend, degrade, insult or humiliate an employee (or another person), in front of others and which can include physical or psychological behaviours.”
<b>Clinical risk management</b>	Clinical risk management is an approach to improving quality of care which places special emphasis on identifying circumstances which put participants at risk of harm, and then acting to prevent, control or accept those risks. The aim is to improve the quality of care for participants and to reduce the costs of risks for care providers.
<b>Dangerous goods</b>	Those substances that give rise to an immediate physical effect, such as fire, explosion, vapour release and are defined as such under-Work Health Safety legislation.
<b>Dangerous incident</b>	<p>A dangerous incident means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from immediate or imminent exposure to:</p> <ul style="list-style-type: none"> <li>(a) an uncontrolled escape, spillage, or leakage of a substance</li> <li>(b) an uncontrolled implosion, explosion, or fire</li> <li>(c) an uncontrolled escape of gas or steam</li> <li>(d) an uncontrolled escape of a pressurised substance</li> <li>(e) electric shock</li> <li>(f) the fall or release from a height of any plant, substance, or thing</li> <li>(g) the collapse, overturning, failure, or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations</li> <li>(h) the collapse or partial collapse of a structure</li> <li>(i) the collapse or failure of an excavation or of any shoring supporting an excavation</li> <li>(j) the inrush of water, mud, or gas in workings, in an underground excavation or tunnel</li> </ul>

	<p>(k) the interruption of the main system of ventilation in an underground excavation or tunnel</p> <p>(l) any other event prescribed by the regulations but does not include an incident of a prescribed kind.</p>
<b>Due diligence</b>	<p>Where a PCBU (person conducting a business or undertaking) has a health and safety duty, an officer of the PCBU is required to exercise 'due diligence' to ensure the PCBU meets that duty.</p> <p>Due diligence means taking a reasonable step to:</p> <ul style="list-style-type: none"> <li>● gain and update knowledge of WHS matters</li> <li>● understand the nature of the business, undertaking's operations and the general hazards and risks involved</li> <li>● ensure the PCBU has appropriate resources for eliminating/minimising risks, and that these resources are used</li> <li>● ensure the PCBU has processes for receiving, reviewing, and responding to information about incidents, hazards, and risks</li> <li>● ensure the PCBU implements processes for complying with their duties, such as: <ul style="list-style-type: none"> <li>○ consultation</li> <li>○ provision of training and instruction</li> <li>○ reporting of notifiable incidents.</li> </ul> </li> </ul>
<b>Environment</b>	<p>Components of the earth, including:</p> <ul style="list-style-type: none"> <li>● land, air, and water</li> <li>● any layer of the atmosphere</li> <li>● any organic or inorganic matter and any living organism</li> <li>● human-made or modified structures and areas and includes interacting natural ecosystems.</li> </ul>
<b>Hazard</b>	<p>Something with the potential to cause injury, illness, or disease.</p>
<b>Hazardous substances</b>	<p>Those substances which can cause detrimental health effects, such as damage to respiratory tract, skin, eyes (including carcinogens) and are defined as such under WHS legislation.</p>
<b>Health and Safety Representative (HSR)</b>	<p>The person elected by members of a work group within the PCBU, or across several businesses (e.g., multiple workplaces) to represent that workgroup during consultation on work health and safety issues.</p>

<b>Health and Safety Committee (HSC)</b>	A PCBU must establish an HSC were requested to do so by the HSR, or a minimum of 5 or more workers at the workplace or at the PCBUs own initiative. The HSR can be a member of the HSC if they consent.
<b>Incident</b>	Incidents can be either an event that has occurred, or a 'near miss', and include all complications of care, accidents and side effects, a common feature being that incidents are either potentially or harmful.
<b>Notifiable incident</b>	A notifiable incident is defined as: <ul style="list-style-type: none"> <li>● death of a person</li> <li>● serious injury or illness of a person</li> <li>● dangerous incident</li> <li>● abuse or neglect of a person</li> <li>● unlawful sexual or physical contact or assault of a person</li> <li>● sexual misconduct committed against, or in the presence of, a person.</li> <li>● unauthorised use of a restrictive practice in relation to a person.</li> </ul>
<b>Person conducting a business or undertaking (PCBU)</b>	A person or entity that conducts the business or undertaking alone or with others whether, or not, the business or undertaking is conducted for profit or gain.
<b>Officer of the PCBU</b>	A person who makes, or participates in making, decisions that affect the whole, or a substantial part, of the business or undertaking.
<b>Personal protective equipment (PPE)</b>	Personal protective equipment (PPE) is defined as safety clothing or equipment for specified circumstances or areas, where the nature of the work involved or the conditions under which people are working, requires wearing or use for personal protection to minimise risk.
<b>Reasonably practicable</b>	Taking all steps, a duty holder was reasonably able to, considering the cost of eliminating or minimising the risk, and whether this cost far exceeds the level of reduction of risk.
<b>Risk</b>	The chance of something happening that will have an impact upon the services Optimum Health & Community provides. Measured in terms of likelihood and consequences.

<b>Risk analysis (Incident)</b>	Seriousness of the event's consequences and its likelihood or frequency of occurring again which provides a Category Code (CAT), generating a numerical rating which guides appropriate action.
<b>Risk identification</b>	Data sources that assist identification of risk include Coroners reports, clinical indicators, variance analysis, incident reporting, complaints, and other feedback.
<b>Risk register</b>	All levels of Optimum Health & Community are responsible for the continual monitoring of the strategic risk profile. A risk register identifies major risks for Optimum Health & Community, including an indication if existing controls or management systems are in place to manage that risk.
<b>Risk treatment</b>	Risk can be avoided, controlled, retained, or eliminated. Two major approaches to control risk are reducing risk before it arises (in essence, proactive system design, e.g., Work Health Safety Risk Management Site for Safe Work Method Statement, equipment maintenance) or reducing the risk after the problem arises (countermeasures or barriers such as increased training).
<b>Safety Data Sheet (SDS)</b>	Information containing data regarding the properties and effects of a substance that must be provided by the manufacturer, supplier, or importer of the hazardous substance/dangerous goods. SDS must be current – within five years of the issue date and meet specific legislated format requirements.

<b>Serious injury or illness</b>	<p>Serious injury or illness of a person means an injury or illness requiring the person to have:</p> <ul style="list-style-type: none"> <li>(a) immediate treatment as an in-patient in a hospital</li> <li>(b) immediate treatment for:           <ul style="list-style-type: none"> <li>(i) the amputation of any part of his or her body</li> <li>(ii) a serious head injury</li> <li>(iii) a serious eye injury</li> <li>(iv) a serious burn</li> <li>(v) the separation of his or her skin from an underlying tissue</li> <li>(vi) a spinal injury</li> <li>(vii) the loss of a bodily function</li> <li>(viii) serious lacerations</li> </ul> </li> <li>(c) medical treatment within 48-hours of exposure to a substance, and any other injury or illness prescribed by the regulations but does not include an illness or injury of a prescribed kind.</li> </ul>
<b>Worker</b>	<p>Anyone who is carrying out work, in any capacity, for a PCBU including direct employees, contractors and subcontractors and their employees, labour-hire employees engaged in working in the business or undertaking, outworkers, apprentices, trainees and students on work experience and volunteers.</p>
<b>Work group</b>	<p>A work group is the group of people represented by the HSR. This could be a specific department, shift (e.g., day/night shift), location or type of worker. Work groups are determined by negotiation between the PCBU and workers (and their representative if required).</p>
<b>Work health and safety</b>	<p>The main objective of the model <i>Work Health and Safety Act</i> is to '<i>provide for a balanced and nationally consistent framework to secure the health and safety of workers and workplaces</i>'.</p>
<b>Workplace</b>	<p>A <b>workplace</b> is a place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work.</p>

## 5.0 Related documents

- Complaint and Feedback Form
- Anonymous Complaint and Feedback Form
- Complaints Register
- Continuous Improvement Policy and Procedure
- Continuous Improvement Plan
- Continuous Improvement Register
- Emergency Plan
- Hazard Report Form
- Incident Investigation Form
- Position Descriptions
- Return to work program documents
- Staff Training Record
- Staff Training Plan
- Risk Management Policy and Procedure

## 6.0 References

- NDIS (Quality and Safeguards Commission) 2018
- Safe Work Australia National Code of Practice
- Work Health and Safety Act 2011 (Commonwealth)



## 2.1.4 Manual Handling Policy and Procedure

### 1.0 Purpose

Most work roles involve performing some type of manual task using the body to move or hold objects, people, or animals. Manual tasks cover a wide range of activities including stacking shelves, cleaning, gardening, moving people and entering data into a computer.

Manual handling relates to any activity that requires effort to undertake, e.g., lifting, lowering, pushing, pulling, supporting, carrying and the moving of loads by hand or by bodily force. Some manual tasks are hazardous and may cause musculoskeletal disorders (MSD). These are the most common workplace injuries across Australia.

The *Work Health and Safety Act 2011* and the *Work Health and Safety Regulations* provide a framework for safeguarding the health, safety, and welfare for those who participate in manual handling activities in the workplace.

This document is provided as a guide for staff workers to follow to ensure the implementation of safe manual handling practices. All workers are responsible for following the steps detailed in this procedure for any manual handling activity. The procedure should be read in conjunction with the Work Health Safety and Environmental Management Policy and Procedure.

### 2.0 Scope

#### 2.1 Organisation

Optimum Health & Community has a responsibility for ensuring that manual handling practices are current, and that best practice information is provided to staff workers regarding managing the risk of musculoskeletal injuries associated with hazardous manual tasks. Optimum Health & Community takes all reasonable steps to use appropriate resources and processes to eliminate or minimise risks in our organisation caused by hazardous manual tasks.

## 2.2 Staff workers

Staff workers and participants have a duty to take reasonable care for their health and safety and to not adversely affect the health and safety of others. Staff workers must comply with any reasonable instructions, as far as they are able, and must also cooperate with any reasonable health and safety policies or procedures that they have been provided by Optimum Health & Community to mitigate risk.

## 3.0 Definitions

Term	Definition
<b>Manual handling</b>	Any activity that involves lifting, pushing, pulling, carrying, moving, holding, or restraining. It also includes sustained and awkward postures or repetitive movements.
<b>Hazardous manual task</b>	<p>A task requiring a person to lift, lower, push, pull, carry, or otherwise move, hold, or restrain any person, animal or thing involving one or more of the following:</p> <ul style="list-style-type: none"> <li>● repetitive or sustained force</li> <li>● a high or sudden force</li> <li>● repetitive movement</li> <li>● sustained or awkward posture</li> <li>● exposure to vibration.</li> </ul> <p>These hazards directly stress the body and may lead to an injury.</p>
<b>Musculoskeletal disorder (MSD)</b>	<p>An MSD may include:</p> <ul style="list-style-type: none"> <li>● sprains and strains of muscles, ligaments, and tendons</li> <li>● back injuries, including damage to the muscles, tendons, ligaments, spinal discs, nerves, joints, and bones</li> <li>● joint and bone injuries or degeneration, including injuries to the shoulder, elbow, wrist, hip, knee, ankle, hands, and feet</li> <li>● nerve injuries or compression (e.g., carpal tunnel syndrome)</li> </ul>

	<ul style="list-style-type: none"> <li>● muscular and vascular disorders because of hand-arm vibration</li> <li>● soft tissue injuries including hernias</li> <li>● chronic pain.</li> </ul> <p>An MSD can occur in two ways, including:</p> <ul style="list-style-type: none"> <li>● gradual wear and tear to joints, ligaments, muscles, and intervertebral discs caused by repeated or continuous use of the same body parts, including static body positions</li> <li>● sudden damage caused by strenuous activity, or unexpected movements such as when loads being handled move or change position suddenly.</li> <li>● Injuries can also occur due to a combination of the above mechanisms.</li> </ul>
<b>Workplace</b>	Any place where work is carried out for a business and includes any place where a worker goes, or is likely to be, while at work, including a participant's home.

## 4.0 Policy

Optimum Health & Community will manage risks to health and safety relating to a musculoskeletal disorder associated with hazardous manual tasks by following the recommendations of the SafeWork Australia's Hazardous Manual Tasks Code of Practices.

A Work Health and Safety Officer, delegated by the Manager, will manage risks to:

- identify and assess reasonably foreseeable hazards that could give rise to manual handling risk
- eliminate the risk, as far as is reasonably practicable
- minimise the risk, as far as is reasonably practicable, by implementing control measures (e.g., use of appropriate mechanical aids, the provision of training, support, and communication with all who may be exposed to the risks and hazards)
- maintain the implemented control measure, so it remains effective
- review, and if necessary, revise risk control measures to maintain a work environment that is without risks to health and safety, as far as practicable.

Optimum Health & Community will ensure it provides:

- appropriate equipment and related training that promotes safe manual handling practices
- education specific to manual handling on an annual basis to guarantee staff knowledge is up to date and in line with the current safe work standards
- induction training and instruction to workers that are suitable and adequate for their work role incorporating:
  - the nature of the work carried out
  - the nature of the risks associated with the work at the time of the information, training, and instruction
  - control measures implemented
- review and monitor the manual handling practices of employees who directly and actively participate in the delivery of care to participants
- assessment of participants for manual handling risks and where risks are identified ensure these are documented in their clinical record, as well as procedures/practices to be carried out to reduce the risk (to be undertaken upon initial assessment of the client and in the home risk assessment procedures)
- support for consultative and collaborative improvement processes regarding safe manual handling
- annual reviews of the individual participant that include the assessment of equipment or processes relating to manual handling to ensure that these are still valid
- carry out reassessment immediately if there are changes in the participant's condition that may alter the work environment concerning manual handling
- investigate all incidents and accidents which result in physical or musculoskeletal injury to employees
- review risk assessments and systems of work considering any incidents
- report all incidents and complete the Incident Investigation Form as soon as practical.

Our staff will ensure they take personal responsibility for reducing the potential risk of injury to themselves, participants, and others, by:

- understanding the principles of manual handling and being able to identify potential hazardous risks
- familiarising themselves with the Safe Work Australia Hazardous Manual Tasks Code of Practice
- consistently using safe work practices when undertaking any manual handling activity, following the manufacturer's operational instructions on the use of equipment and procedures documented in the participant's notes relating to specific manual handling

- adhering to our organisation's policies and procedures relating to manual handling as outlined in this policy and the following procedures.

## **5.0 Procedure**

### **5.1 Managing manual handling risks**

All new staff undertake work health and safety training and are provided with relevant documentation at their induction/orientation. The Staff Orientation Checklist records this.

New staff workers will be assessed for their competency in manual handling on their initial buddy shift/s and any later shift observations.

All staff will be provided annual refresher training in manual handling relevant to their role, as per mandatory training outlined in the Staff Development Policy and Procedure.

### **5.2 Participant care procedures**

Participant assessment, planning and ongoing revision will include:

- an initial assessment of manual handling risks and appropriate control strategies, documented in the Participant Initial Assessment Form
- notes of manual handling risks in the Risk Assessment Form
- ongoing assessment of manual handling risks and strategies annually or as required.

### **5.3 Continuous improvement procedures**

The Quality and Risk Committee will:

- ensure all musculoskeletal injuries are investigated
- review policies and procedures in the light of such incidents
- enter review and outcomes in the Incident Register and Continuous Improvement Register
- periodically review all employee incidents to identify any patterns related to musculoskeletal injuries and manual handling.






## 5.4 Employee procedures

Employees are expected to:

- take part in all training and assessment provided concerning manual handling
- adhere to manual handling policies and procedures
- consult with all key persons to reduce manual handling risks, i.e., participant, family, carer, management, and allied health professionals.
- use and operate equipment following manufacturer instructions and only for its intended use.
- report to the Manager as soon as possible any:
  - potential hazards and faulty equipment (e.g., commode chair difficult to manoeuvre, malfunctioning hoist batteries, frayed/worn slings, harnesses, and broken buckles)
- incident/accident, injury or dangerous occurrence relating to manual handling
- changes in the participant's condition and environment that may increase the risk of injury from manual handling issues.

## 5.5 Risk management process for manual tasks

<b>IDENTIFY</b>	<b>What is the manual task?</b> <ul style="list-style-type: none"> <li>• Using the body to lift, lower, push, pull, carry, or otherwise move, hold, or restrain any person, animal, or thing.</li> </ul>				<b>CONSULT</b>
	<b>Is the manual task hazardous?</b>				
	Application of force: - repetitive - sustained - high - sudden	Posture: - sustained - awkward	Movement: - repetitive	Exposure to vibration	
	↕	↕	↕	↕	
<b>ASSESS</b>	<b>What is the risk of MSD?</b> <ul style="list-style-type: none"> <li>• How often and how long are specific postures, movements or forces performed or held?</li> <li>• What is the duration of the task?</li> <li>• Does the task involve high or sudden force?</li> <li>• Does the task involve vibration?</li> </ul>				<b>CONSULT</b>

	<b>What is the source of risk?</b>				
	Work area design and layout	Systems of work	Nature, size, weight and number of persons, animals or things handled	Work environment	
					
<b>CONTROL</b>	<b>Is the task necessary?</b> <ul style="list-style-type: none"> <li>• Can the source of risk (work area layout, environment, etc.) be changed?</li> <li>• Can mechanical aids be used to perform the task?</li> <li>• What training is needed to support the control measures?</li> </ul>				<b>CONSULT</b>
					
<b>REVIEW</b>	<b>Conduct a review:</b> <ul style="list-style-type: none"> <li>• when the control measure is no longer effective</li> <li>• before a change at the workplace that is likely to give rise to a new or different health and safety risk that the control measure may not effectively control.</li> <li>• if the new hazard or risk is identified.</li> <li>• if results of consultation indicate that a review is necessary</li> <li>• if a health and safety representative at the workplace requests a review.</li> </ul>				<b>CONSULT</b>

## 6.0 Related documents

- Incident Investigation Form
- Incident Report
- Incident Investigation Form Final Report
- Incident Register
- Continuous Improvement Register
- Continuous Improvement Plan
- Staff Orientation Checklist
- Risk Assessment Form
- Risk Management Plan

- Risk Register
- Hazard Report Form
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan
- Human Resource Management Policy and Procedure
- Work Health Safety and Environmental Management Policy and Procedure

## 7.0 References

- Work Health and Safety Act 2011 (Commonwealth)
- Work Health and Safety Regulations 2019 (Commonwealth)
- SafeWork Australia - Hazardous Manual Tasks Code of Practices



## 2.1.5 Continuous Improvement Policy and Procedure

### 1.0 Purpose

Optimum Health & Community is committed to continuous service improvement. Continuous improvement requires a deliberate and sustained effort and a learning culture. It is results-driven with a focus not only on strengthening service delivery but also on individual outcomes.

This policy supports Optimum Health & Community to apply the National Disability Insurance Service Practice Standards and Quality Indicators.

Optimum Health & Community actively pursues and demonstrates continuous improvement in all aspects of business operations.

### 2.0 Scope

All staff, whether permanent or casual, contractors, volunteers, or business partners, are responsible for monitoring how well Optimum Health & Community services and supports are functioning.

### 3.0 Definitions

Term	Definition
<b>Continuous improvement</b>	<p>A formal, cyclical series of steps that are designed to improve processes that lead to better outcomes for participants and other stakeholders.</p> <p>The steps usually include matters such as identifying opportunities for improvement, collecting data, analysing data, deciding on a new approach based on the data analysis, developing, and implementing</p>

	changes and evaluating the effectiveness of the changes.
<b>Internal auditing</b>	An independent, objective assurance and consulting activity designed to add value and improve the organisation's operations. It helps the organisation to accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of its quality management system.
<b>Corrective action</b>	An action, or a plan, created by management to address a non-conformance.
<b>Performance measures</b>	<p>Performance measures (or 'indicators') how outcomes or results are evaluated. They are the measures of how well the service provider is carrying out its work and achieving its aims.</p> <p>They are expressed as numbers rather than as descriptions. They can tell a service provider:</p> <ul style="list-style-type: none"> <li>● how much it has done (numbers of people using a service, numbers of activities provided)</li> <li>● how well it has done something (levels of satisfaction by numbers of people, timeliness, or efficiency of activities)</li> <li>● the effect it has had (outcomes for numbers of people receiving service, changes in social well-being or social policy)</li> <li>● sound corporate governance</li> <li>● the financial health of the organisation</li> <li>● participant satisfaction levels</li> <li>● achievement of positive outcomes for participants</li> <li>● level of staff morale</li> </ul>

- provide a positive profile for the service provider among stakeholders.

## 4.0 Policy

This policy guides the design and delivery of services and ensures Optimum Health & Community maintains high standards, improves systems and processes, adapts to changing needs and demonstrates organisational improvement.

### 4.1 Continuous improvement process

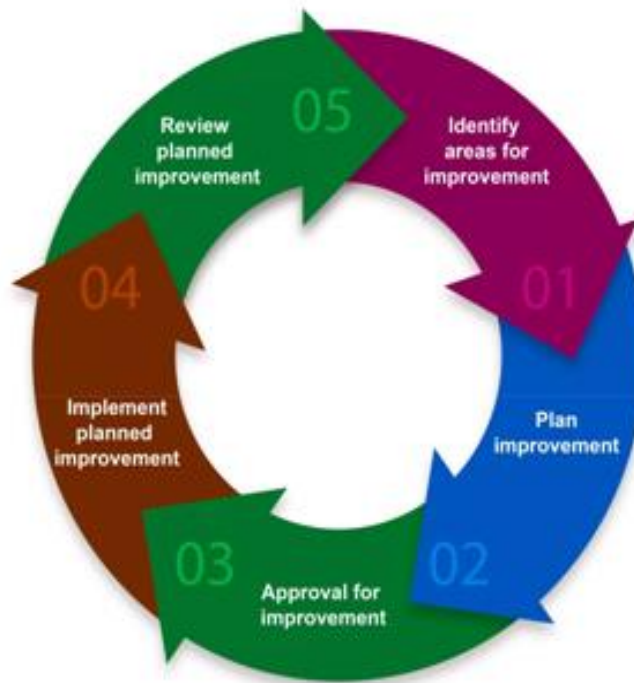
The basis of Optimum Health & Community' quality system is a cycle of self-improvement that follows a basic model involving planning, acting, and checking to improve and standardise our processes. This model is used at a whole of organisation level to determine, measure, analyse and improve performance. At a process level, this approach involves:

- identifying problems or improvement opportunities, then investigating and determining the root cause
- developing and implementing an action plan, listing tasks, setting target dates, nominating responsibility and tracking progress through continuous management
- checking that the improvement has led to growth through performance measures and identifying any new or additional measures needed
- standardising improvements made through policies or other documents.

### 4.2 Principles

- All services, processes and procedures undertaken are the best they can be.
- Services are regularly reviewed and measured for quality and effectiveness.
- All staff and participants are encouraged to provide feedback on how to improve service delivery.
- The participants are to be involved in all decision-making processes that affect them.
- Participants, family, and advocates can provide valuable insights about the effectiveness of services, highlight any gaps or issues that arise and provide ideas for improvements and innovation.
- A learning culture of quality within the organisation ensures all people, regardless of their role, contribute to service quality and quality management.

- Planning, resource allocation, risk management and reporting are critical for continuous improvement and are part of an integrated approach that supports Optimum Health & Community’ mission and vision.
- Optimum Health & Community is committed to innovation, high quality, continuous improvement, contemporary best practice, and effectiveness in the provision of supports to people with disabilities.



01	Identify areas for improvement	02	Plan improvement	03	Approval for improvement	04	Implement planned improvement	05	Review planned improvement
	<ul style="list-style-type: none"> <li>- Feedback from stakeholders</li> <li>- Complaints mechanism</li> <li>- Risk assessment</li> <li>- Incident management</li> <li>- Changes in legislation</li> </ul>		<ul style="list-style-type: none"> <li>- Use analysis from the identified risks, incidents, feedback and current practices</li> <li>- Determine improvements</li> <li>- Set goals or outcomes</li> <li>- Plan of action - policies, practices, staff training and implementation</li> <li>- Complete Continuous Improvement Register</li> </ul>		<ul style="list-style-type: none"> <li>- Review Continuous Improvement Register to inform plan of action</li> <li>- Approve for implementation</li> <li>- Review post implementation</li> </ul>		<ul style="list-style-type: none"> <li>- Adjust policies and practices as required</li> <li>- Train and inform staff</li> <li>- Implement</li> </ul>		<ul style="list-style-type: none"> <li>- Gather evidence about the implementation</li> <li>- Determine if implementation reaches goals or output requirements</li> <li>- Identify if any further action is required and restart the process if necessary</li> <li>- Inform management of outcome</li> </ul>

Figure 3 Continuous Improvement Cycle Process

### **4.3 Measurements of quality**

Optimum Health & Community uses survey and audit results to measure outcomes required under the NDIS Practice Standards and Quality Indicators, in addition to other legislative requirements.

### **4.4 Sources of data for continuous improvement**

#### ***4.4.1 Changes in legislation/regulation and best practice***

Optimum Health & Community' management is informed of regulative and legislative changes via structured access to government, industry, and association information channels and through attendance at industry conferences, networking events and ongoing training/education. Information of this type is used to improve practices and approaches in our operations and services, including the implementation of service improvements.

Policies and procedures will be reviewed on an ongoing basis to ensure compliance with legislation. Version control will occur to ensure current documents are available to staff and participants.

#### ***4.4.2 Feedback and evaluation of data***

Optimum Health & Community will conduct formal surveys annually, at a minimum, to obtain opinions and feedback from participants as well as from their families and advocates, where possible.

Such feedback will assist Optimum Health & Community to accurately assess the quality of services and to make any improvements necessary.

Optimum Health & Community will collate the feedback from its surveys and advise participants of any proposed improvements to service delivery. Surveys and focus groups may also be targeted to review specific aspects of performance, e.g., information provision or ensuring participants are involved in their planning and decision-making.

Staff surveys will be conducted on an annual basis. These will be used to measure morale, understanding of Optimum Health & Community' policies and procedures, operating environment satisfaction, roles within the organisation, training and information needs and

our commitment to our values. Feedback analysis is incorporated into a Continuous Improvement Plan.

#### ***4.4.3 Internal/external audits***

Optimum Health & Community will conduct periodic internal audits to determine whether the quality management system conforms to the requirements of the relevant quality standards. The internal audits will check all processes and documents to ensure that the quality management system has been effectively implemented and maintained.

Internal and external audits will be designed to ensure that legislation, industry standards, and operational processes are correctly understood and implemented as per organisational policy (see Appendix 1: Internal review and external audit schedule).

Data obtained from audits will be stored and used to ensure corrective actions are recorded, verified, and closed out. The data collected from internal audits and corrective actions will be integrated into the continuous quality improvement system.

#### ***4.4.4 Complaint management***

All complaints will be investigated to determine the root causes and required improvements. Improvements will be tracking progress through management systems (meetings and reports) to capture and evaluate corrective actions.

All staff will be responsible for promoting the development of a positive complaint handling culture. Management will review complaints every six months (at least) to ensure that the complaint handling process is in accordance with our policy and procedures.

The Manager or their delegate will annually review the entire complaint handling system to ensure changes to policy and practice are implemented when necessary. The complaint data will be analysed to determine if there are any trends or patterns of on-going concern; such analysis will be incorporated into the continuous improvement system and corporate governance.

#### ***4.4.5 Incident reporting***

The Manager, or their delegate will be responsible for reviewing incidents, including incidents recorded under the Incident Register. This register allows for the collation and analysis of data from incident reports for the determination of issues, trends, or patterns of on-going concern; such analysis will be linked to the continuous improvement system.

#### **4.4.6 Unsolicited feedback**

Every participant and staff member has the right (and are encouraged) to provide feedback and suggestions that they believe can lead to improvements in the overall operation of Optimum Health & Community. They may use the Complaints and Feedback Form to put their thoughts and ideas in writing to the Manager. Alternatively, feedback can be provided via email or phone.

All suggestions will be fully considered, and appropriate improvements implemented, wherever possible. This feedback information is linked to our corporate governance to instigate changes in policies and procedures so we can improve practices on an ongoing basis.

#### **4.5 Communication of improvements**

An outline of any improvements is provided via:

- staff meetings
- emails
- subcontractor meetings
- updated policies and procedures.

#### **4.6 Monitoring continuous improvement processes and systems**

As part of our audit program, continuous improvement processes and systems are regularly audited. All staff, participants and other stakeholders are encouraged to provide ongoing feedback on any issues and areas where improvements are possible.

Continuous improvement should include feedback from participants and stakeholders to ensure that Optimum Health & Community meets the needs of the community in which it functions.

Continuous improvement ideas and strategies will be used to inform our corporate governance. Document and version control measures are to be documented in the Document Control Register. New documents are distributed as outlined in this document.

## 5.0 Related documents

- Asset Register
- Complaint and Feedback Form
- Anonymous Complaint and Feedback Form
- Complaints Register
- Continuous Improvement Register
- Continuous Improvement Plan
- Corporate Governance Policy and Procedure
- Document Control Register
- Hazard Report Form
- Incident Register
- Incident Investigation Form Final Report
- Incident Report
- Internal Audit Schedule
- Risk Management Plan

## 6.0 References

- Disability Services Act 1986 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020



## Appendix 1: Internal review and external audit schedule

Audit Focus	Technique	Responsibility	Review Schedule
Policies and Procedures	<ul style="list-style-type: none"> <li>Evaluate effectiveness and currency (practices match policy)</li> <li>Merge, develop or repeal policies and procedures</li> <li>Address non-conformances</li> <li>A delegate staff member to review, adjust and train staff in new practices and policies</li> </ul>	Manager or delegated officer	Three-year cycle or when legislation changes.  High-risk policies – annually (all Governance)
Strategic and Operational Plans	<ul style="list-style-type: none"> <li>Management planning review</li> <li>Update of business plan</li> </ul>	Manager or delegated officer	Biennially
Data Protection Audit	<ul style="list-style-type: none"> <li>Internal privacy audits</li> <li>Non-conformances to be forward to Manager to actioning</li> </ul>	Manager	Annually
NDIS Audit Certification or Surveillance	<ul style="list-style-type: none"> <li>Review previous report</li> <li>Inform participants and staff</li> <li>Policy matches practice</li> <li>Rectifications allocated to relevant staff and used as training and improvement</li> </ul>	Manager and NDIS Approved External Auditor	Three-year cycle (Annual surveillance and renewal audits)
Service Delivery	<ul style="list-style-type: none"> <li>Preparation and submission of reports required under any contractual arrangements</li> <li>Errors or non-conformances will be actioned to ensure compliance</li> </ul>	Manager or delegated officer	As per contractual arrangements
Legislative	<ul style="list-style-type: none"> <li>Preparation of annual report</li> </ul>	Manager or delegated officer	Annually following the end of the financial year

	<ul style="list-style-type: none"> <li>Review current legislative requirements (NDIS, Tenancy, general business)</li> <li>Non-compliances – Manager to manage</li> </ul>		(if relevant)
Financial	<p>Financial year reporting:</p> <ul style="list-style-type: none"> <li>quarterly</li> <li>end of Financial Year</li> </ul>	Manager or delegated officer	<p><b>Quarterly</b> (March, June, September and December)</p> <p><b>Annually</b> (July)</p>
Asset Management	<ul style="list-style-type: none"> <li>Review Assets Register</li> <li>Update warranty and depreciation details</li> <li>Building and assets review</li> <li>Audit maintenance schedules for continuing value and usefulness</li> </ul>	Manager or delegated officer	Annually
Risk Management	<ul style="list-style-type: none"> <li>Review of risk management and risk treatment plans</li> <li>Review continuous improvement register for signoffs and actions</li> <li>Action non-actioned items in Continuous Improvement Register</li> </ul>	Manager or delegated officer	Quarterly
Complaints	<ul style="list-style-type: none"> <li>Review Complaints Register</li> <li>Review Continuous Improvement Register for signoffs and actions</li> <li>Action non-actioned items in Continuous Improvement Register</li> </ul>	Manager or delegated officer	Half-yearly

Continuous Improvement	<ul style="list-style-type: none"> <li>Review current Continuous Improvement Plan, Incident Register, Risk Management Plans and Complaints Register for trends and plan of action.</li> <li>Action non-actioned items in Continuous Improvement Register</li> </ul>	Manager or delegated officer	Quarterly
Incident Review	<ul style="list-style-type: none"> <li>Incident Register review for risk identification linked to continuous improvement</li> <li>Action non-actioned items in Continuous Improvement Register</li> </ul>	Manager or delegated officer	Quarterly
Operational and Environmental Safety	<ul style="list-style-type: none"> <li>Building safety reviews</li> <li>Internal and external inspections incorporating physical &amp; digital access audits</li> <li>Check all aspects of building for safety, privacy, and security</li> <li>Actions undertake to rectify non-conformances</li> </ul>	Manager or delegated officer	Annually
Work Health Safety Requirements	<ul style="list-style-type: none"> <li>Safety compliance audits against documented work procedures, e.g., fire safety, electrical equipment, participant safety</li> <li>Actions undertake to rectify non-conformances by a delegated officer</li> </ul>	Registered professional	Annually
Provision of Support	<p>Participant surveys review</p> <ul style="list-style-type: none"> <li>service satisfaction</li> <li>staff satisfaction</li> <li>rights upheld</li> <li>Improvement ideas</li> </ul> <p>Action review outcomes</p>	Manager or delegated officer	Annually

Human Resource Management	<ul style="list-style-type: none"> <li>• Staff performance reviews</li> <li>• Staff satisfaction surveys and analysis for improvements</li> <li>• analyse input for trends</li> <li>• Action trends to improve outcomes for staff</li> </ul>	Manager or delegate	Annually
Subcontractors or suppliers	<ul style="list-style-type: none"> <li>• Review supplier contract details, performance, costs, and service quality</li> <li>• Adjust suppliers and contractors if not meeting requirements</li> </ul>	Manager or delegated officer	Annually
Personnel File Audit	<ul style="list-style-type: none"> <li>• KPIs reviewed to ensure meets current job role</li> <li>• Adjust job descriptions</li> <li>• Training records current</li> <li>• Review of relevant registrations and currency</li> </ul>	Manager or delegate	Annually
Information Management	<ul style="list-style-type: none"> <li>• Random file selection for accuracy and compliance</li> <li>• Check privacy and confidentiality requirements</li> <li>• Ensure passwords systems are current</li> <li>• Advice management if any issues</li> </ul>	Manager or delegate	Annually

## 2.2 Risk Management

### 2.2.1 Risk Management Policy and Procedure

#### 1.0 Purpose

Optimum Health & Community is actively working to identify, address and monitor potential risks to promote a safe environment for participants, staff, and visitors and to maintain adequate and viable business operations to:

- support effective decision-making that is guided by our mission and vision
- ensure a consistent and effective approach to risk management
- formalise our commitment to the principles of risk management and incorporating these into all areas of the business
- foster and encourage a risk-aware culture, where risk management is understood to be a positive attribute of decision-making, rather than a corrective measure
- align the planning, quality and risk management systems and integration into all areas of our operations
- implement robust corporate governance practices to manage risk while allowing innovation and development.

#### 2.0 Scope

Risk management is built into all areas of our operations, including service delivery and corporate governance. Risk management is the responsibility of all staff members and all areas of the organisation. It is the responsibility of the Manager to carry out risk management analyses for the organisation and to take appropriate measures.

#### 3.0 Policy

Optimum Health & Community recognises the importance of managing risk and ensuring that all stakeholders are aware of their role in identifying, analysing, evaluating, treating, monitoring, and communicating risk in a systematic risk management approach.

Optimum Health & Community understands the organisation may be at risk when:

- a well-functioning governance structure is not in place

- management plans, policies and processes are inadequate
- staff member roles and responsibilities are unclear
- participants are not required to sign consent forms or waivers
- equipment and facilities are not safe for the intended use
- implementation of a comprehensive risk management plan has not occurred.
- finances are managed inappropriately resulting in inadequate financial sustainability and cash flow
- insurance is inadequate or inappropriate
- operations are not evaluated regularly.

## 4.0 Definition

Term	Definition
Risk	<p>The possibility of something occurring that will have an impact on the service's objectives. Often risks involve constraints, failures, obstacles, and losses that may arise in the future.</p> <p>Risk is measured in terms of consequences, and if the risk will have a positive or negative impact.</p>

## 5.0 Procedure

### 5.1 Identification



Figure 4 Risk Identification Process

Our organisation implements processes to effectively manage risk, such as:

- analysing hazard data
- conducting risk assessments including environmental and equipment assessments

- reviewing incident/accident information
- seeking staff, participant, and visitor feedback/complaints
- maintenance of log items
- ongoing review of all policies and procedures
- seeking input from staff during staff meetings
- incorporating appropriate strategies identified during planning days, e.g., strategic, and operational planning sessions
- incorporating new information obtained via education and training into the business
- conducting financial audits
- conducting internal and external audits.

## 5.2 Planning

Optimum Health & Community has established and maintained a Risk Management Plan.

The plan identifies and addresses:

- **Risks to Optimum Health & Community** - Including loss of funding, inability to deliver funded outcomes within budget, embezzlement of funds, lack of suitably qualified staff, extended staff illness, damage to reputation and relationships, changes in compliance requirements and eligibility, decisions by the Manager and loss of data due to natural disasters.
- **Risks to staff** - Including lack of suitably qualified staff, extended staff illness, staff member injury due to WHS risks, changes in training and education compliance requirements, impacts of natural disasters and infection.
- **Risks to participants** - Including environmental, fire, falls, transport, staff working in a participant's home, changes in the consistency of performance of activities, interruptions to service delivery and exit plans (transitioning services to another service provider).

The Risk Management Plan includes:

- details of the risk
- the date the risk was identified
- risk rating and the possible consequence/s of the risk
- actions required to eliminate, mitigate, or control the risk
- review dates, new controls, and changes to existing controls.

The Manager reviews the Risk Management Plan every two (2) months, or more frequently as required, in response to information received via work health and safety reviews, audits and continuous improvement systems.



Figure 5 Risk Management Process

## 5.3 Managing risks

### 5.3.1 Controls

Controls are strategies used to manage risk. Identified risks are balanced against the cost and inconvenience of the control to the organisation before implementation. Controls used by Optimum Health & Community to manage risks include:

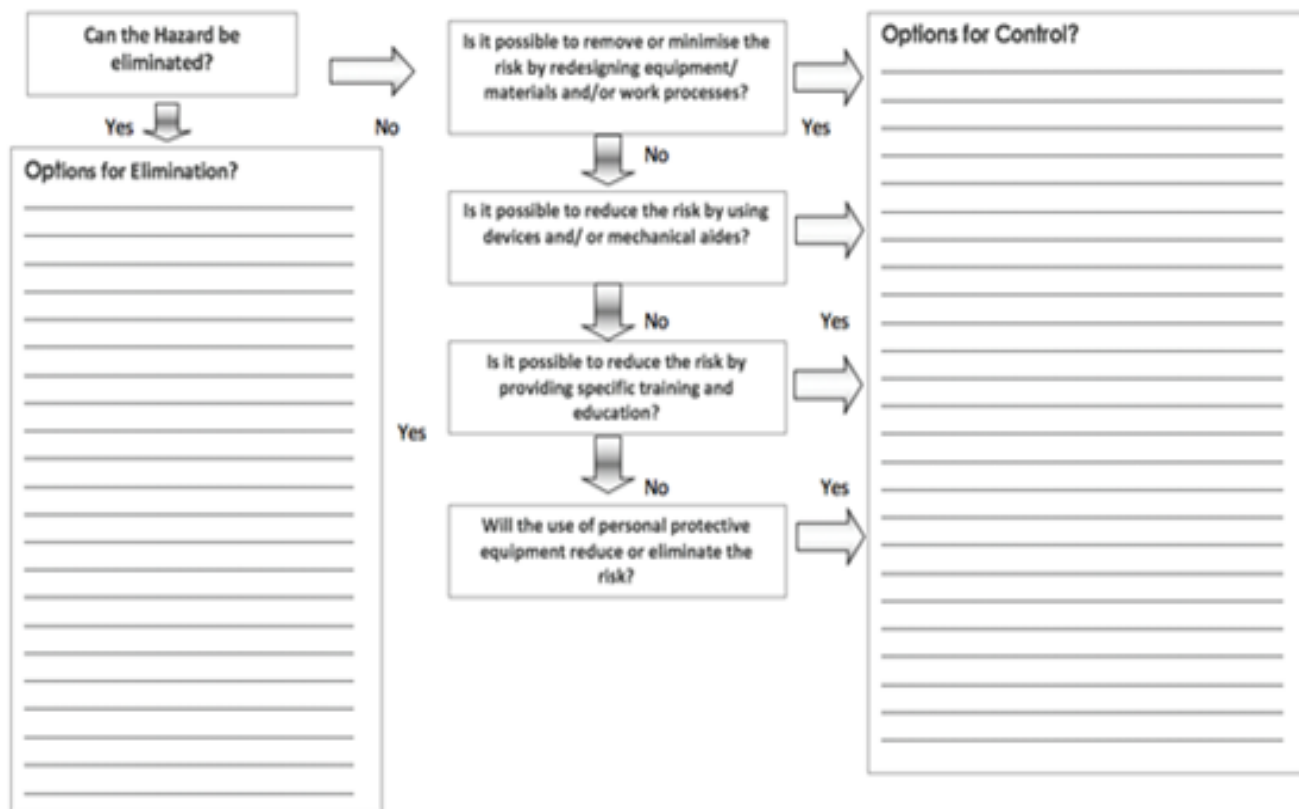
- implementation of a Strategic Plan
- implementation of a Risk Management Plan
- thorough staff orientation, education, and training
- implementation of new processes identified during a risk assessment
- effective internal and external information systems, including meetings and memos
- strict adherence to policies, procedures, and work instructions by all staff
- the utilisation of position descriptions
- ongoing capital maintenance and setting appropriate equipment budgets and plans
- maintaining all current registrations and insurances.



CONSEQUENCE					
LIKELIHOOD	Insignificant (1) Participant – potential injury Staff – lost time or illness of < 5 days Visitors – no treatment or refused treatment Services – minimal disruption Financial – loss of <5K Environmental – fire alarm from faulty equipment	Minor (2) Participant – first aid attention by RN Staff – lost time or illness of 5-10 days Visitors – first aid attention by RN Services – disruption to some users Financial – loss of < \$10K &> 5K Environmental – small fire from faulty equipment	Moderate(3) Participant – medical attention by GP required Staff – lost time for > 11 days or restricted duties Visitors – medical intervention by GP Services – disruption to all users Financial – loss of > \$10K but < \$50K Environmental – fire contained in a room	Major (4) Participant – permanent loss of function or disfigurement; absconding resident; sexual assault Staff – permanent loss of function or disfigurement; sexual assault Visitor – as for staff Service – major loss of service Financial – financial loss of > \$50K &< \$100K Environmental – fire that grows larger than one room	Extreme (5) Participant – death or hospitalisation Staff – death or hospitalisation Visitors – death or hospitalisation Services – complete loss of service Financial – financial loss > \$100K Environmental – fire requiring evacuation (5)
<b>Rare (1)</b> – Unlikely to reoccur – may occur in exceptional circumstances	Low (1)	Low (1)	Low (1)	Low (1)	Low (1)
<b>Unlikely (2)</b> – possibly could reoccur at some time in 2 – 5 years	Low (1)	Low (1)	Low (1)	Medium (2)	Medium (2)
<b>Possible (3)</b> – possibly will reoccur, might occur at some time (may happen every 1 – 2 years)	Low (1)	Low (1)	Medium (2)	Medium (2)	Medium (2)
<b>Likely (4)</b> – will probably occur in most circumstances (several times a year)	Low (1)	Medium (2)	Medium (2)	High (3)	High (3)
<b>Highly Likely (5)</b> – is expected to occur again either immediately or within a short period of time	Low (1)	Medium (2)	Medium (2)	High (3)	Extreme (4)

Figure 6 Risk Matrix

**Risk Control Process** used to remove or minimise associated risks.



### 5.3.2 Improvement committee

Members of the improvement committee are representatives of our workforce. The committee's function is to identify risks through the review of information (see '5.0 Procedure' and '5.1 Identification'). The committee meets every quarter.

Separate to the committee review, all risks will be reviewed independently by Optimum Health & Community' Manager.

Where risks are ongoing, they will be included in the Risk Management Plan and Continuous Improvement Plan. It is the Manager's role to ensure all actions required to manage identified risks are undertaken within the nominated time frames.

### 5.3.3 Hazard identification

Where a hazard or potential hazard is identified, a staff worker must complete in detail a Hazard Report Form and provide this, on the same working day, to the Manager.

When consequences of hazards are assessed as high or extreme, a staff member must contact Optimum Health & Community to inform the Manager immediately, or as soon as it is safe to do so. The Manager will take steps to address extreme or high hazards immediately.

Detailed documentation of action taken must be included in the Hazard Report Form and Risk Assessment Form and, where required, on the Continuous Improvement Plan. All Hazard Report Forms are provided to the Optimum Health & Community Improvement Committee for review.

### ***5.3.4 Monitoring***

Risk management processes and systems are audited regularly as part of the audit program.

### ***5.3.5 Reporting***

Optimum Health & Community will use the data gained from the risk management process to inform decisions and plans to improve practices continuously. The analysis will be conducted to assist changes in services, policies, and procedures. The analysis will include, but is not limited to:

- complaints and feedback
- financial risk
- staffing issues
- participant satisfaction
- risks to participants and staff
- amendments to legal or compliance requirements
- training and education.

**5.4 Consequence Rating Table**

Insignificant	Minor	Moderate	Major	Extreme
<b>The participant</b>				
Less than first aid injury or a brief emotional disturbance	First aid injury or emotional disturbance impacting more than two days but does not require treatment.	Substantial injury resulting in medical treatment.  Temporary impairment or development/exacerbation of mental illness requiring treatment  Some cases of abuse/neglect of the person	Significant injury causing permanent impairment.  Severe, long-lasting, or significant exacerbation of mental illness requiring long-term treatment.  Significant faults are allowing significant abuse/neglect of people receiving support.	Avoidable death of a person.  Systemic faults allowing widespread abuse or neglect of a participant.

<b>Support Worker and others</b>				
Nil or minor first aid injury or a brief emotional disturbance	First aid injury or psychological injury impacting more than two days but does not require treatment.	Substantial injury resulting in medical treatment.  Temporary impairment or development or exacerbation of psychological injury requiring treatment.	Significant injury causing permanent impairment.  Severe, long-lasting, or significant, exacerbation of mental illness requiring long-term treatment.	Preventable fatality

## 6.0 Related documents

- Emergency Plan
- Emergency Plan – Waste
- Complaints and Feedback Policy and Procedure
- Complaint and Feedback Form
- Anonymous Complaint and Feedback Form
- Continuous Improvement Policy and Procedure
- Hazard Report Form
- Risk Assessment Form
- Risk Indemnity Form
- Risk Management Plan
- Risk Register
- Continuous Improvement Plan
- Continuous Improvement Register
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan
- Documentation, including meeting minutes, agendas, and memos
- Position Descriptions
- Capital maintenance and equipment budgets and plans
- Maintenance of current registrations and insurances

## 7.0 References

- NDIS Practice Standards and Quality Indicators 2020
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)

## 2.3 Quality Management

### 2.3.1 Quality Management Policy and Procedure

#### 1.0 Purpose

The quality management system has been established to provide focus and direction within Optimum Health & Community to have a positive impact on operational effectiveness, resulting in a high-quality service. The policy is developed to ensure:

- alignment of people and resources with our mission and vision
- alignment of planning, quality and risk management systems and the integration of these systems into all areas of operations
- fostering collaboration and exchange of 'best practice' information with all stakeholders to allow us to conduct critical self-evaluation
- providing a whole-of-service approach, reflecting our governance and organisational structure which outlines responsibilities and accountabilities
- continuous improvement.

#### 2.0 Scope

The Quality Management Policy and Procedure supports the development of a culture in which all staff assume responsibility for quality work performances while engaging with high performing management at all levels and within areas of the organisation.

It is the responsibility of the Manager to oversee the quality management system and to implement appropriate strategies. It is the responsibility of staff members engaged in service delivery to follow our quality management policies.

#### 3.0 Policy

Optimum Health & Community recognises the importance of implementing and maintaining a quality system (outlined below is an overview of our system). The quality management

system is designed to support our service delivery and ensure that all services meet the requirements of the NDIS Quality Standards and Practice Indicators 2020. Optimum Health & Community' quality management system includes:

- using data gained from complaints/feedback to improve services and procedures (see Complaints and Feedback Policy and Procedure)
- managing the continuous improvement system to determine areas of improvement, including input from:
  - Complaints and Feedback Policy and Procedure
  - Risk Management Policy and Procedure
  - Reportable Incident, Accident and Emergency Policy and Procedure
  - Continuous Improvement Policy and Procedure.
- incorporating all relevant improvements identified in the Continuous Improvement Register into management and corporate governance processes
- highlighting risks through the Risk Management Policy and Procedure to reduce hazards and improve practices
- managing human resources; including training staff on how to deliver quality support to meet the individual needs of participants
- providing participants access to quality services and allowing them to have input via complaints and feedback
- devising and implementing an internal audit schedule to ensure our organisation continues to:
  - review legislation that directly affects service provision
  - audit and review policies and procedures to meet NDIS Standards, Rules and Guidelines using the Internal Audit NDIS Policy Review Form.
- delivering services that meet best-practice standards; including evidence-based, person-centred support plans designed for individual participants
- reviewing policies and procedures, in conjunction with our feedback strategies, to allow for quality management of all services.

## 4.0 Quality plan

### 4.1 Monitoring the quality plan

- Optimum Health & Community will hold regular managerial meetings with relevant stakeholders (may include, but not limited to, managerial staff, staff representative, accountant or bookkeeper, community members).



- Monitoring strategies include a review of the following data:
  - a. Participant's risks.
  - b. Environmental risks.
  - c. Working with participant's risks (work health safety).
  - d. Feedback from participants, staff, and community.
  - e. Complaints from participants, staff, and community.
  - f. Incidents (both non-reportable and reportable).
  - g. Accident information.
  - h. Compliance changes (including legal).
  - i. Human resources (requirements, vacancies, potential adjustments).
  - j. Financial (NDIS income, outgoings).
  - k. Technology issues.
  - l. Continuous Improvement Register (new and ongoing).
  - m. Building maintenance and safety issues.
- Managerial meetings will use an agenda which will include the following items:
  - a. Financial report
  - b. Manager's report
  - c. Ratification of executive decisions
  - d. Funding and compliance
  - e. Organisational risk management
  - f. Continuous Improvement
  - g. Complaints, compliments, concerns
  - h. Human Resources (issues, people, planning)
  - i. Work health safety risk management
  - j. Information management
  - k. Incidents (if applicable)
  - l. General business

## 4.2 Review

1. Management meetings and input from various sources are used to determine any adjustment to the:
  - strategic or business plans
  - policies and procedures
  - current practices.
2. Review the Continuous Improvement Register to:
  - sign off actions



- reallocate responsibilities, if required.

### 4.3 Update

After monitoring and reviewing current information, the Manager or their delegate will:

- ensure that staff are trained in new practices
- record training in staff files
- adjust policies and procedures and implement versioning control
- inform participants of changes.

## 5.0 Related documents

- Complaints and Feedback Policy and Procedure
- Complaint and Feedback Form
- Anonymous Complaint and Feedback Form
- Continuous Improvement Policy and Procedure
- Corporate Governance Policy and Procedure
- Documentation including meetings and memos
- Hazard Report Form
- Internal Audit Schedule
- Internal Audit NDIS Policy Review Form
- Board Meeting Agenda
- Board Meeting Minutes
- Position Descriptions
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Assessment Form
- Risk Register
- Risk Indemnity Form
- Risk Management Policy and Procedure
- Risk Management Plan
- Service Agreement
- Training Attendance Register – In-house
- Training Register
- Business Plan and Strategy Plan

## 6.0 References

- NDIS (Quality and Safeguards) Commission 2018
- NDIS Practice Standards and Quality Indicators 2020
- NDIS Act 2013 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)

## 2.4 Information Management

### 2.4.1 Information Management Policy and Procedure

#### 1.0 Purpose

Optimum Health & Community actively works towards implementing and operating effective communication processes and information management systems. We strive to maintain all information systems and practices in accordance with legislative, regulatory compliance and organisational standards.

#### 2.0 Scope

It is the policy of Optimum Health & Community that all participants, staff, volunteers, and contractors will have records established upon entry to the service and maintained while actively engaging with Optimum Health & Community.

#### 3.0 Policy

- Optimum Health & Community will maintain effective information management systems that keep appropriate controls of privacy and confidentiality for stakeholders.
- Optimum Health & Community' policies and procedures are stored as read-only documents in the Policies and Procedures folder on the shared drive.
- Optimum Health & Community is responsible for maintaining the currency of this information with assistance from the Manager and other staff members, as required.
- The involvement of all staff members is encouraged to ensure Optimum Health & Community' policies and procedures reflect best practice and to foster ownership and familiarity with the material.
- A copy of each form used by our organisation is maintained in the shared drive in the sub-folder titled Forms.
- All staff can access the policies and procedures at Optimum Health & Community' office in a paper-based or electronic format.

- Policies and procedures are reviewed every three (3) years at a minimum, or as required.
- All superseded policies and procedures are deleted from Optimum Health & Community' Policy and Procedure folder and electronically archived by the Manager or a delegate.

## **4.0 Procedure**

### **4.1 Optimum Health & Community information management system**

#### ***4.1.1 Participant documentation procedure***

- Confidentiality of participant records is maintained.
- All Optimum Health & Community staff and volunteers responsible for providing, directing, or coordinating participant support must document their activities.
- Participant files will provide accurate information regarding their services and support and will contain, but is not limited to:
  - participant personal details
  - referral information
  - assessments
  - support plans and goals
  - participant reviews
  - details regarding service responses.
- Original participant documentation is stored in the participant's central file.
- Information relating to a participant's ongoing situation, including changes to their situation (e.g., increased confusion, deteriorating health, increased risk) is to be documented in the participant's notes.
- All Optimum Health & Community staff who are required to document the activities relating to support of participants will be appropriately trained in documentation and record-keeping.
- Individuals are not permitted to document on behalf of another person.
- Participant records will be audited regularly to ensure documentation is thorough, appropriate and of high quality.
- Participant records will be stored in a safe and secure location with access available to authorised persons only.

- Agreements with brokerage agencies will include a requirement for brokerage workers to document their activities regularly.
- Staff must ensure that all relevant information about the progress of, or support provided to a participant, is entered into that person's file notes in a factual, accurate, complete, and timely manner.
- Staff members must only use information collected from a participant for the purpose for which it has been collected.
- Participants should be advised that data which has been collected, but which does not identify any participant, may be used by the organisation for service promotion, planning or evaluation.
- Participants, family, and advocates have a right to access any of their personal information that has been collected. Staff workers will support such persons to access their personal information as requested.

#### ***4.1.2 Entering Optimum Health & Community' service***

Upon a participant entering our service, all initial information will be collected using Optimum Health & Community' Participant Intake Form. Only personal information necessary to assess and manage the participant's support needs will be collected.

The Optimum Health & Community' Assessment Report will be used to document the participant's assessment information.

Optimum Health & Community' Manager will work with the participant, their advocate/s and any other family or service providers/individuals to develop and document a participant support plan; this will be documented using Optimum Health & Community' Support Plan.

A participant file will be created to act as the central repository of all participant's service information and interactions. A unique identifier will be assigned to each participant for documentation and record-keeping purposes.

The participant's file will only contain material relevant to the management of services or support needs, including, but not limited to:

- copy of the signed agreement
- assessments
- the Support Plan

- the Participant Intake Form
- communication notes
- the Participant Information Consent Form
- complaint information.

#### ***4.1.3 Ongoing documentation procedures***

Optimum Health & Community' ongoing documentation procedures include:

- maintaining participant information in the electronic participant management system, in accordance with system practices
- documenting participant information and service activities only on Optimum Health & Community' approved forms or tools
- ensuring other service agencies and health professionals involved with the care or support of Optimum Health & Community' participant, provide adequate documentation of their activities and the participant's wellbeing or condition.

The type of detailed information documented includes:

- outcomes of all ongoing participants assessments and reassessments
- changes or redevelopment of a participant's support plan, including revised goals or preferences
- critical incidents or significant changes in the participant's health or wellbeing
- conversations, in person or via telephone, with a participant, family members, their representative or advocate
- conversations regarding the participant, with any other providers, agencies, health/medical professionals, family members or other individuals with interest in the participant
- activities associated with the participant's admission and exit, including referrals.

#### ***4.1.4 Setting up and maintaining files for participants***

Once a personal file for a participant is established, staff must maintain that file to ensure that all information is accurate, up-to-date, and complete:

- Relevant staff must document, in the participant's file, significant issues and events that arise during their work with the participants, as the events and problems occur.
- As information in the personal file becomes non-current (information that no longer has any bearing on the services provided to the participant) staff will establish an

archival file and progressively cull non-current information into that file for secure storage.

- The Manager must regularly audit the files of participants to ensure that:
  - files are up to date
  - forms are being used appropriately
  - non-current information is being culled and stored in the archival file
  - progress/file notes are factual, accurate, complete and in chronological order.
- When a participant leaves the service, their personal and archival files will be stored in a secure place such as a locked area or password-protected folder on a computer under the control of Optimum Health & Community.

#### ***4.1.5 Participant file formats***

- The files of participants will be established and maintained in the following format:
- The file will consist of a standard manila folder, or another similar folder, or held in a secure electronic format with password access.
- The forms must be based on the current formats approved by Optimum Health & Community.
- Archival files may be in the form of lever-arch folders or archive boxes and multiple in number as required.
- If files are held in an electronic format, the forms/domains and formats must similarly be approved.
- For ease of access, materials in the archival file should be listed chronologically with each page numbered in order and groups of similar forms.

#### ***4.1.6 Security of files and participant information***

- All current hard copy files for participants must be kept in a secure area, such as a lockable filing cabinet at the service, ensuring only authorised personnel can gain access to a participant's personal information.
- Authorised personnel include Optimum Health & Community' staff members who are employed to provide support to the participants. If files cannot be stored at the service, then alternative arrangements will need to be made by the participant and the Manager to ensure confidentiality and security.
- All electronic files must be password protected to ensure confidentiality and security.

- If stored at the service, current files of participants can only be taken from the service by relevant staff members from Optimum Health & Community to provide the participant's information or access to another service, such as a doctor.
- Non-current files should not be removed from the service unless:
  - they are being moved to a more secure archival storage unit
  - permission has been sought from the Manager to do so.
- Faxing of information about participants should only be considered in exceptional circumstances (e.g., when time constraints prohibit the use of standard security services and only when the receiver of the fax can guarantee the security of the information).
- Staff must not undertake any of the following actions without the express approval of the Manager:
  - photocopying any confidential document, form, or record
  - copying any confidential or financial computer data to any other computer, USB, or storage system such as Google Docs.
- Conveying any confidential data to any unauthorised staff member or to any other person/s.

#### ***4.1.7 Transporting a participant's hard copy files***

If, for any reason, the hard copy files of a participant need to be transported from one location to another (e.g., from their usual site to a doctor) the files must be carried in a locked document container (e.g., a briefcase or attaché case). Optimum Health & Community will provide the staff worker with a locked case, as required.

#### ***4.1.8 Communication/file notes for participants***

- Communication/file notes for participants must include the following components:
  - the date the entry is made
  - the time when the entry is being made
  - the time when the event occurred
  - nature of the event in a factual, accurate, complete, and timely manner
  - signature of the person making the entry
  - the surname of the person making the entry (printed in brackets)
  - person's position of employment.



- Staff must ensure that all relevant information about the participant is entered into the person's file notes in a factual, accurate, complete, and timely manner.
- The file notes for each participant should be written when a significant event occurs or to record the type of support provided while working with a participant. The definition of a significant event will vary, from person to person and should be determined in consultation with the Manager and should relate to the support required by the person-centred plan.
- It is required that staff workers make an entry in the file notes on each workday, even when the person's day has gone according to plan and without the occurrence of unusual or extraordinary events.
- All entries made into file notes should be placed on the next available line. Under no circumstances should blank spaces be left on the file notes sheet.
- All file note entries made by a staff worker, on behalf of another staff member (e.g., dictating over the phone) must be signed by the person dictating the notes on their next shift. It is the responsibility of that person to check the entry for accuracy and, if required, note any corrections that need to be made on the next line available.
- Whenever required, the participants should be made aware of what has been recorded in their progress/file notes.

#### **4.1.9 Working from home**

Staff who are required to work from home must sign the Privacy and Confidentiality Agreement. The security requirements for working from home include:

- only the staff member can access any documents both written and electronic
- the computer must have a firewall to protect information
- all information that is linked to the server must be uploaded at the end of the day.
- start and finish times are to be recorded and sent to the supervisor
- report current work status at least weekly.

#### **4.1.10 Access to participants files**

- Participants/guardians are provided access to their records on request. The Manager should approve and control the way participants access their files to ensure the security of other non-related information is maintained.
- Access to a participant's file is the direct responsibility of the Manager. When access is requested by anyone, other than staff employed by Optimum Health & Community

it will only be granted when the Manager is satisfied the policies and procedures of Optimum Health & Community have been followed and access to the file is in the best interest of the participant. Such access will only be granted when the appropriate person has given consent.

- All participants files are the property of Optimum Health & Community and, although a participant and their guardian can access the file, it cannot be taken by a participant or guardian; or be transferred to any service external to Optimum Health & Community without permission of the Manager.
- Copies of files that are legitimately released for any reason shall be recorded on an appropriate letter, which shall be signed as a receipt by the service recipient or their legal guardian. The proper procedure for releasing information about a participant to persons or services that are external to Optimum Health & Community is outlined in our Consent Policy and Procedure.
- Any students on placement at Optimum Health & Community may only access files with the consent of the participant or their guardian. Students will be required to provide a written undertaking that they will always maintain confidentiality and only use non-identifying information. This agreement is to specify what information is to be used for and advise that any written compositions containing information are to be provided to the Manager for approval before dissemination.

#### **4.2 Staff records**

Staff files are kept in a filing cabinet in the Manager's office and are available only to the Manager. The filing cabinet is locked when the office is unattended.

#### **4.3 Minutes of meetings**

Minutes of meetings are maintained on the shared drive.

#### **4.4 Other administrative information**

Individual staff members are responsible for organising and maintaining the filing of general information following their position descriptions.

Administrative information including funding information, financial information and general filing is maintained in the filing cabinets in the Manager's office. The cabinets are locked out of hours or when the office is unattended for a lengthy period.

#### **4.5 Electronic information management**

##### **4.5.1 Data storage**

- All data is stored in the shared drive of the server.
- The Manager is the only person who can add new data folders to the shared drive of the server.

##### **4.5.2 Backup**

- All computer data (including emails) is backed up every night to a remote server.
- Periodic testing of backed-up data is undertaken to check the reliability of the system.

##### **4.5.3 External programs**

No programs, external data or utilities are installed onto any workstation without the permission of the Manager.

##### **4.5.4 Log-in credentials**

Log-in credentials are assigned by the Manager or their delegate.

##### **4.5.5 Email**

- Staff should send and receive a minimal number of personal emails.
- All emails are filed in the appropriate folders set up by the Manager.
- Pornographic, sex-related or spam email received is to be deleted immediately. Under no circumstances are staff allowed to open or respond to spam emails.

##### **4.5.6 Internet access**

- Internet access is restricted to work-related purposes.

- Internet access reports are maintained on the server and are regularly reviewed by the Manager.
- Under no circumstances are staff allowed to access pornographic or sex-related sites.

#### **4.5.7 IT Support**

- Our organisation maintains an ongoing IT support agreement.
- If staff experience problems with a program, computer, or any other piece of IT equipment, they can, in the first instance, contact the Manager.
- If necessary, the Manager will arrange for the IT consultant/s to assist.

#### **4.5.8 Social media**

- Our organisation is aware that social media, e.g., social networking sites such as Facebook, Twitter or similar, video and photo-sharing sites, blogs, forums, discussion boards and websites, promote communication and information sharing.
- Staff are required to ensure the privacy and confidentiality of the organisation's information and the privacy and confidentiality of the participant and their information.
- Staff must not access inappropriate information or share any information related to their work through social media sites.
- All staff are required to seek clarification from the Manager, if in doubt as to the appropriateness of sharing any information related to their work on social media sites.

### **4.6 Monitoring information management processes and systems**

As part of our audit program, we regularly audit information management processes and systems. Staff, participants, and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements are possible.

### **4.7 Archival and storage**

All records, after their active period, must be kept in the archive files for an additional time. Regulatory, statutory, legislative requirements determine the retention period, or as defined

by Optimum Health & Community as a best practice (refer to Attachment 1: Disposal and archiving of documents).

Archived records must be identified and stored in a way that allows for easy access and retrieval when required. Archived records, in hard copy, must be stored in an environment which minimises deterioration and damage, i.e., not exposed to direct sunlight, moisture, extremes of temperature, pests, dust and fire hazards.

#### **4.8 Destruction of records**

The following procedures apply for the destruction of records:

- Junk mail and instructional post-it notes may be placed in recycling bins or other bins as required.
- All other records or documents requiring destruction are to be:
  - shredded and then placed in recycling bins
  - sent off-site to be securely pulped
  - deleted from the network.
  -

#### **5.0 Related documents**

- Complaints Register
- Consent Policy and Procedure
- Service Agreement
- Privacy Statement - Website
- Participant Intake Form
- Participant Information Consent Form
- Support Plan

#### **6.0 References**

- Disability Discrimination Action 1992 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020

### Attachment 1: Disposal and archiving of documents

Function or Activity	Description	Retention/ disposal action	Custody
<b>Aboriginal and Torres Strait Island participant information</b>	Documents relating to Aboriginal health  Standard operational documents	Lifetime  7 years after the person's last contact with the service	Office
<b>Business information</b>	Name Address Telephone number Compliance notices Financial records	7 years	Office
<b>Internal audits</b>	Audit schedule Audit questions Audit reports	2 years	Office
<b>Participant records</b>	Name Address Telephone number Emergency contact Application Complaints about the non-delivery of services Incident Records Complaint Records BSP Records Service Agreement	7 years  If the participant is a child, records must be stored until the child turns 25 years of age.	Office
<b>Contracts/leases</b>	Properties	7 years	Office

<b>Corrective action financial</b>	Corrective action Requests Audits Budgets Receipts Cheques Petty cash documents Other financial records	2 years  7 years	Office  Office
<b>Management review</b>	Minutes of meetings Agendas Monthly reports	2 years	Held on PCs according to the type of meeting

## 2.4.2 Consent Policy and Procedure

### 1.0 Purpose

Optimum Health & Community must gain consent from the participant before sharing any information with family, advocates, other providers, and government bodies.

Children under the age of eighteen (18) will need consent from their family/advocate/guardian to share information with other providers and government bodies. It is the responsibility of all staff to inform participants about their rights regarding the provision of consent.

### 2.0 Scope

All efforts should be made to obtain consent. When there are language or communication barriers, staff members will ensure that all reasonable efforts have been made to overcome these, using available communication skills and technology, interpreters, relatives/carers, and friends.

Relatives may be consulted about the best ways to communicate or may be requested to assist with establishing the participant's values and preferences if a participant is unable to express these themselves.

Initial consent will be undertaken during the participant's registration with the service. The prime responsibility for obtaining consent lies with the front-line worker who is to carry out the service. Consent can be sought from another individual, but only if they have enough knowledge to provide the right information and answer the participant's questions correctly. Consent is equally valid whether it is expressed verbally, non-verbally (implied), or is written:

- **Implied consent** is adequate for most of the support provided by the organisation.
- **Oral consent** is enough for most interventions provided by doctors and other health professionals (e.g., commencing a manual handling process or use of complex medical procedures).

Oral consent should be recorded in the support plan with relevant details of the discussion, date, and time of the entry, together with the name of the staff member



legibly written. Oral refusal of consent, for any intervention, must also be recorded in the support plan in the same manner.

- **Written consent** should be gained for the use of an advocate, or to share information by the participant and the healthcare professional. Note: Participants automatically opt-in and must request to opt-out of NDIS audit requirements.
- **Taking a photograph** requires written consent to be obtained from any participant whose photo is being taken.

### 3.0 Policy

- Optimum Health & Community recognises the importance of maintaining the privacy and confidentiality of all participants; however, there are times when it is essential to share information with other parties, such as government bodies and other service providers.
- Optimum Health & Community will not provide any information to a person or authority without the participant's consent unless the disclosure is a legal requirement.
- Optimum Health & Community will inform all participants, upon entry into the service, about their rights to privacy and confidentiality.
- Optimum Health & Community will notify all participants that they have an opt-out option if their information is requested for audit purposes.

#### 3.1 Guiding principles

- Participants have the right to make decisions about things that affect their lives.
- It is presumed that participants have the capacity to make their own decisions and provide consent when it is required unless there is evidence otherwise.
- Participants are supported to make informed decisions when their consent is required.
- Consent is obtained from the participant, or a legally appointed guardian, for life decisions such as accommodation, medical treatment, forensic procedures, and behaviour support.
- Consent for financial matters is obtained from the participant, or a legally appointed financial manager or the person appointed under a Power of Attorney.
- Participants are supported to identify opportunities to make decisions about their own lives and to build confidence in their decision-making skills.

- When a participant wants or needs support to make decisions, it is provided in ways preferred by the participant and by a supporter of their choice.
- Support with decision-making must respect the person’s cultural, religious, and other beliefs.
- If a participant wants support from family and friends, this is encouraged and facilitated.
- Support is provided in ways that uphold the participant’s right to self-determination, privacy and freedom from abuse and neglect.
- Decision-making and self-determination are not limited by the interests, beliefs, or values of those providing the decision-making support.
- The amount or type of support required by a participant to make decisions will depend on the specific decision or the situation.
- Participants are supported to make decisions that affect their own lives, even if other people do not agree with them or regard the decisions as risky.
- Participants are supported to access opportunities for meaningful participation and active inclusion in their community when they want this.
- Information is provided in formats that everyone can understand and enables the participant, their supporters, and others, such as legally appointed guardians, to communicate effectively with each other.

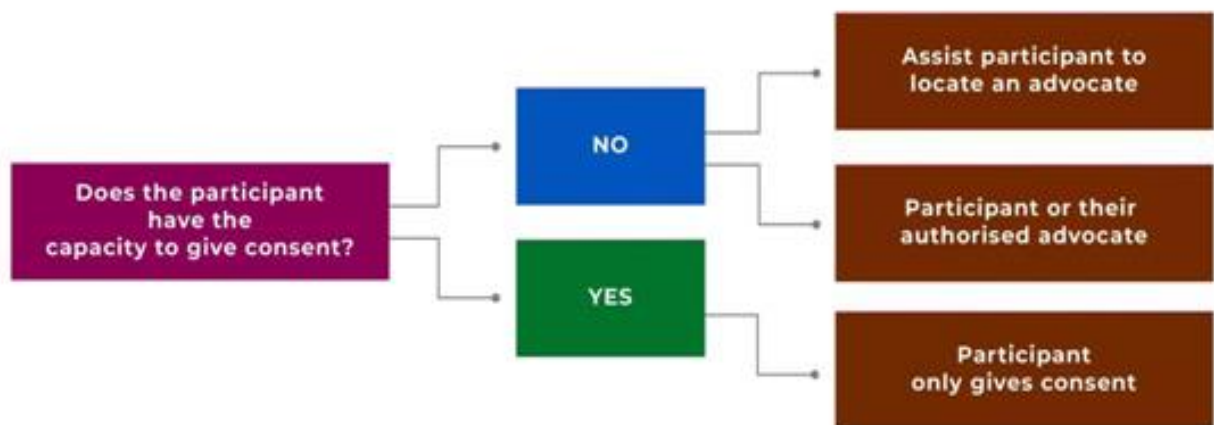


Figure 7 Participant Consent Process

## 4.0 Procedure

If a participant wishes to provide consent so another person or organisation can access their personal information, then the following procedure is to be undertaken:

1. The participant is informed that written or verbal consent is required before sharing any of their personal information.

2. The participant is advised that their consent can be withdrawn at any time.
3. Information about the consent is communicated in a method that is relevant to the participant.
4. The participant completes a Participant Information Consent Form.
5. A signed Participant Information Consent Form is placed at the front of the participant's file.
6. All relevant staff members are informed about consent approval.



*Figure 8 Participant Consent Process*

## 5.0 Related documents

- Participant Information Consent Form

## 6.0 References

- Disability Services Act 1986 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020

## 2.5 Complaints and Feedback

### Management

#### 2.5.1 Complaints and Feedback Policy and Procedure

##### 1.0 Purpose

This policy is intended to ensure that complaints are handled fairly, efficiently, and effectively.

The resolution of complaints will be consistent with a rights-based principle which is also fundamental to the United Nations Convention on the Rights of Persons with Disabilities.

The complaint and feedback management system intend to:

- provide a well-handled system than values the participant's opinions, and takes all feedback seriously, with the intent to improve the relationship between our organisation and our participants
- empower all employees and participants to feel free to voice their complaint or provide feedback
- allow us to respond to issues raised by individuals making complaints in a timely and cost-effective way
- boost participant confidence in our administrative processes
- provide Optimum Health & Community with information that will help us deliver quality improvements in our services, supports, roles, and complaints handling process.

##### 2.0 Scope

Our Complaints and Feedback Policy is Optimum Health & Community' commitment to a positive complaints culture within our organisation, from the highest management levels to our frontline staff. The policy provides the foundation for all other components of a quality complaints management and resolution framework. The policy also provides guidance to our

staff and participants (who may wish to make a complaint or provide feedback) on our complaint management system's fundamental principles and concepts.

A designated Complaints Manager will handle all complaints and feedback received by Optimum Health & Community. All staff are bound by the National Disability Insurance Scheme (NDIS) Code of Conduct.

### **3.0 Policy**

Optimum Health & Community will create an environment where complaints and concerns, compliments and suggestions are welcomed and viewed as an opportunity for acknowledgement and improvement. This process is to ensure that individuals have the right to make complaints and are encouraged to exercise their right in a blame-free and resolution-focused culture, respecting an individual's right to privacy and confidentiality.

Optimum Health & Community will appoint a staff member to be the designated Complaints Manager. The Complaints Manager is responsible for coordinating and handling complaints and feedback and ensuring the complaint or feedback is properly managed.

It is acknowledged that Optimum Health & Community views all comments and complaints as a vital contribution to our internal review of performance and processes which assists in developing the continuous improvement of our services, as we work towards achieving our care commitment.

A person does not necessarily have to expressly state that they wish to make a complaint to have the issue or concern dealt with as a complaint. Regardless of whether an issue is big or small, it will be treated seriously, and Optimum Health & Community will ensure the person is advised on how valuable their opinion is to our organisation. We will use such information to continuously improve our service delivery.

Participants, families, advocates, or other stakeholders may submit a Complaint and Feedback Form regarding Optimum Health & Community's supports, services, staff, or contractors. The participants can be provided information in Easy Read format if required.

The Complaints Manager will ensure that the complainant can physically access all meetings to resolve the complaint by reviewing the environment to ensure that the meeting site is accessible for those with mobility issues.

It is our policy to follow the principles of procedural fairness and natural justice and comply with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 and NDIS (Procedural Fairness) Guidelines 2018 including:

- informing a person if their rights or interests may be adversely or detrimentally affected in a direct and specific way
- giving notice of each prejudicial matter that may be considered against them
- giving a reasonable opportunity to be heard on those matters before the adverse action is taken
- putting forward information and submissions in support of an outcome that is favourable to their interests
- ensuring that the decision to take adverse action should be soundly based on the facts and issues that were raised during that process, and this should be apparent in the record of the decision
- ensuring that the decision-maker should be unbiased and maintain an unbiased appearance.

Optimum Health & Community ensures complaints and feedback are managed effectively through:

- implementing an open and transparent complaint handling system
- observing the principles of natural justice and compliance with relevant mandatory reporting under Australian law
- committing to the right of stakeholders to complain either directly or through a representative
- undertaking procedural fairness to reach a fair and correct decision
- taking reasonable steps to inform the complainant of the NDIS commission complaints process, including the use of various communication means, e.g., oral and written
- maintaining complete confidentiality and privacy
- abiding by the NDIS Code of Conduct
- training staff in our complaint process and the rights of all stakeholders to complain
- considering all complaints seriously and respectfully

- advising participants and staff members of their right to complain
- staff will be trained in complaint handling during assessments and orientation
- guidance regarding the complaint process is outlined in the welcome information provided to our participants
- provision of support for people who may need assistance to make a complaint
- protection of complainants against retribution or discrimination
- prompt investigation and resolution of complaints
- communicating and consulting with participants, family and advocates during the complaints process and providing feedback and resolutions
- interpretation and application of policies and processes
- providing opportunities for all parties to participate in the complaint resolution process
- ensuring that complainant is involved in the resolution of the complaint
- keeping complainant informed of the progress of the complaint:
  - actions taken
  - the reasons the decisions are made
  - options to have decisions reviewed
- ensuring that the decision-maker or advocate is included and recognised in the process
- accepting Optimum Health & Community and staff accountability for actions and decisions taken due to a complaint
- committing to resolving problems at the point of service or through referral to alternatives
- committing to use complaints as a means of improving planning, delivery, and review of services through our continuous improvement processes
- referring complaints and feedback into our continuous improvement cycle
- annually auditing the Complaints and Feedback Policy and Procedure.

## 4.0 Definitions

Term	Definition
<b>Complaint</b>	An expression of dissatisfaction with an NDIS support or service, including how a previous complaint was handled, for which a response or resolution is explicitly or implicitly expected.

Role	Role requirements
<b>Complaints Manager</b>	The role of the Complaints Manager is to: <ul style="list-style-type: none"> <li>● manage the complaint process</li> <li>● manage reviews and make recommendations for continuous improvement using the information gained from the issue of the complaint</li> <li>● stand independently from the management to allow participants and staff members to be able to make a complaint about the management of the organisation</li> <li>● provide feedback and advice, as required</li> <li>● review the complainant's needs to ensure that their mode of communication is managed (e.g., Easy Read, large print, translated documents, etc.)</li> <li>● collaborate with the complainant and their advocate</li> <li>● keep all parties informed during all stages of the complaint management process</li> <li>● handle all appeals related to the outcome of the complaint</li> <li>● complete all necessary reports and documents, including providing information to complainants and management</li> <li>● record all information into the Complaint Register</li> <li>● review the Complaint Register at monthly management meetings.</li> </ul>

## 5.0 Procedure

### 5.1 Complaint process

Complaints and suggestions can be made by:

- using the Complaints and Feedback Form or the Anonymous Complaints and Feedback Form
- contacting a member of staff, verbally or in writing, our staff must offer to document the complaint on behalf of the participant if required and refer the matter to the Manager
- contacting the Complaints Manager, verbally or in writing
- responding to questionnaires and surveys



- sending an email to our contact email
- attending meetings/care conferences
- contacting external complaint agencies, e.g., NDIS Quality and Safeguards Commission
- communicating orally, in writing, or any other relevant means.

Complaints may be made by:

- staff
- participants
- public
- advocates
- family members
- carers
- anonymous person/s.

Results are recorded in the Complaint Register, which allows for input into our continuous improvement processes. The Continuous Improvement Register will be used to record improvements that are established after the finalisation of the complaint management process.

If a complaint is about:

- **Support or services:** The complaint will be dealt with by the Complaints Manager.
- **Staff member/s:** The complaint will be dealt with by the Complaints Manager
- **CEO/Manager:** An external person or body may be approached, e.g., NDIS Quality and Safeguards Commission.

All staff, participants, family, and advocates, visiting health professionals and visitors are informed of our complaints process via:

- participant welcome information
- initial access to supports
- staff orientation, induction, and training
- Meetings, reviews, and assessments
- participant agreements
- contractor agreements.

## 5.2 Complaint management process

The process and investigation must adhere to the principles of impartiality, privacy, confidentiality, transparency, and timeliness. Complaints will not be discussed with anyone who does not have responsibility for resolving the issue. Optimum Health & Community must take into consideration any cultural and linguistic needs of a participant and provide the relevant support mechanism, such as an interpreter or similar.

Complainants are provided with access to our Complaints and Feedback form. These may be accessed via staff or management. The Complaints Manager will review the individual's needs and undertake to assist them via the best means appropriate to suit their needs. The variance between individuals requires a personal approach, but may include:

- offering an advocate
- providing text telephone (TTY) service to people with a hearing impairment
- ensuring the meeting site is wheelchair accessible
- offering independent assistance to read and write to formulate and lodge a complaint
- seek information from the complainant to determine any special requirements (e.g., access or communication).

The resolution outcomes from a complaint will recognise that people who make a complaint are generally seeking one, or more, of the following outcomes:

- Acknowledgement:
  - genuinely listening without interruption
  - empathising
  - ensuring the complainant feels comfortable (e.g., being aware that staff may be defensive and consider how this is perceived)
  - acknowledgement of the effect of the situation on the individual
  - resolving to a good outcome
  - notifying regularly and promptly on steps undertaken.
- Answers:
  - clear explanations relevant to the issue which is provided ONLY once all the facts are known.
- Actions (Action Plan):
  - what will be done?
  - who will do it?

- action plan completion date
- how progress will be communicated to all parties involved
- oversight of actions.
- Apology:
  - consider the form of the apology and the managerial level of response
  - consider timeliness, sincerity
  - be specific and direct
  - accept responsibility if appropriate and provide information on the cause and impacts
  - provide an explanation without excuses
  - provide a summary of key actions agreed on to move forward and resolve the issue.

### **5.2.1 Non-investigation complaint process**

All complaints, where possible, will be managed directly and quickly at the point of service unless the complaint requires investigation (see the procedure outlined below). The non-investigation complaint process is as follows:

1. Issue reviewed by the Complaints Manager.
2. The complainant will be consulted, and the issue discussed, to determine actions required to resolve the issue. During this process, {Organisation Name} will offer complainant support from an independent advocate to reduce stress and anxiety.
3. All available options will be discussed with complainant and their advocate.
4. Where possible, a collaborative decision is finalised (i.e., acknowledgement, answer, action, or apology).
5. The complainant is informed of the decision and the reasons for the outcome.
6. The complainant can seek to have the decision reviewed if they are not happy with the resolution; this may lead to implementing the complaint investigation process.
7. In the event of a complainant seeking a review, a review of the decisions may be resolved quickly by the Complaints Manager completing the above points (2 to 5) again.

### **5.2.2 Complaint Investigation Process**

#### **Step 1. Acknowledge**

1. Acknowledge all complaints quickly, within one working day, where possible.

### ***Step 2. Review of the complaint***

1. Inform the complainant, before any consultative meeting, that they can an advocate or support a person present throughout the process.
2. Offer to locate an independent advocate for the participant, if required.
3. Involve the complainant and their advocate using a consultative process to ensure their voice, views and preferred outcomes are heard and discussed.
4. Determine the type of outcome that the complainant is seeking (i.e., acknowledgement, answers, actions, or apology). Information will be used to ensure that the complainant's feedback and requirements are at the core of the complaint investigation and management process.
5. Inform the complainant of:
  - their right to an advocate and interpreter
  - the stages of the complaint management and decision-making process
  - mechanisms implemented to protect the complainant's privacy
  - their right to complain to the NDIS Quality and Safeguards Commission at anytime
  - actual progress and outcomes of the investigation.
6. Determine the type of complaint (i.e., service, support, or process).
7. Notify the complainant and their advocate at each stage of the investigation and seek their feedback.
8. If a consultative meeting is required, it will be held in a safe environment that has been determined by the complainant and at a time relevant to the participant. Where the complainant is a recipient of disability services under the NDIS, the participant's record will be checked for a preferred contact for complaints. The participant will also be asked if they would like to nominate a staff member from Optimum Health & Community who is assigned to handle complaints.

### ***Step 3. Assessing the complaint***

1. When assessing a complaint, the Complaints Manager must prioritise the complaint and determine a resolution pathway (where required).
2. After the pathway is established, the complaint will be investigated.

3. Feedback from the complainant or their advocate must be used as part of this process (e.g., consultation meeting data).

#### ***Step 4. Investigation and decision making***

1. When the complaint is lodged, the Complaints Manager should determine if it is practicable to find an immediate resolution (see 5.2.1 Non-investigation complaints process).
2. During the investigation and decision-making process, the Complaints Manager will:
  - keep the complainant informed about each stage of the investigation process
  - consult with the complainant to gather information about the underlying issue/s
  - analyse antecedents and underlying issues when determining a decision
  - review and approve all written reports and documents, before them being sent out to all parties
  - respond to the complainant with a clear decision and any next actions (if any)
  - inform the complainant that they have the right to reject the outcome
  - inform the complainant of their right to make a complaint directly to the NDIS Commission by:
    - i) phoning 1800 035 544 (free call from landlines) or TTY 133 677 (interpreters can be arranged).
      - using a [National Relay Service](#) and asking for 1800 035 544.
      - completing an online [complaint contact form](#).

#### ***Step 5. After the decision***

1. After investigation and a satisfactory response has been documented, the Complaints Manager will:
  - inform the complainant and their advocate of the decision, including the reason for the decision, and they will provide options for how the complainant can review the decision
  - ensure that the complaint investigation is satisfactorily completed
  - determine if the complainant is satisfied with the outcome
  - follow-up and consult with the complainant/s about any concerns
  - close out the complaint.

### 5.3 Review and improvement

Optimum Health & Community takes a systematic approach to incorporate a review of all issues raised by a complaint to identify and address any possible systemic issues and determine any continuous improvement actions identified during the complaints process.

The review and improvement process includes:

- ascertaining preventative actions and continuous improvement
- considering if any systemic issues require addressing
- recording the information regarding the complaint in the Complaint Register
- recording the details of the improvement stemming from a complaint in the Continuous Improvement Register (if required)
- training staff in any new systems or actions
- adjusting policies and procedures
- monitoring the complaint resolution according to the internal audit schedule
- providing feedback to the complainant personally to inform them of the outcomes and influences their issue raised within our organisation.

### 5.4 Documentation

All employees are provided training regarding the complaints process during orientation and are provided with the Staff Handbook, which includes information on the complaints process provided (see 5.6 Staff Training).

The complaints process is available for participants, families, carers, and advocates via the information provided in our Participant Handbook and through the provision of Easy Read documents (as required).

Documentation of the complaint process is as follows:

- All complaints will be recorded in the Complaint Register, and information in the register will include the:
  - complaint details
  - identified issues
  - actions are undertaken to resolve the complaint
  - the outcome of the complaint.

- All documents, including the Complaint and Feedback Forms, are uploaded into the computer system.
- Copies of any information provided to the complainant are stored in their relevant file.
- All documents are kept confidential, and access is only permitted to employees relevant to the complaint. The Complaints Manager determines who is relevant.
- A copy of all complaint documents will be retained in the file for seven years from the record date. If the documents relate to a participant under the age of 18 years of age, the documents will be retained until the participant turns 25 years of age.
- Statistical and other information will be collected to:
  - review issues raised
  - identify and address systemic issues
  - report information to the Commissioner, if requested by the NDIS Quality and Safeguards Commission.
- A policy review will occur if there are legislative changes or when determined by a regular or annual internal audit review.

## 5.5 Unresolved complaints

Unresolved complaints will be referred to the Complaints Manager for investigation and resolution. Should the complaint not be resolved to the complainant's satisfaction, the complaint will be escalated to a person nominated by the complainant (with the complainant's permission).

When complaints cannot be resolved internally, the complainant may be referred to the:

### **NDIS Quality and Safeguards Commission**

Phone: 1800 035 544 (free call from landlines) or TTY 133 677

National Relay Service and ask for 1800 035 544.

Interpreters can be arranged.

An NDIS Complaint Contact Form can be completed online at [business.gov.au](https://business.gov.au)

## 5.6 Staff orientation and training

The staff orientation process includes training all employees in the complaints and feedback process, including the NDIS Commission requirements. Our in-house training includes:

- NDIS reporting requirements and contacts details

- providing information regarding Optimum Health & Community' complaint and feedback process and procedures (e.g., forms to complete and how to assist participants wishing to make a complaint)
- identifying our Complaints Manager
- encouraging employees to have a positive attitude towards complainants and a commitment to resolving all complaints
- creating an understanding of how feedback and complaints inform and guide our continuous improvement cycle
- understanding timeframes for reporting and resolving complaints.

Additional training will occur when practices and policies are changed due to a complaint, or if staff are still not sure how to handle a complaint upon commencing work at Optimum Health & Community.

## 6.0 Related documents

- Complaint and Feedback Form
- Anonymous Complaint and Feedback Form
- Complaints Process Checklist
- Complaint Register
- Continuous Improvement Policy and Procedure
- Continuous Improvement Register
- Continuous Improvement Plan
- Participant Handbook
- Staff Handbook
- Staff Training Record
- Staff Training Plan
- Training Attendance Register – In-house
- Training Register
- Risk Management Policy and Procedure
- Service Agreement

## 7.0 References

- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020



- NDIS Act 2013 (Commonwealth)
- NDIS (Procedural Fairness) Guidelines 2018
- Privacy Act 1988 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)

## 2.6 Incident Management

### 2.6.1 Reportable Incident, Accident and Emergency Policy and Procedure

#### 1.0 Purpose

Optimum Health & Community will comply with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.

It is our objective to maintain an incident management system that covers incidents that consist of acts, omissions, events, or circumstances that:

- occur in connection with the provision of supports or services to a person with a disability
- has, or could have caused harm to a person with a disability.

#### 2.0 Scope

All staff members are responsible for ensuring the safety of all participants who access our services. All incidents must be reported as per this policy. Management is responsible for ensuring that staff are trained and undertake the NDIS Worker Orientation training module.

#### 3.0 Definitions

Term	Definition
<b>Incident</b>	Acts, omissions, events, or circumstances that occur in connection with providing supports or services to a person with a disability and have, or could have, caused harm to the participant.
<b>Reportable incident</b>	A reportable incident is any of the below: <ul style="list-style-type: none"> <li>• The death of a person with a disability.</li> <li>• Serious injury of a person with a disability.</li> <li>• Abuse or neglect of a person with a disability.</li> </ul>

	<ul style="list-style-type: none"> <li>• Unlawful sexual or physical contact with, or assault of, a person with a disability.</li> <li>• Sexual misconduct, committed against, or in the presence of, a person with a disability, including grooming the person with a disability for sexual activity.</li> <li>• Use of restrictive practice in relation to a person with a disability where the use is not in accordance with an authorisation (however described) of a state or territory in relation to the person, or if it is used according to that authorisation but not following a behaviour support plan for the person with a disability.</li> </ul>
<b>Incident management system</b>	<p>Incorporates all items listed below:</p> <ul style="list-style-type: none"> <li>• Acts, omissions, events, or circumstances that occur in connection with providing supports or services to a person with a disability; and have or could have caused harm to the person with a disability.</li> <li>• Incidents that consist of acts by a person with a disability that occur in connection with providing supports or services to the person with a disability and have caused serious harm or a risk of serious harm to another person.</li> <li>• Reportable incidents alleged to have occurred in connection with providing supports or services to a person with a disability.</li> </ul>

## 4.0 Policy

Optimum Health & Community recognises that many of the participants using Optimum Health & Community services are at risk of incidents and accidents. Optimum Health & Community' Reportable Incident, Accident and Emergency Policy and Procedure seeks to:

- minimise risk and prevent future incidents through the development of appropriate participant-centred plans, staff training, assessment, and review
- ensure that there is immediate management of an incident, accident, or emergency and that each of these events is prioritised, managed, and investigated appropriately

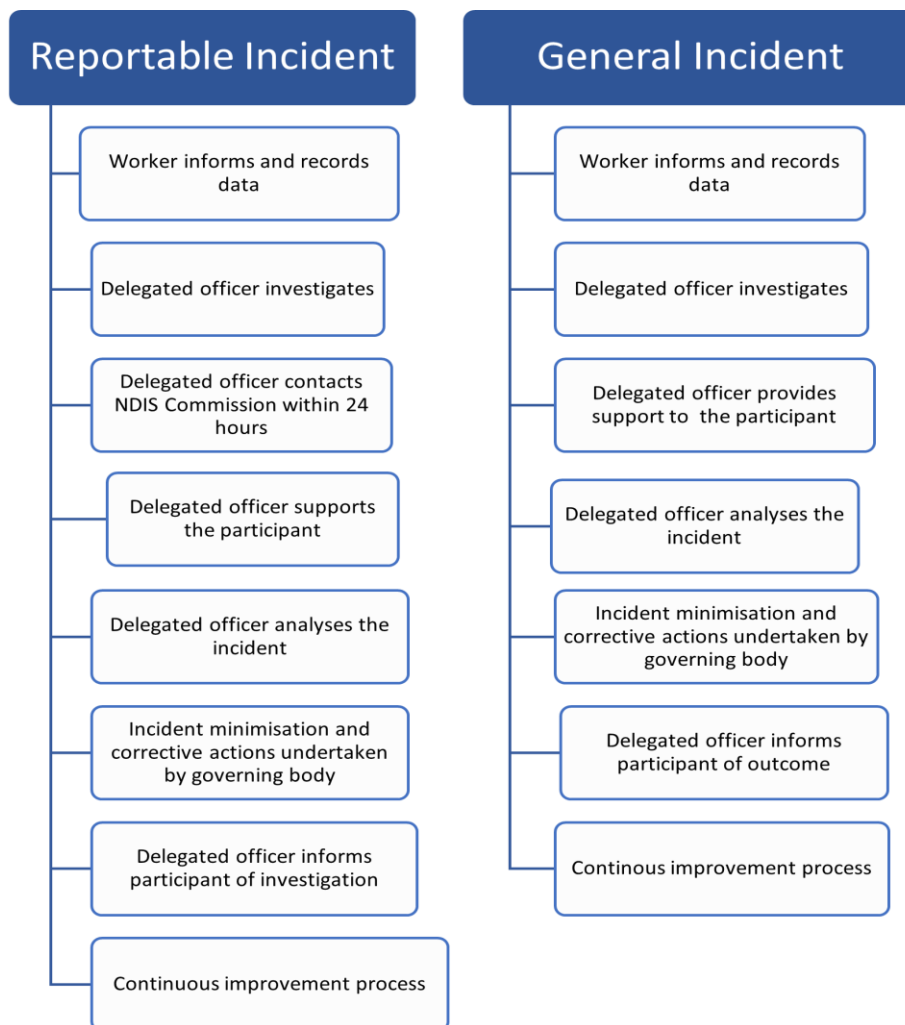
- identify opportunities to improve participant support quality by ensuring that the incident system is planned and coordinated and linked to the quality and risk management systems.

Participants will be provided information in Easy Read format, as required.

The Manager is the delegated officer listed in this policy and will manage, investigate, and report all incidents as required. Within this process, the Manager will ensure procedural fairness when dealing with an incident. Our organisation will follow all procedural fairness guidelines as required by the Commissioner.

## 5.0 Procedure

### 5.1 Incident management procedure



Optimum Health & Community will establish a procedure that identifies, manages, and resolves incidents, as follows:

**Step 1. Inform of incident**

1. Support worker to report the incident to the Manager.
2. Support worker completes an Incident Report that identifies and records details relating to the incident, i.e., people, place, time and date.

**Step 2. Investigation**

1. The Manager will determine, from the information provided, if the incident is classified as a reportable incident by the NDIS Quality and Safeguards Commissioner or a different type of incident:
  - A reportable incident must comply with the reportable incident reporting process.
  - Optimum Health & Community will comply with the National Disability Insurance Scheme (Incident Management and Reportable) Rules 2018.
  - A general incident is an accident with non-reportable injuries.
2. The Manager will review the details of the incident:
  - People involved.
  - Location.
  - Circumstances.
  - The outcome, e.g., injury.
3. The Manager will investigate the incident/accident in accordance with the process outlined in the Incident Investigation Form to determine the required information:
  - Primary reasons for the event.
  - Underlying reasons for the event.
  - Immediate actions required to fix the cause of the event.
  - Preventative actions required for the future.
4. Any information learned from incidents/accidents will be incorporated into our continuous improvement cycle to prevent the same incident/accident recurring in the future.
  - The analysis and investigation of each incident will vary based on the seriousness of the incident.

**Step 3. Support participant**

1. The Manager ensures that the affected participant is supported and assisted:
  - Informing them that they have access to an advocate if the participant does not have an advocate, the Manager can help access an independent advocate.
  - Reviewing their health status to assist and support.
  - Assessing the environment to ensure their safety and to prevent any recurrence.
  - Ensuring their wellbeing and assisting in developing the participant's confidence and competence so that they do not lose any function/s.
2. The Manager or their delegate will review the incident with the participant and collaborate with the person/s involved to manage and resolve the incident.

**Step 4. Analyse incident**

1. As part of our continuous improvement process, the information gained from an incident is used to amend or implement new practices:
  - when an investigation by a registered NDIS provider is necessary to establish the cause/s of an incident, the effects of the incident and any operational issues that may have contributed to the incident occurring and the nature of the investigation
  - if an incident requires the implementation of corrective action, an appropriate plan will be developed to adjust practices according to the nature of the action required.
2. The Manager or their delegate will undertake an appropriate analytical process to:
  - determine the cause of the incident
  - ascertain if the incident was an operational issue
  - consider the participant's perspective, including:
    - whether the incident was preventable
    - how the incident was managed and reviewed
    - determining any remedial action required to minimise future impacts and prevent a recurrence.
  - identify why the incident occurred, e.g., environmental factors, participant health

- ascertain if current strategies or processes require review and improvement.
- devise new strategies or procedures, if required
- plan staff training for any new strategies
- implement new strategies
- evaluate the success of new strategies.

All Incident Investigation Forms, including the Final Report, must be closed out by the Manager or their delegate, and one other Optimum Health & Community staff member.

### ***Step 5. Incident/accident minimisation and corrective action***

1. Optimum Health & Community will risk-assess all participants in conjunction with our Risk Management Policy and Procedure.
2. Incident, accident, emergency minimisation and procedures are taught during staff orientation and regular ongoing training sessions.
3. Risks will be identified, and control mechanisms agreed upon with participants.
4. Optimum Health & Community will consult with participants, and relevant stakeholders, to design specific risk control mechanisms to reduce risk to participants and their environment.
5. Effectiveness of mechanisms will be evaluated via:
  - participant review processes, including support plan review
  - participant feedback
  - case conferencing.
6. Internal and external risk audits.
7. Reviews of policies and procedures.

### ***Corrective actions***

On completion of the incident analysis procedure, any corrective action will be implemented. Each corrective action identified will be evaluated to ascertain the action's effectiveness, as per our Continuous Improvement Policy and Procedure, i.e., plan, do, check, act.

### ***Step 6. Informing participants***

Optimum Health & Community will inform participants, or their advocate, of the outcome/s of the incident, either in writing or verbally dependent on the participant and the situation.

Collaborative practice will be undertaken to ensure the participant and their advocate are involved in the incident's management and resolution.

## 5.2 Staff training

Optimum Health & Community recognises the importance of prevention to ensure our staff and participants' safety. Our orientation process includes training in risk and safety practices, including manual handling, infection control, safe environments, risk and hazard reduction. Upon commencing employment with Optimum Health & Community, all staff are trained in organisational incident management processes, including how to report an incident and who to report an incident to the Manager). All staff are given full access to our organisational policies and procedures to provide guidance. A Staff Incident Reference Card is provided to all staff as a guide.

## 5.3 Reportable incidents

Staff must report any reportable incident immediately that it becomes evident.

The Manager is responsible for reporting all reportable incidents to the NDIS Quality and Safeguards Commission. Reportable incidents are serious incidents, or allegations, which result in harm to any NDIS participant.

As a registered provider, Optimum Health & Community is required to report serious incidents (including allegations) arising from the organisation's service provision to the NDIS Quality and Safeguards Commission. Reportable incidents, involving NDIS participants, include:

- the death of a person with a disability
- serious injury of a person with a disability
- abuse or neglect of a person with a disability
- unlawful sexual or physical contact with, or assault of, a person with a disability (excluding, in the case of unlawful physical assault, contact with, and impact on, the negligible person)
- sexual misconduct committed against, or in the presence of, a person with a disability, including grooming the person for sexual activity.



- the use of a restrictive practice in relation to a person with a disability, other than where the use is in accordance with an authorisation (however described) of a state or territory in relation to the person or a behaviour support plan for the person.

### **5.3.1 Reporting roles**

The organisation will establish the following roles and ensure that allocated staff are aware of their responsibilities:

1. Approved Reportable Incident Approver responsibilities:
  - Authority to review reports before submission to the NDIS Commission.
  - Submits new reportable incidents.
  - Views previous reportable incidents submitted by their organisation.
2. Authorised Reportable Incident Notifier responsibilities:
  - Supports the Authorised Reportable Incident Approver to collate and report the required information.
  - Creates new reportable incident notifications to be saved as a draft for review and submission by the authorised Approver.

### **5.3.2 Reportable incident procedure**

The Manager will review the information and contact the police immediately to inform them of any suspected abuse.

**Important note:** Information on how Optimum Health & Community reports abuse against children can be found in our Working with Children Policy and Procedure.

The Approver submits reportable incidents via the NDIS Commission Portal's My Reportable Incidents page. <https://www.ndiscommission.gov.au/providers/ndis-commission-portal:>

1. Complete an **Immediate Notification Form** and submit within 24 hours:
  - Approved Reportable Incident Notifier will create for approval.
  - Approved Reportable Incident Approver will approve the report and submit it.  
Note: Approved Reportable Incident Notifier may create and submit, as required by the incident's circumstance.
2. **5-day form** to be completed within five days of key stakeholders being informed:
  - Approved Reportable Incident Notifier will create a form for approval.
  - Approved Reportable Incident Approver will approve and submit the form.

Note: Approved Reportable Incident Notifier may create and submit, as required by the incident's circumstance.

3. **Final Report** will be submitted on the due date if requested by the NDIS

Commission:

- Approved Reportable Incident Notifier will create a report for approval.
- Approved Reportable Incident Approver will approve the report and submit it.

Note: Approved Reportable Incident Notifier may create and submit, as required by the incident's circumstance.

Assessment of the incident by the Manager, or their delegate, will involve:

- assessing the incident's impact on the NDIS participant
- analysing and identifying if the incident could have been prevented
- reviewing the management of the incident
- determining what, if any, changes are required to prevent further similar events occurring
- recording all incidents and responsive actions taken.

## 5.5 Documentation

- All reportable incident reports and registers must be maintained for seven (7) years.
- This policy is to be reviewed on an annual basis, or when legislation changes occur.
- All participants, families and advocates are informed of this policy.
- All staff are trained in the procedures outlined in this policy.
- Training details are recorded in each employee's personnel file.

## 6.0 Reportable deaths (coroner)

Some examples of when a death must be reported to the Coroner for investigation are:

- the person died unexpectedly
- the person died from an accident or injury
- the person died in a violent or unnatural way
- the person died during or as a result of an anaesthetic
- the person was 'held in care' immediately before death
- a doctor has been unable to sign a death certificate giving the cause of death
- the identity of the person who has died is not known.

## Procedure

- Our organisation will always cooperate with all government bodies.
- All details of the incident will be recorded in an Incident Investigation Form.
- The Manager will ensure that staff complete any documentation required by the Coroner and ensure the completeness and accuracy of the information provided.
- The Manager will be the point of contact for all discussion with the family and relevant stakeholders. All conversations will be documented for future use.

A death reported to the Coroner in Perth is dealt with by the Coroner's Court of Western Australia:

- Telephone: (08) 9425 2900 or 1800 671 994 (free call for country callers)

## 7.0 Related documents

- Continuous Improvement Policy and Procedure
- Incident Report
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Register
- Participant Handbook
- Participant Orientation Checklist
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Assessment Form
- Risk Management Plan
- Risk Register
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan
- Risk Management Policy and Procedure
- Staff Incident Reference Card
- Support Plan Review Report

## 8.0 References

- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020
- Coroners Court of Western Australia website
- Coroners Act 1996 (WA)
- Privacy Act 1988 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)

## 2.7 Human Resource Management

### 2.7.1 Human Resource Management Policy and Procedure

#### 1.0 Purpose

Optimum Health & Community' policy objective is to safely and effectively manage our staff. It is also our goal to create a structured, fair, safe and supportive environment that supports our staff to meet organisational requirements and to facilitate the delivery of high levels of participant service and satisfaction.

#### 2.0 Scope

Human resources are used to describe both the people who work for our organisation and the management of resources related to our staff members. This policy is designed to incorporate many aspects of human resources and to comply with the *Fair Work Act 2009* and NDIS Quality and Safeguards Commission requirements.

#### 3.0 Policy

##### 3.1 Human resource management principles

Our human resource management principles are as follows:

- Only employ staff with appropriate qualifications, skills and competence are recruited.
- All staff are required to undertake and successfully pass, the NDIS Worker Screening Check, NDIS Worker Orientation Program and any other state requirements before commencing work.
- Adequate levels of staff members are maintained to provide quality support that meets the assessed needs of participants and organisational requirements.
- Skills and competency levels of all staff are improved through ongoing supervision and support and through the implementation of comprehensive training programs and annual performance reviews.

- All staff are required to hold current legislated work checks, professional registrations, licences, insurances and any other employment requirements (as needed).
- Poor staff performance or allegations of misconduct will result in performance management.
- Human resource management procedures are continually reviewed and improved.
- Expert external advice and information on human resource management are accessed by management, as and when required.
- Working conditions for staff will comply with relevant legislation and be comparable with industry standards.
- Optimum Health & Community will apply the following principles to all aspects of our relationship with our employees:
  - equity and fairness
  - respect for individuals, their privacy and confidentiality
  - accountability for actions and performance
  - encourage and support professional development
  - workplace flexibility and understanding of personal needs.

### **3.2 Corporate governance management**

A review of all persons who influence our governance is instigated to confirm they hold the relevant experience and knowledge to undertake their role. If a person requires additional expertise, then Optimum Health & Community will arrange for the relevant education or training necessary.

### **3.3 Staff recruitment**

Individuals are appointed based on their ability to meet criteria that are consistent with their role and position description. We employ staff who offer a range of skills and experience so that our organisation is managed effectively, and our services meet the needs of all participants. Roles are outlined in the organisational structure within Optimum Health & Community' Corporate Governance Policy and Procedure.

All staff are recruited according to our Equal Employment Opportunity Policy (see below - 3.4. Equal Employment Opportunity Policy). All permanent vacancies are advertised externally and internally. Only those who successfully pass the NDIS Worker Screening

Check and NDIS Worker Orientation Program will be employed by Optimum Health & Community The Manager is responsible for the recruitment and administration of all employees.

### **3.4 Equal Employment Opportunity (EEO) Policy**

Optimum Health & Community commits to:

- providing equal employment opportunity to all prospective and current employees
- promoting a fair and equitable work environment
- complying with all relevant anti-discrimination legislation
- creating and maintaining an environment in which diversity is valued, human dignity is respected, and people are treated with equity and tolerance
- ensuring staff and visitors are free from any form of discrimination, harassment or victimisation.

Our organisation chooses the best person for the job, regardless of:

- race
- nationality or ethnic origin
- disability (physical, intellectual or psychological)
- gender
- age
- sexual orientation
- marital status
- family status and responsibility (including pregnancy)
- religious or political beliefs
- activities or practices.

### **3.5 Code of Conduct**

All employees who are engaged by Optimum Health & Community must abide by both the NDIS Code of Conduct and Optimum Health & Community' Code of Conduct.

#### **3.5.1 NDIS 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 disabilities.

- Provide supports and services safely and competently and with care and skill.
- Act with integrity, honesty and transparency.
- Promptly take steps to raise and act on concerns regarding matters that may impact the quality and safety of supports and services provided to people with disabilities.
- Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect and abuse against people with disabilities.
- Take all reasonable steps to prevent and respond to sexual misconduct against people with disabilities.

### **3.5.2 Optimum Health & Community Code of Conduct**

- Abide by the philosophy of our organisation.
- Observe all the rules of our organisation.
- Provide supports to participants in a safe, ethical manner with care and skill.
- Work safely and competently, in accordance with the policies and procedures of our organisation.
- Respect the dignity, culture, values and beliefs of all individuals.
- Do not discriminate against participants on any basis.
- Respond in flexible and innovative ways to support participant decision-making.
- Do not discuss confidential issues with people outside the organisation; regard all information provided by a participant as confidential, and never disclose personal information to a participant.
- Do not harass other staff members of our organisation.
- Do not alienate participants from their family or representatives.
- Do not take illegal drugs or consume alcohol when on duty and when on the organisation or participant's premises.
- Never accept gifts or purchase items from participants.
- Do not engage in sexual misconduct with participants.
- Staff are never to take a participant to their (staff member's) home or engage in a relationship with a participant outside of a professional association.
- Always positively represent our organisation.
- Always wear clean and appropriate work clothes, or uniform, while at work.
- Adhere to all our record keeping and accounting procedures.
- Provide quality services.



## 4.0 Procedure

### 4.1 Process for filling a vacant position

#### 4.1.1 Review the position

1. Clarify the role and the need for the position.
2. Develop or review the position description.
3. Review position against requirements for the relevant registration group.
4. Develop essential and desirable selection criteria, as per the position description.
5. Determine how each of the selection criteria is assessed (e.g., written application and interview).

#### 4.1.2 Advertise the position

1. Positions are advertised internally and externally.

#### 4.1.3 Interview applicants

1. The Manager conducts the interviews and uses the appropriate interview form.
2. All applicants will be asked the same questions. The questions will explore the applicant's relevant skills and experience to perform the required duties.
3. When interviews are completed, the preferred applicant will be selected.
4. Recruitment decisions and reasons for decisions made are documented.
5. Pre-employment/reference checks take place.
6. The successful applicant will be notified, and feedback provided to unsuccessful applicants.
7. An offer of employment will be made to the successful applicant, conditional on pre-employment checks:
  - a. reference checks (if the position is a risk assessed role)
  - b. mandatory worker screening (i.e., criminal record check and working with children check as per state requirements)
  - c. registration check (as applicable to the role)
  - d. insurances (as applicable to the role)
  - e. licences (as applicable to the role)
  - f. NDIS Worker Orientation Program Certificate

8. Once appropriate checks are completed and satisfactory, an offer of employment will be sent to the applicant for signing before commencing employment.

#### **4.2 Procedure for a new employee**

1. The Manager will complete an orientation procedure with all new employees.
2. A Staff Orientation Checklist will be completed by the new employee and signed off by the Manager.
3. All forms and documents signed by the employee are filed in a personnel file with copies provided to the employee, as appropriate.

#### **4.3 Supervision of new staff**

- New staff members are inducted into their role and supervised appropriately.
- The Manager mentors senior staff members.
- A supervisor will appoint a delegated staff member to support the development of a new staff member's skills and knowledge. This orientation process will vary according to the experience of the new staff member but is usually for a minimum of two (2) shifts.

#### **4.4 Position descriptions**

- All employees are provided with a position description which specifies their roles and responsibilities.
- Position descriptions are reviewed and updated regularly.
- Every employee is provided with a copy of their position description before commencing employment and if their position description is changed.

#### **4.5 Code of Conduct and Privacy and Confidentiality Agreement**

- All staff are required to comply with the Code of Conduct, which encapsulates the respectful, safe and professional delivery of support to our participants, representatives, community and any other stakeholders.
- Employees are required to sign a Code of Conduct Agreement and a Privacy and Confidentiality Agreement on employment commencement. Disciplinary action will be taken if employees do not abide by these agreements.

#### **4.6 Staff information**

Optimum Health & Community' policies and procedures contain critical information that all staff must know to complete their roles safely and effectively. New employees are provided the time to read all policies and procedures and are reminded during staff meetings and through communication with the Manager to do so. A Staff Handbook is provided to all new employees to be used as a reference guide only.

#### **4.7 Staff uniform**

All staff representing Optimum Health & Community are required to wear our uniform or other provided form of identification (e.g., name tags), so participants easily identify them as belonging to our organisation. Staff uniforms must be clean and neat before commencing work.

#### **4.8 Record keeping**

An employee personnel file is maintained for each staff member. These files may include the following:

- employment application
- criminal record check
- working with children check
- professional registrations
- a signed offer of employment
- photocopy of driver's licence, car registration and insurance (wherever applicable)
- signed Code of Conduct Agreement
- signed Privacy and Confidentiality Agreement
- training offered
- training provided
- mandatory training attendance record
- evaluation of training events
- mandatory NDIS worker screening check
- mandatory NDIS Worker Orientation Certificate.

All employees are entitled to view their file at any suitable time; this can be arranged directly with the Manager.

Optimum Health & Community must never employ a person as a staff member unless satisfied that all regulatory checks are current and in place.

#### **4.9 Staff supervision and support**

Supervision and support are essential to making our employees feel supported in their work and ensuring they perform satisfactorily. Additionally, supervision sessions provide an opportunity to follow-up on development issues noted in an employee's development and performance reviews. Optimum Health & Community will supervise work performance issues at our office/s, in participants' homes and within the community.

Upon employment, all staff are provided with Optimum Health & Community' contact details. The Manager is available to be contacted over the phone by the staff worker. Alternatively, the Manager is available to meet with a staff member if they require time to discuss any issues or concerns.

A staff member's annual competency assessment, education and training, and performance appraisal also provide other avenues for our organisation to provide staff support and supervision. All staff can attend meetings and care conferences to ensure they are aware of participant support changes and to take the opportunity to provide input and feedback.

#### **4.10 Performance development reviews**

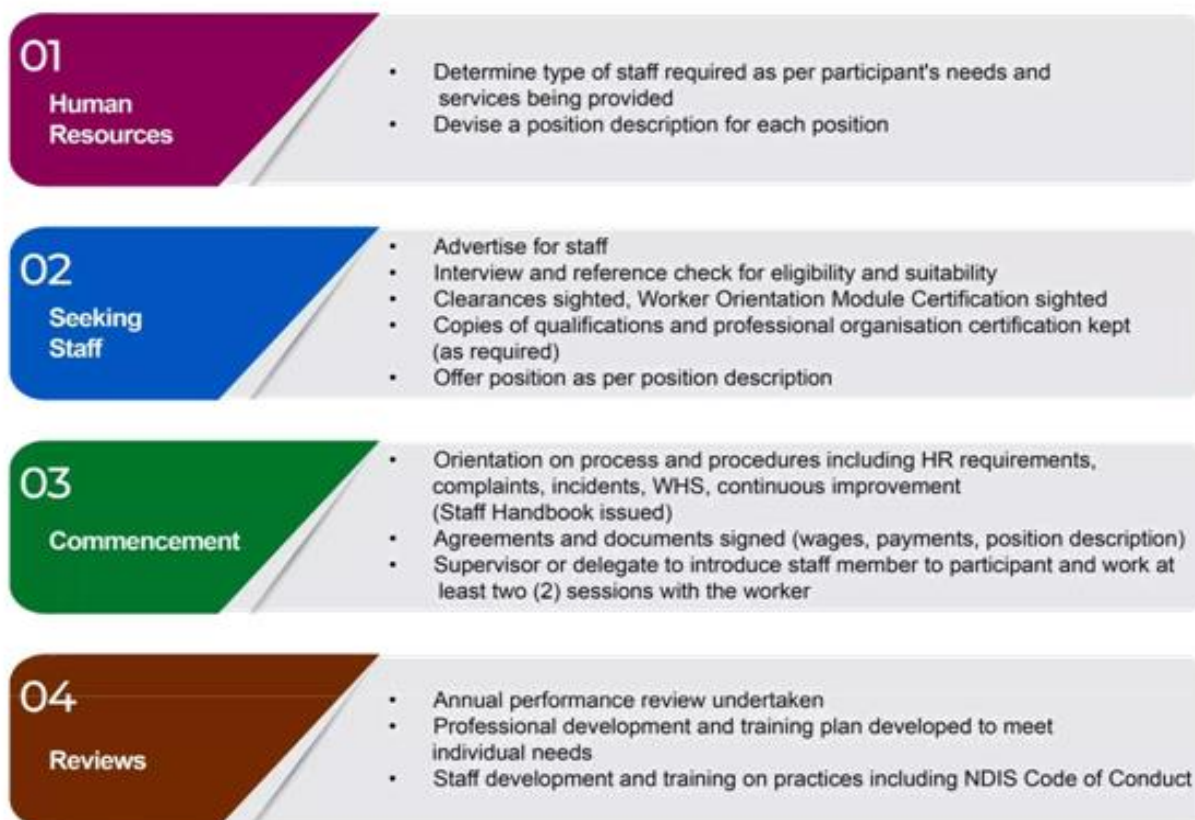
- Optimum Health & Community is committed to supporting staff to improve their efficiency and effectiveness. All staff members are expected to perform their duties to the best of their ability and to show a high level of personal commitment to always provide quality and professional service.
- Performance development reviews are conducted annually in consultation with individual staff members.
- Performance development reviews are based on the position description and an agreed work plan.

The aims of the review are to:

- conduct an honest and confidential discussion regarding work performance and the workplace between the staff member and the Manager

- discuss job performance in the context of a position description
- discuss work problems and develop appropriate solutions
- discuss possible ways of improving work performance; including identification of training and development needs or changes to work practice.

**Diagram 1. Staff recruitment and management process**



#### 4.11 Staff education and training

Optimum Health & Community provides appropriate training and development opportunities for all staff; this includes:

- identifying training needs through annual performance development reviews and ongoing staff and management input
- providing appropriate training to meet identified needs
- providing training opportunities for all staff
- evaluating training to ensure it meets the needs of the staff member and assists to improve our operations and services
- completing a training needs analysis
- devising appropriate training plans to meet staff performance requirements.

#### **4.12 Staff development opportunities**

Optimum Health & Community creates staff development opportunities, as follows:

- Staff attendance (for up to three (3) days per year) at workshops, seminars and conferences.
- Flexible working hours, so staff can participate in accredited study courses at recognised educational institutions.
- Provision of learning resources for staff education, e.g., videos, research literature.
- Training needs are discussed with each staff member upon recruitment, during annual performance reviews and supervision sessions.

#### **4.13 Staff performance dispute procedure**

Outlined below is the procedure used to deal with a staff performance dispute, not involving misconduct. Misconduct is an action by a staff member that results in instant dismissal.

##### ***4.13.1 Verbal warning***

The staff member is told, as soon as possible, of any complaint concerning their work performance and is provided with an opportunity to discuss the complaint.

The Manager, in consultation with the employee, will outline how the employee must improve their performance. Any assistance needed by the employee to improve their performance is identified and provided, wherever possible.

A date to review the employee's performance will be set, with consideration given to providing adequate time for the person to resolve the issue and reduce risk to the organisation.

##### ***4.13.2 First written warning***

If the employee's performance is still unsatisfactory at the time of the second review, further discussion will take place. This review will include the employee, a representative of their choice (optional), and the Manager.

The complaint against the employee and plans for improvement will be put in writing and will clearly state that a lack of development by a given date will result in a final written warning being issued. A copy of the first written warning will be provided to the employee.

#### ***4.13.3 Final written warning***

If at the given date set, the employee's performance has not improved, there will be further discussion with the employee. This review will include the employee, a representative of their choice and the Manager.

The complaint against the employee and plans for improvement are recorded in writing, clearly stating that a lack of growth by a given date will result in termination of employment. A copy of the final written warning will be provided to the employee.

#### ***4.13.4 Termination of employment***

If the problem persists, after the date set in the final written warning, the staff member's employment may be terminated. The Manager must approve the termination.

If the termination is not approved, an alternative process for managing the performance issue will be developed. Detailed notes of performance dispute management are recorded and kept in the employee's personnel file.

### **4.14 Staff grievance procedure**

If a staff member has a grievance related to their employment or concerning another staff member, the following processes apply:

#### ***4.14.1 Discussion***

The staff member may approach the Manager to discuss the issue and seek advice on the issue. The consultation will be confidential. The staff member may put the matter in writing to their supervisor and request that the issue is raised with management. A decision on the issue and a discussion with the staff member will occur within seven (7) business days.

If the staff member considers that the discussion has not addressed their concerns adequately, they can seek external advice (e.g., union representative or another independent body).

#### **4.14.2 Misconduct**

Misconduct includes severe breaches of our policies and procedures or unacceptable behaviour that warrants the immediate dismissal of a staff member. Examples of misconduct include:

- theft of property or funds from our organisation
- wilful damage of property belonging to our organisation
- intoxication through alcohol or other substances during working hours
- verbal or physical harassment or discrimination of any other staff member or participant
- disclosure of confidential information regarding the organisation to any other party, without prior permission
- disclosure of participant information, other than information that is necessary to assist participants and to ensure their safety
- conducting a private business from our premises or using the organisation's resources for private business without permission
- falsification of any records belonging to the organisation
- failure to comply with the organisation's Code of Conduct.

#### **4.14.3 Seek advice**

The Manager must be informed immediately following receipt of an allegation of misconduct. If necessary, the Manager will obtain external professional advice. The staff member should consider seeking advice from their union or another independent body.

#### **4.14.4 Suspension of duties**

A staff member is informed, as soon as possible, of any allegation of misconduct. The staff member may be suspended, with full pay, pending an investigation of the claim. A letter outlining the time, date and alleged misconduct will be provided to the staff member.



## **4.15 Leave**

### ***4.15.1 Application for leave***

Any staff member taking leave must complete an Application for Leave Form. If the application form is not completed, payment will not be made for leave taken.

The application must be completed and approved before annual leave, long service leave, or if unpaid leave is taken.

### ***4.15.2 Sick leave***

A doctor's certificate is required for sick leave of more than two consecutive days. When sick leave is required, the Manager should be informed as soon as possible and, at a minimum, at least two hours before the staff member's usual start time. An Application for Leave Form must be completed immediately upon the employee returning to work after sick leave.

The Continuity of Support Policy and Procedure will be implemented to support participants during staff worker absences.

### ***4.15.3 Personal/carer's leave and compassionate leave***

Personal/carer's leave and compassionate leave are defined in the relevant award (this only applies if staff are under an award). To qualify for personal leave, an individual's reason for leave must meet the definition of personal/carer's leave and compassionate leave within the award.

An Application for Leave Form must be completed immediately after a staff member returns to work. When leave is required, this should be communicated to the Manager as soon as possible and, at a minimum of at least two hours, before the usual start time of the staff member.

### ***4.15.4 Recording annual leave***

Annual leave taken and owing to staff is tracked on our accounting system software.

#### **4.15.5 Time sheets**

Each staff member is required to maintain up-to-date time sheets. Time sheets must be submitted to the Manager, as per the work agreement. The Manager or their delegate will check time sheets against the roster hours to determine accuracy, before forwarding them to the administration office for payment.

#### **4.16 Workers compensation**

When a staff member suffers an injury or suffers from a disease, and work is a substantial contributing factor to that illness or injury, Optimum Health & Community ensures that financial benefits and other assistance are provided, as required by the relevant state legislation and regulations.

#### **4.17 Employee exit procedure**

When an employee leaves Optimum Health & Community, the following procedure applies:

1. The Manager conducts the exit interview, and the employee is asked to provide useful feedback.
2. The exit interview is documented.
3. Completed documentation is viewed as relevant and used, if appropriate, integrated into the organisation's continuous improvement process.

### **5.0 Related documents**

- Application for Leave Form
- Code of Conduct Agreement
- Complaint and Feedback Form
- Human Resource Management Policy and Procedure
- Job Candidate Interview Form
- Delegation of Responsibility and Authority Policy and Procedure
- Delegation of Responsibility and Authority Form
- Offer of Employment Letter
- Employment Check Register
- Personnel File Contents Checklist
- Performance Management Template

- Employee Performance Appraisal
- Privacy and Confidentiality Agreement
- Staff Handbook
- Staff Orientation Checklist
- Staff Training Record
- Staff Training Plan
- Training Needs Analysis
- Warning Letter

## 6.0 References

- Disability Discrimination Act 1992 (Commonwealth)
- Australian Human Rights Commission Act 1986 (Commonwealth)
- Fair Work Act 2009 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Safety, Rehabilitation and Compensation Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Workplace Gender Equality Act 2012 (Commonwealth)
- NDIS (Practice Standards - Worker Screening) Rules 2018
- NDIS (Code of Conduct) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020

## 2.7.2 Delegation of Responsibility and Authority Policy and Procedure

### 1.0 Purpose

Delegations of responsibility and authority are the mechanisms by which Optimum Health & Community enables the staff of Optimum Health & Community to act on behalf of Optimum Health & Community.

The purpose of this policy is to establish a framework for delegating responsibility and authority within Optimum Health & Community, in a manner that facilitates efficiency and effectiveness and increases accountability levels of our staff and volunteers' performances.

Delegations are a crucial element in effective governance and management of Optimum Health & Community and provide formal authority to staff and volunteers to commit the organisation and incur liabilities on behalf of the organisation.

Delegations of responsibility and authority within Optimum Health & Community are intended to achieve four objectives:

1. To ensure the efficiency and effectiveness of the organisation's administrative processes.
2. To ensure that the appropriate officers have been provided with the level of authority necessary to discharge their responsibilities.
3. To ensure that the most suitable and best-informed individuals exercise delegated authority within the organisation.
4. To ensure internal controls are adequate.

### 2.0 Scope

The policy applies to all staff and volunteers of Optimum Health & Community who have delegated responsibility or authority to act and sign documents on behalf of Optimum Health & Community.

### 3.0 Policy

This policy sets out the circumstances under which the Manager may delegate their responsibilities.

The Manager is responsible for the management of the organisation and can delegate any of its functions. However, the Manager may not delegate its power to adopt the:

- strategic plan
- business plan
- annual budget.

The Manager is:

- charged with the duty of promoting the interests and furthering the development of Optimum Health & Community
- responsible for the administrative, financial, and other business of Optimum Health & Community
- responsible for exercising general supervision over the staff and volunteers of Optimum Health & Community.

The Manager may delegate any function, power, or duty conferred or imposed upon them, subject to this policy, to any member of the staff of the organisation.

Optimum Health & Community is committed to the highest standards of integrity, fairness and ethical conduct; including full compliance with all relevant legal requirements and, in turn, requires that all managers, staff, volunteers and contractors, acting on its behalf, meet those same standards of integrity, fairness and ethical behaviour, including compliance with all legal requirements.

There is no circumstance under which it is acceptable for Optimum Health & Community or any of its staff or contractors to, knowingly and deliberately, not comply with the law, or to act unethically in the course of performing or advancing Optimum Health & Community' business.

### 4.0 Procedure

The overarching policy applies to Optimum Health & Community as a whole. Units within the organisation must align their delegation of authority and responsibility policies with the central strategy. Delegations are to be exercised in a manner to ensure that delegated staff hold the requisite qualifications and skills.

#### **4.1 Delegations to the Manager**

Delegations are attached to the position occupied, not to the occupant of the position. The responsibilities of a position appear in a duty statement, role statement, or statement of responsibility appropriate to the position.

Delegations reflect Optimum Health & Community' organisational structure. Levels of authority are hierarchical through relevant lines of responsibility, up to and including the Manager. Formal authorities held by any delegate are included in those held by that delegate's supervisor or line manager; a delegate who sub-delegates authority remains responsible and accountable for the decision or action.

The Manager may, at any time, vary or terminate any delegation, subject to confirmation by the Board at its next meeting.

A delegation cannot be exercised where the officer holding the delegation has a conflict of interest or where the delegation will result, either directly or indirectly, in any tangible benefit to the delegate. In such cases, a transfer of the function to another appropriate position must be arranged by the Manager.

Permanent changes to delegations, either permissive or restrictive, require written authority from the Manager. The Manager must approve any significant variation to the standard delegations.

This policy applies only to formal delegations. Delegations of an informal nature, where no commitment or liability is incurred on behalf of Optimum Health & Community, are carried out in the normal business of the organisation without the requirement of written authority.

A staffing delegation can only be actioned by the delegate who holds management responsibility for the individual staff member. A staffing delegation example follows:

Position	Authority to ensure staff replacement	Authority to authorise contracts	Authority to access My Place	NDIS Compliance
Manager	Yes	Yes	Yes	Yes
Financial Officer	No	No	Yes	Yes

Position	Corporate Governance - Quality, risks, complaints and incidents	Reporting and recording risks, complaints and incidents	HR Management	Work with participant	NDIS Compliance
Manager	Yes	Yes	Yes	No	Yes
Supervisor	Yes	Yes	Yes	Yes	Yes
Support workers including allied health	Yes	Yes	No	Yes	Yes

## 5.0 Related documents

- Corporate Governance Policy and Procedure
- Human Resource Management Policy and Procedure
- Delegation of Responsibility and Authority Form
- Delegation of Responsibility and Authority Letter

## 6.0 References

- NDIS Quality Standards and Practice Indicators 2020

## **2.8 Continuity of Supports**

### **2.8.1 Continuity of Supports Policy and Procedure**

#### **1.0 Purpose**

Continuity management is an integral part of our organisation's operating plans, risk management and decision-making. Continuity of care to our participants falls within this remit. Continuity of care planning contributes to improved quality and safety of care; increases the satisfaction of the participant, staff and our organisation; and will maximise the use of resources to provide the appropriate level of care and access.

The participant's NDIS Plan incorporates reasonable and necessary supports; any informal supports that are already available to the individual, i.e., informal arrangements that are part of family life or natural connections with friends and community services; as well as other formal supports, such as health and education. Optimum Health & Community will ensure that the participant has consistent supports or services to allow them to undertake daily activities and supports to maintain their life choices.

#### **2.0 Scope**

This policy applies to Optimum Health & Community staff workers managing and working with participants.

#### **3.0 Policy**

The Manager will arrange schedules to ensure that participants know who will be attending to their needs and supports. The Manager will pair a participant with a worker who holds appropriate skills and knowledge. Our participant requests are matched with their preferred staff workers wherever possible. Examples of meeting a participant's wishes may include accessing a staff worker who speaks the participant's first language, shares the same cultural background or meets specific criteria that have been requested.



A staff worker will be placed with participants whose locations are close to their home (where possible), to reduce travel time and increase staff satisfaction and retention. Continuous support and predictability will be planned through the allocation of a consistent staff worker to a participant. All supports and strategies are recorded in the participant's plan. They will be used by the staff worker when supporting a participant's preferences and needs (see Responsive Support Provision and Support Management Policy and Procedure).

## 4.0 Procedure

To ensure participants have timely and appropriate support, without interruption Optimum Health & Community' staff will:

- access, read and comply with the participant's plan
- review strategies listed in the support plan before the provision of support
- provide quality services as per participant's plan
- document all the participant's preferences and needs to allow for a consistent care approach
- list all appointments and tasks related to the participant's needs
- allow allocation according to a participant's requirements
- inform the Manager of any absences, in advance, to allow time to allocate a replacement who meets the participant's criteria and, preferably, is known to the participant
- contact participants if there are any changes, or potential changes, in their care
- undertake emergency procedures, as required.

No appointments are ever double booked. When travelling to participants' homes, it is essential that our staff worker's factor enough travel time to ensure correct arrival time.

### 4.1 Disruptions and changes

Optimum Health & Community notifies participants when an unavoidable interruption occurs. The staff worker will make every attempt to inform the participants, via telephone and email, before any unavoidable disruptions to services or participant appointments. When it not possible to contact the participant, they will be briefed on arrival at the next meeting or scheduled service.

The Manager will contact a participant to:

- seek the participant's agreement and to ensure that they are entirely aware of any changes
- explain, in detail, alternative arrangements.
- ask the participant if they agree with the proposed arrangement
- participant to confirm their agreement or refuse the alternative arrangement
- record details of agreed arrangement or non-agreement in the participant's records

In the case of an emergency, when a worker cannot attend work due to circumstances out of their control (e.g., illness or family emergency), Optimum Health & Community will attempt to place a worker who is known to the participant. However, if this is not possible, we will send the best match available to the participant. Optimum Health & Community will contact the participant and advise them of the situation and provide details of the replacement worker.

#### **4.2 Absence or vacancy**

When a staff member is absent, or a vacancy becomes available, then the Manager will:

- contact a staff worker who is a suitable replacement (e.g., a person with the relevant qualifications or language requirement)
- provide, where possible, a staff worker who has worked with the participant previously and is aware of the participant's preferences and needs
- select an appropriate replacement worker who will be sensitive to the participant's requirements, ensuring care is consistent with the participant's expressed preferences
- inform the participant of the replacement's details, where possible
- upon completion of the service gather feedback from the participant on the replacement staff member.

A staff worker who is unable to work is required to contact the Manager. If there is an intended absence (e.g., vacation or appointment), then the staff member must inform the Manager at the earliest opportunity to allow time to prepare the participant.

#### **4.3 Service agreement**

Optimum Health & Community ensures arrangements are in place so that support is provided to the participant, without interruption, throughout their service agreement. These

arrangements are relevant and proportionate to the scope and complexity of supports delivered.

#### **4.4 Critical supports**

Contingency plans are drawn-up and adhered to ensure the continuity of care to all participants throughout their time with us. In the case of a disaster, planning will incorporate strategies that enable continual supports before, during and after the disaster. Critical planning will be undertaken for participants who have complex needs.

#### **5.0 Related documents**

- Access to Supports Policy and Procedure
- Responsive Support Provision and Management Policy and Procedure
- Support Plan
- Service Agreement
- Contingency Disaster Plan Template

#### **6.0 References**

- NDIS 2013 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020

## 2.8.2 Telehealth Policy

### 1.0 Purpose

Telehealth, in the context of the Australian healthcare setting, can be defined as the use of videoconferencing technologies to conduct a consultation where audio and visual information is exchanged in real-time. Telehealth can be conducted between an Optimum Health & Community clinician and a participant in a supported or unsupported format.

### 2.0 Scope

Optimum Health & Community clinicians will review participants, then only undertake telehealth consultation with participants who have the capacity to participate in a videoconference, to ensure appropriate provision of support and access.

### 3.0 Policy

This policy has been designed to allow Optimum Health & Community to meet the needs, interests and goals of our participants during natural disasters, pandemics, or when specific circumstances warrant this approach. During events of this type, changes and adjustments to our service provision may occur, requiring the adaption of current practices to meet government or participant requirements.

The role of telehealth, in the overall management of a participant, will be determined by the clinician and other relevant providers. The implementation of telehealth will depend on the specialty of the clinician and the participant's requirements and location. Clinicians should be mindful of the limitations of telehealth and communicate these limitations to all video conference participants.

#### 3.1 Participant selection

Clinicians should determine which participants are suitable for telehealth based on available resources, technology and care requirements. Optimum Health & Community will determine

whether a telehealth consultation is the most appropriate type of consultation for each participant. The decision to use telehealth incorporates the following factors:

- **Clinical:** Continuity of support and the best model of support for the individual.
- **Practical:** Availability of appropriate technology and participant-end support. The quality of the technology at a remote site will play a significant role in the information received during the clinical consultation.
- **Participant needs:** Ability to travel, and consideration will be given to their family, work and cultural situation. Clinicians should also consider the participant's capacity to participate (e.g., a video consultation may be inappropriate for participants with vision or hearing impairments).

### 3.2 Prior to a telehealth consultation

The clinician will advise the participant on how the consultation will proceed by:

- providing the participant with plain language information about telehealth
- informing the participant of the other available support options (if available)
- informing the participant of any charges for telehealth consultations in comparison to other available options
- indicating the length of the telehealth consultation.

Clinicians will ensure that the participant has been given adequate information regarding the telehealth consultation, and they will liaise with the participant-end worker to ensure the participant is sufficiently informed.

### 3.3. Seeking participant consent

Optimum Health & Community clinicians should be satisfied that participants have consented to participate in the telehealth consultation.

In cases where the participant is not competent and cannot provide consent, consent should be obtained from an advocate in the same way as for a face-to-face consultation, using a Telehealth Consent Form. The clinician will arrange for a Telehealth Consent Form to be provided to the advocate who has the requisite legal authority (e.g., enduring guardianship), so they can provide consent on the participant's behalf.

While it is not Optimum Health & Community's standard practice to record a video conference, on occasion, the participant will record the telehealth consult; therefore, their consent applies to this recording. Where a recording is made by Optimum Health & Community for assessment purposes, the participant will be informed before any recording occurring. The participant must provide verbal approval to record the consultation and agree to the planned use of the recording at the start of the telehealth consultation.

### **3.4 Consultation**

Telehealth is no different from any other type of consultation and should be conducted similarly to a face-to-face consultation. A telehealth consultation of high quality is one in which the participant has a voice, screens are shared, listed supports actioned, and active listening is undertaken as per current best practice models.

In supported consultations, a support worker is present with the participant for some, or all, of the video consultation. The support worker should confirm both their identity and that of the participant to the clinician.

For unsupported consultations, the participant may be alone or may elect to have a family member present. For the first unsupported consultation, the clinician and participant introduce themselves, and the clinician provides some background information, including their credentials and experience.

### **3.5 Privacy and confidentiality**

Telehealth consultations should be private and confidential. Clinicians should have processes in place to facilitate this as per standard face-to-face consultations. The participant's privacy and confidentiality should always be maintained.

Optimum Health & Community reviews privacy and confidentiality risks associated with telehealth consultations and develops procedures to mitigate such risks, which include, but are not limited to:

- implementing an appropriate system to prevent interruptions during a consultation (at both clinician and participant end)
- requesting that participants join a telehealth consultation in a quiet room where they will not be interrupted

- alerting other staff that a telehealth consultation is being conducted and requesting not to be disturbed
- storing all recorded telehealth conversations securely, so the participant's privacy and confidentiality are maintained
- selecting telehealth video conferencing technology (hardware and software) that offers appropriate security features
- storing all reports provided for, or generated from, the telehealth consultation securely online with password access
- informing the participant if there is a valid and clinically appropriate reason for the recording of a consultation and requesting and receiving their verbal consent.

### **3.6 Technology**

#### **3.6.1 Basic requirement of telehealth**

- The basic requirement of telehealth is the transfer of audio and visual data in real-time between the clinician and the patient.
- Only specific telehealth technology (hardware and software) appropriate for participants will be used to conduct telehealth consultations.
- Encryption, ease of use and access is considered as part of the software selection (e.g., Zoom has encryption storage capacity and is accessible from home computers and tablets).

#### **3.6.2 Adequate performance**

The information and communications technology used for telehealth should be fit for the clinical purpose of the consultation. Specifically:

- the equipment is reliable and works well over the locally available internet network and bandwidth
- the equipment is compatible with the technology used by the patient-end health worker
- the equipment and the network are secure, so privacy and confidentiality are assured during the consultation
- the equipment is of a high enough quality to facilitate clear communication with all participants and to transfer accurate clinical information.

### 3.6.3 Risk management

Optimum Health & Community will conduct a risk analysis to determine the likelihood and magnitude of foreseeable problems using telehealth consultations. The analysis will include:

- identifying the limitations of technology being used
- developing procedures for detecting, diagnosing and repairing equipment and repairing connectivity issues
- availability of equipment and connections
- software support services available.

**Table 1. Possible risk management strategies**

Issue	Strategy
<b>Computer breakdown</b>	<ul style="list-style-type: none"> <li>● Contact technician to repair</li> <li>● Purchase a new computer</li> <li>● Have a spare computer available</li> </ul>
<b>Privacy and confidentiality</b>	<ul style="list-style-type: none"> <li>● Consent in writing</li> <li>● Verbal consent at the beginning of each consultation</li> <li>● Encrypted video kept in participant's file</li> <li>● Secure encrypted server</li> </ul>
<b>Internet failure</b>	<ul style="list-style-type: none"> <li>● Phone participant</li> <li>● Reschedule</li> </ul>
<b>Encrypted end-to-end software</b>	<ul style="list-style-type: none"> <li>● Locate encrypted software</li> <li>● Determine if accessible via participant systems</li> <li>● Inform participant of any breach</li> </ul>
<b>Zoom</b>	<ul style="list-style-type: none"> <li>● Encrypted storage</li> <li>● Review for end-to-end encryption (currently being developed)</li> <li>● Use of waiting room</li> </ul>

## 4.0 Related documents

- Telehealth Consent Form
- Privacy and Confidentiality Policy and Procedure



- Risk Management Policy and Procedure

## 5.0 References

- NDIS Practice Standards and Quality Indicators 2020
- NDIS Act 2013 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Australian Privacy Principles (Commonwealth)

## **2.8.3 Disaster Management Policy and Procedure**

### **1.0 Purpose**

The purpose of the Disaster Management Policy and Procedure is so our participants feel safe in the event of a disaster (natural or pandemic), knowing Optimum Health & Community will provide them with continuity of service. Optimum Health & Community focuses on maintaining service delivery to our participants in times of stress and uncertainty.

Though disasters and emergencies may be infrequent, we acknowledge our services are especially important before, during, and after such events, as many participants are beyond the reach of other services and Optimum Health & Community provides them with an essential support lifeline.

Optimum Health & Community recognises that preparedness for disasters and emergencies is a priority for our organisation and a requirement to ensure the safety of our participants.

Optimum Health & Community will endeavour to provide an adequate level of service to our participants before, during and after all types of emergencies.

### **2.0 Scope**

The scope of this policy includes our participants and staff. Our participants will be informed of our emergency procedures to assist them in preparing for an emergency, build their resilience, and maintain their confidence in Optimum Health & Community.

Our staff will be well informed and prepared to assist participants in coping in an emergency within the community, and in strengthening Optimum Health & Community' disaster resilience.

### **3.0 Policy**

Optimum Health & Community places the safety and care of our participants at the forefront of our operational procedures. During a disaster, our team will adhere to this policy framework, and also work within any additional guidelines and instructions provided to our organisation by state and federal government authorities.

During any type of disaster, our senior management will undertake the following actions:

1. Follow all relevant government guidelines and instructions.
2. Communicate Optimum Health & Community' response to staff, participants and any other relevant parties.
3. Prepare participants (before any possible actions are taken) by informing how the current situation may affect their services.
4. Brief our entire staff on any possible or real action steps required by them.
5. Attempt to keep key workers allocated to the same participants.
6. Work towards maintaining continuity of support for each of our participants.

## 4.0 Procedure

### 4.1 Preparing for disasters and emergencies

An **emergency** is a situation of grave risk to health, life or environment. A **disaster** is any phenomenon, natural or human-made, that has the potential to cause extensive destruction of life and property. The mere mention of either of these two words is enough to make the community, particularly our participants, extremely nervous.

Some disasters and emergencies Optimum Health & Community may face include:

- flood
- fire
- heatwave
- snowstorm
- storms or cyclones
- pandemic.

Optimum Health & Community will:

- stay informed regarding all state/territory and federal government directives and act upon these directives appropriately
- advise other organisations, who work with Optimum Health & Community, of our disaster procedures and processes

- identify personnel who are critical in the delivery of essential frontline services
- identify Optimum Health & Community participants, and their stakeholders, whose services may be impacted by the situation
- implement this policy in conjunction with our Risk Management Policy and Procedure, our Information Management Policy and Procedure and our Human Resource Policy and Procedure.

#### **4.2. Supporting the supporters**

Vicarious trauma is a real and grave health concern for staff and volunteers of community service organisations such as ours, mainly when working with disaster-affected individuals and communities.

Our Optimum Health & Community will determine the best means to support our staff in a disaster situation and will implement all appropriate measures as detailed in our Human Resource Management Policy and Procedure.

#### **4.3 Consumer preparedness**

Optimum Health & Community understands that it is more likely that our participants will be adversely impacted by an emergency or disaster than others in the community.

We acknowledge that we may not be able to provide the same level of service to our participants during, or immediately after, an emergency or disaster situation. For these reasons, all of our participants must be supported by Optimum Health & Community to prepare for changes due to a disaster or an emergency.

Optimum Health & Community will:

- inform participants of the current situation and how the provision of their services and workers may be impacted
- continue to provide participants with the same key workers if they are available
- replace key workers with experienced workers who have the knowledge and skills to provide appropriate care to the participant
- inform the participant of any service changes and outline reason/s for these changes

- seek support within the local care community, if our staff are unavailable, and ensure that any new workers are appropriately experienced, trained and hold all relevant checks required.

#### **4.4 Staff preparedness**

Our team is our greatest asset; it is our focus that they and their loved ones remain safe during an emergency or disaster situation.

Optimum Health & Community will help prepare our staff for an emergency or disaster by implementing the following:

- inform staff of the situation and what is required by them via email, online messaging, Zoom meetings or similar
- train workers in all required measures, e.g., infection control, social distancing and evacuation
- seek feedback from participants regarding their services to adjust information distribution, if necessary
- inform staff of our participant's requirements outlined in their support plan.

#### **5.0 Related documents**

- Risk Management Policy and Procedure
- Information Management Policy and Procedure
- Human Resources Management Policy and Procedure
- Work Health and Environmental Policy and Procedure
- Contingency Disaster Plan Template
- Business Continuity Policy and Procedure

#### **6.0 References**

- Work Health and Safety Act 2011 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020

## 2.8.4 Business Continuity Policy and Procedure

### 1.0 Purpose and scope

Our organisation is focused on meeting regulatory compliance, achieving best practice standards and providing continuous quality supports to our participants.

We continuously work towards building our organisation's resilience and business capability to effectively manage change (e.g., legislative, emergencies) to ensure continuity of service.

Our organisation plans to ensure the business can:

- manage crises effectively (within our control)
- provide service and business continuity to participants
- provide reassurance to staff and participants during times of uncertainty
- implement our review and compliance structures and policy and procedures.

We will develop strategies to examine the risks and methodology of the business and implement changes required to address the risks identified.

#### **Our mission**

We believe that independence and choice is a fundamental right of all people regardless of their situation or personal challenges.

#### **Our vision**

Our goal is to provide a continuous, personalised service that supports our participants to enjoy a quality of life.

### 2.0 Procedure

Our organisation acknowledges that our staff and key personnel are essential to the provision of support and business continuity. Our business is not reliant on a small group of individuals to provide service provision.

In the event key personnel are unable to fulfil their duties, the business will still operate using workers who have the appropriate skills and experience to meet the needs of our participants. These workers may include:

- staff trained to undertake the role of others in their absence
- staff who are mentored and trained to increase their skills and knowledge
- agency staff who we employ when required
- regular casual staff.

Also, we will conduct appropriate risk assessments to assist in mitigating risk and to understand priorities for risk management actions. We will identify strategic priorities and assist in preparing for effective recovery after an emergency or disaster. We will monitor and comply with government directives and keep our participants and staff informed. All records and plans will be kept updated to ensure the information available is precise and current.

Our organisation engages with all key stakeholders to ensure we receive diverse input to inform our business plan, policies and procedures, which may include, but not be limited to, working with community members, participants, other service providers, IT professionals, health professionals, government bodies and staff

We have a policy and procedure review structure in place that is linked to our organisational risk management practices. With government legislation continually changing, we will, on an ongoing basis, implement changes required to the actions of our business and our employees.

The Manager will determine if there is a threat to the business and the way that it currently functions, which may require analysis of current work practices, a review of our services and price structures in comparison to our competitors.

### **3.0 Crisis management**

Information obtained from various sources will be used to determine if our business model is appropriate. Our organisation will review our crisis management processes and implement

appropriate and necessary structures to address emergencies and natural disasters, including ensuring computer data is securely backed up on a regular schedule to ensure that in the event of the system crashing, all data is recoverable.

We will ensure the following documents are regularly updated to provide current information to staff in the event of an emergency:

- participant support plans
- emergency plans
- contact details
- medication lists
- critical supplies
- critical suppliers.

In the case of an emergency, we will implement the Disaster Management Policy.

### **3.1 Training**

Training of staff and management is essential to business continuity. The Manager will advise staff and participants of all training requirements, e.g., scenario training to inform staff of possible emergencies and the relevant procedures to follow.

### **3.2 Reviews and updates**

We will use their risk management and continuous improvement policies and procedures to review current practices and to determine a plan of action for improvement. Improvements are likely, to ensure that our business continues to grow and develop. Our organisation will use all appropriate data to determine threats or risks to the business, our staff and our participants.

Staff will be kept up to date with any required changes to the service. Implementing best-practice standards is the key to ensure that the business moves forward with positive outcomes. Our staff will be trained to ensure that they are knowledgeable and professional.

We will ensure that all required business insurances are current, and our government regulatory requirements are met.



## 4.0 Related documents

- Risk Assessment Form
- Risk Management Plan
- Risk Register
- Internal Audit Schedule
- Continuous Improvement Policy and Procedure
- Continuous Improvement Register
- Continuous Improvement Plan
- Human Resource Management Policy and Procedure
- Business Plan
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan
- Contingency Disaster Plan Template

## 5.0 References

- NDIS Act 2013 (Commonwealth)

## Section 3: Provision of Supports

Topic	Policy and Procedure
<b>3.1 Access to Supports</b>	<ul style="list-style-type: none"> <li>• Access to Supports Policy and Procedure</li> </ul>
<b>3.2 Support Planning</b>	<ul style="list-style-type: none"> <li>• Support Planning and Service Agreement Collaboration Policy and Procedure</li> <li>• Support Planning Policy and Procedure</li> </ul>
<b>3.3 Service Agreement with Participant</b>	<ul style="list-style-type: none"> <li>• Service Agreement with Participant Policy and Procedure</li> </ul>
<b>3.4 Responsive Support Provision</b>	<ul style="list-style-type: none"> <li>• Responsive Support Provision and Support Management Policy and Procedure</li> <li>• Daily Personal Activities (Sole Carer) Policy and Procedure</li> </ul>
<b>3.5 Transition to or from the Provider</b>	<ul style="list-style-type: none"> <li>• Transition or Exit Policy and Procedure</li> </ul>

## Provision of Supports

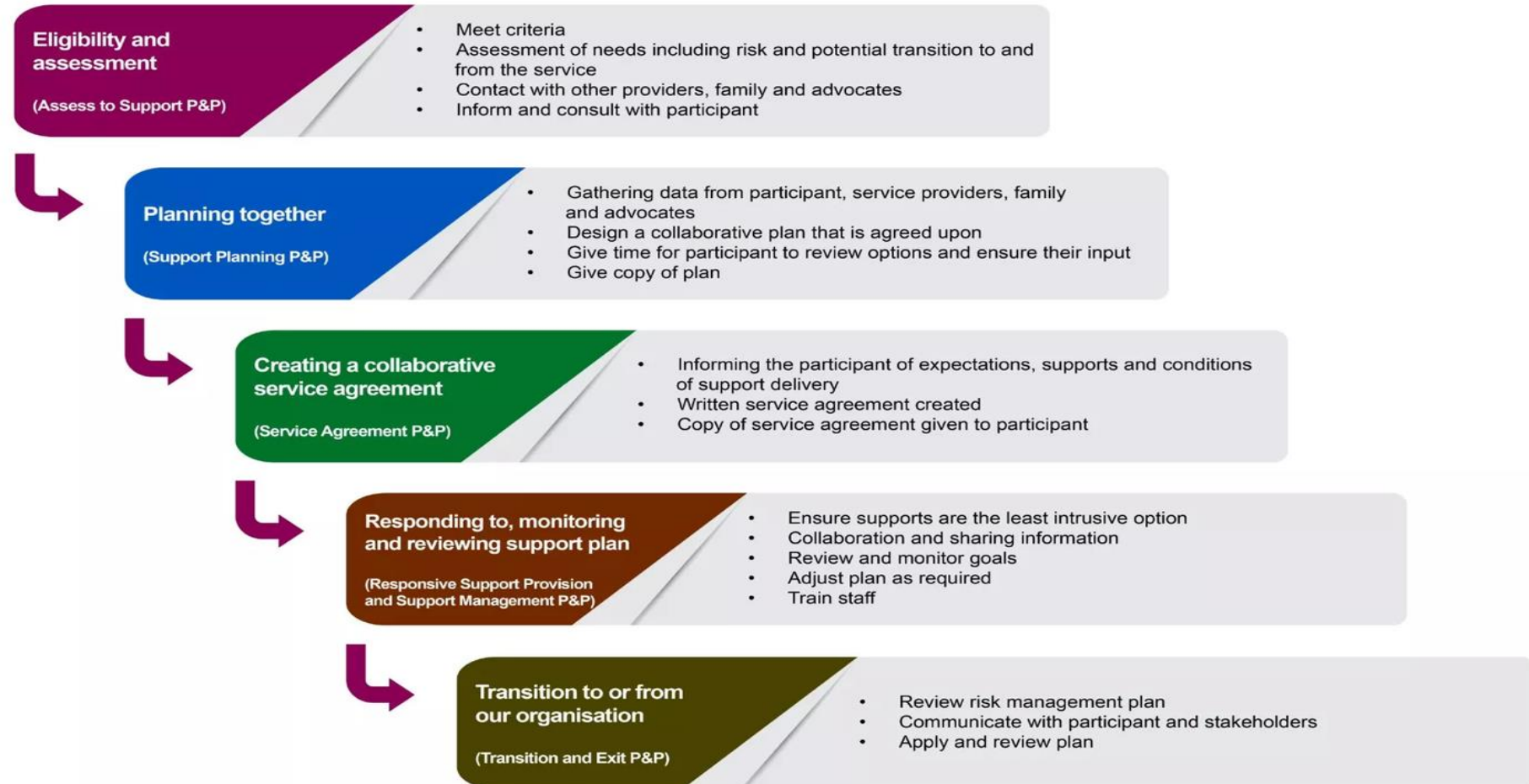


Figure 9 Provision of Supports

## **3.1 Access to Supports**

### **3.1.2 Access to Supports Policy and Procedure**

#### **1.0 Purpose**

Optimum Health & Community understands that it is important to provide our participants with the dignity of risk, so our team respects all participants' autonomy and self-determination (or dignity) when making choices.

Our assessment process provides relevant, reliable and valid data to assist in identifying a participant's strengths and care needs.

#### **2.0 Scope**

Participants contribute to the assessment that is appropriate and considerate of their individual needs. The support delivery environment is to be designed to incorporate reasonable adjustments to ensure that the participant's plan, and their environment, is fit for purpose to allow the participant to have a quality of life and independence.

#### **3.0 Policy**

The Manager or their delegate must seek eligibility information from the participant before commencing any assessment process.

Optimum Health & Community will provide the participant with entry criteria and inform them of the associated costs. Easy Read documents are available to inform a participant of their right to have a voice in their support requirements.

Participants must be part of the decision-making process with their needs at the core of service delivery and planning.

Optimum Health & Community will be supported to understand the circumstances that supports can be withdrawn. Supports will not be withdrawn or denied solely based on the dignity of risk choice that has been made by the participant.

Assessments must be undertaken before the commencement of the Optimum Health & Community' service. Staff are required to determine if an interpreter is needed, before the start of an assessment, to ensure that correct data is gained from the participant. The information obtained during the evaluation, such as areas of independence and identified needs, forms the basis of discussion with the participant to create their support plan.

## **4.0 Procedure**

### **4.1 Access to supports**

The Manager will inform the participant of the eligibility criteria to access our support services and associated costs for each service. Eligibility criteria for our NDIS services require the participant to currently hold an NDIS plan that lists access to our registration groups.

The Manager will determine if the participant requires our Easy Read documents which outlines details on the participant's rights, their voice in the development of their service agreement, how to make a complaint and how we will maintain their privacy. An interpreter will be provided if required by the participant.

Assessment will be undertaken to ensure that our organisation can supply the participant's services in the manner that the participant requires.

### **4.2 Reasonable adjustment**

The NDIA devises an NDIS plan to address the participant's reasonable and necessary supports.

During the Optimum Health & Community' assessment process to develop a Participant Support Plan, the Manager, or their delegate, will consult with the participant, their family or advocate to make reasonable adjustments to the participant's support delivery environment. Any modifications must be discussed and negotiated with all parties and recorded in the service agreement. The reasonable adjustments are made to determine that the service

provided is fit-for-purpose and that the change will support the participant's health, privacy, dignity, quality of life and independence.

#### **4.3 Withdrawal of services**

Optimum Health & Community will not withdraw or deny supports based solely on the dignity of risk made by the participant. Our organisation may withdraw supports if:

- the participant fails to do what is required of them, under the terms of their service agreement
- the participant fails to comply with the policies and procedures of Optimum Health & Community
- the participant fails to communicate and provide information about changes to support needs
- workplace health and safety considerations are ignored
- communication has broken down between the Optimum Health & Community and the participant, family or advocate
- payment for support or expenses has not been received as per the Service Agreement.

Under the National Disability Insurance Scheme Terms of Business for Registered Providers, withdrawal or termination of services must be no less than fourteen (14) days.

Optimum Health & Community will always work in the best interest of the participant to achieve a safe transition to a new provider of services (see the Transition or Exit Policy and Procedure).

Upon termination of the service agreement, by either party, Optimum Health & Community will take steps to ensure:

- cancellation of the service has been reported to the National Disability Insurance Agency
- services that have been provided under the terms of the service agreement have been claimed
- alternative support solutions are in place for the safety and wellbeing of the participant.

#### **4.4 Assessment principles**

- Assessment tools used are validated or considered 'best practice'.
- The assessor understands and applies the principles of flexibility, validity and relevance to the assessment process.

The assessment process promotes independence, including the following principles:

- determining the participant's abilities and difficulties
- setting expectations to create a balance between the participant's abilities and their need for support
- acknowledgement of the participant's support needs and their ability to foster independence and goals in the service agreement.

#### **4.5 Undertaking assessments**

Assessment interview time is negotiated with the participant, family and advocate. The designated staff members are to:

- invite the participant's representative/advocate to be present, if required or desired
- identify any special needs (e.g., provision of an interpreter or information in the participant's first language will be sourced)
- provide Easy Read documents, if required
- Contact the Manager to arrange an interpreter.

During the assessment process, the staff member will inform the participant of their rights and responsibilities regarding:

- collection and use of personal information
- privacy and confidentiality considerations
- opt-out options from data collection
- complaints and feedback process
- advocacy options
- information-sharing requirements of the organisation.

The assessment is designed to address the participant's health, privacy, dignity, quality of life and independence needs. Information is recorded in the participant's records for future reflection. The Manager reviews all completed assessments.

#### **4.6 Responsibility for assessments**

Only trained professionals can conduct the assessment of a participant. The Manager will determine and delegate this responsibility.

#### **4.7 Recording assessment information**

The assessment is documented in a participant's file and the participant's management system. The interview and write-up times must be recorded against the participant in the management system.

### **5.0 Related documents**

- Risk Assessment Form
- Individual Risk Profile Assessment
- Participant Information Consent Form
- Easy Read Documents
- Participant Intake Form
- Participant Intake Checklist
- Support Plan

### **6.0 References**

- Disability Services Act 1986 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- Equal Opportunity (Commonwealth Authorities) Act 1987
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020



## **3.2 Support Planning**

### **3.2.1 Support Planning and Service Agreement Collaboration Policy and Procedure**

#### **1.0 Purpose**

Optimum Health & Community' aim is to work with participants, families, advocates, communities and other providers to achieve the best outcome for the participant. The purpose of this collaboration is to allow all parties to share ideas and knowledge to ensure that the supports are relevant, appropriate and in line with the service agreement.

#### **2.0 Scope**

Optimum Health & Community is committed to ensuring that our staff understand the beneficial aspects of a collaborative approach for the participant.

#### **3.0 Policy**

This collaborative approach requires staff to work with relevant parties when:

- locating key workers with a family and another provider
- working with other providers in the supply of supports or services
- assisting the participant in transitioning and exiting the service
- building the participant's capacity
- planning with supports for the participant
- developing service agreements.

Staff must cooperate with other agencies in the delivery of service. This collaboration may include initial contact, sharing ideas and input from the participant, their families and advocates, following through on ideas of a provider, and actively listening to discussions.

We will collaborate with all relevant parties to provide participants with the opportunity to access a service network that meets the full range of their needs. The Manager will establish

communication with the relevant service provider, so our organisation can maintain collaborative relationships and protocols, and participate in networks with relevant agencies.

Information, knowledge and skills are communicated and shared between the participant, family, advocate, provider, and other collaborating providers. Optimum Health & Community will work with the participant, their family and advocate to ensure that the participant maintains functionality.

## **4.0 Procedure**

### **4.1 Keyworker**

Participants and families may require assistance to locate the right person to work with the participant. To do this, our team will undertake the following process:

1. Discuss the participant's requirements with participant, family and advocate.
2. Gain formal written consent to share and gather information with other providers.
3. Contact other service providers working with the participant to collaborate and determine the criteria.
4. Identify at least one (1) key support worker to contact participants, family and advocate, and the other providers.
5. Inform the participant, family, advocate of the identified person for their approval.
6. Record the process undertaken and results in the participant's service agreement.

### **4.2 Collaborating with other providers**

The Manager or their delegate will make initial contact with other providers, after obtaining consent from the participant, their family and advocate. Various methods will be used to maintain contact, e.g., email, phone and networking. All records of contact are kept in the participant Service Agreement.

### **4.3 Transition and exit**

The participant's needs, interests or aspirations may change during the delivery of their supports. These changes may lead to a need to transition to, or exit from, their current service. If this occurs, with the consent of the participant, we will contact the relevant service provider to:

- collaborate with providers and the participant to develop a plan of action
- request or send documents relevant to the participant
- confirm current supports, practices and needs to enable the participant to transfer or exit smoothly
- identify risks and develop a risk management plan
- develop a transition/exit process for the participant and confirm details with the participant
- work with the participant during the process
- review the effectiveness of the transition upon completion
- document the process in the participant support plan.

Risks associated with each transition to or from Optimum Health & Community are identified, documented and outlined in our Transition or Exit Policy and Procedure and Risk Management Policy and Procedure.

#### **4.4 Capacity building**

The participant's capacity building process is designed to improve and retain their skills and knowledge so that they can maintain and improve their functionality.

To build and support the participant's functional capacity, {\$Organisation Name} will collaborate with:

- a participant, their family and advocate to affirm, challenge and support
- other providers to further develop the participant's skills and to improve practice and relationships.

#### **4.5 Participant outcomes**

Collaboration with a participant, their family and advocate is the basis of ensuring functional outcomes are focusing on the participant's needs, priorities and skills. Details of collaborations are to be recorded in the service agreement.

#### **4.6 Support planning**

During the assessment and support planning process, collaboration is undertaken with a participant, their family or advocate to:

- complete a risk assessment
- document a risk assessment
- plan appropriate strategies to manage/treat known risks
- implement appropriate strategies to manage/treat known risks
- conduct an annual review, or earlier, according to the participant's changing needs/circumstances.

#### **4.7 Service agreements**

Optimum Health & Community will collaborate with the participant to develop a service agreement which establishes the:

- expectations of both parties
- supports to be delivered
- conditions associated with the delivery of supports, including details of why particular conditions are attached.

With the consent or direction from the participant Optimum Health & Community collaborates in the development of the support plan with other providers to:

- develop links
- maintain links
- share information
- meet the needs of a participant.

#### **5.0 Related documents**

- Participant Information Consent Form
- Support Plan
- Privacy and Confidentiality Agreement
- Risk Management Policy and Procedure
- Service Agreement
- Transition or Exit Policy and Procedure

#### **6.0 References**

- NDIS Practice Standards and Quality Indicators 2020
- Privacy Act 1988 (Commonwealth)

- Disability Discrimination Act 1992 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)

## **3.2.2 Support Planning Policy and Procedure**

### **1.0 Purpose**

The purpose of this policy is to outline the legislative requirements and practice procedures for undertaking support services for NDIS participants. Our organisation will comply with the requirements of NDIS Practice Standards and Quality Indicators.

Compliance with this policy is a condition of appointment for all persons engaged in providing services on behalf of Optimum Health & Community.

### **2.0 Scope**

To instruct our team how to plan the development of a support plan to incorporate the participant's wants, needs and aspirations. Plans are to include the type of staff worker and the time and length of the service linked to the registration group on an NDIS Plan.

### **3.0 Policy**

All participants and their support networks are aided to collaborate and participate in the development of a goal-oriented support plan. The support plan will reflect an individual's goals and aspirations and will review the strengths and functionality of the participant. The plan is based on the presumption of capacity and will safeguard the risks and needs of the participant.

The support plan is to incorporate both the participant's supports (described as nature of a coordination, strategic or referral service or activity) and reasonable and necessary supports funded under NDIS (activities that support goals to maximise independence, allow to live independently and undertake mainstream activities).

The support plan will provide transparent written information to the participant outlining the services and type of support/s they will receive from Optimum Health & Community. Where

there is a change in the participant's needs, preferences or goals, the amended support plan will communicate the change in supports required by the participant.

Staff must be screened, trained and qualified in the roles that they undertake.

### **3.1 Support planning principles**

- The support planning process is consultative where the participant, family, friends, carer or advocate work together to identify strengths, needs and life goals, with a focus on choice and decision-making.
- The participant's preferences, values and lifestyle choices should be supported (wherever possible).
- Support plans should promote the valued role of people with disabilities that is of their choosing.
- Optimum Health & Community promotes functional and social independence and quality of life.
- Support plans will contain goals.
- Agreed service choices should reflect the participant's personal goals.
- Support plans should be creative, flexible and not restricted to set patterns or methods of service delivery.
- Activities and supports in the plan must be inclusive of the participant's chosen communities and maintain connections with their community to allow for active participation.
- If a participant identifies as Aboriginal or Torres Strait Islander, then their community will be contacted to allow for engagement and provision of support services.
- The support plan is reviewed regularly (at least annually) and amended to respond to the participant's needs and preferences.
- The support plan should be strength-based, seeking to maximise independence and build on the participant's existing networks.
- The support plan should be provided to the participant in their first language, where appropriate or requested.
- The participant or their advocate may request a review of the support plan at any time.
- The staff worker developing the support plan will have the necessary skills and competence to undertake this function.
- A participant with a disability will be facilitated to assist comprehension of their NDIS Plan, including:

- understanding and self-directing their NDIS Plan
- understanding the supports in their NDIS Plan
- understanding funded support budgets
- purchasing general funded supports
- purchasing stated funded supports
- managing and paying for their supports
- choosing their providers
- making agreements with their preferred providers.

## **4.0 Procedure**

### **4.1 Support plan development**

#### ***4.1.1 Planning***

- Explain the support plan development process for the participant.
- Arrange a meeting time with the participant and, if applicable, their advocate or family.
- Develop the support plan with as much input, choice and decision-making from the participant as they want. Document the reasons for the decisions made (should a participant choose to have minimal input into their support plan).
- Before meeting with the participant, review the:
  - Participant Intake Form
  - participant assessment information
  - referral documents
  - other relevant notes or data available that will assist in understanding the participant as an individual.

#### ***4.1.2 Providing information to the participant***

- Emphasise to the participant why they must identify their personal goals and aspirations.
- Use the appropriate support plan as a prompt to assist the participant in identifying areas where Optimum Health & Community services may help them realise their goals.

- Outline the prompts on the plan, including discussion of the participant's physical, emotional, spiritual, cultural, community, social and financial needs.
- Provide the participant with a clear understanding of their choices and service options available so that they can make informed decisions about their choices and priorities.
- Explain to the participant any information-sharing requirements with other parties.
- Provide the participant with examples and suggestions of how Optimum Health & Community services may be able to help them achieve their goals.

#### ***4.1.3 Facilitating the development of participant-centred goals***

- Work with the participant and their advocate/s to identify their personal goals.
- Ask the participant to identify the types of help or assistance that would be most important to them.
- Help the participant recognise their strengths and capabilities.
- Transform the participant's goals into SMART (i.e., Specific, Measurable, Attainable, Realistic and Timely) goals, e.g.,
  - Simple goal: To be able to collect the mail.
  - SMART goal: To walk to the letterbox, without assistance, every day to collect the mail.
- Set a time frame for each goal, so progress can be measured, e.g., walk to the letterbox, without assistance, to collect the mail and to achieve this by November 30.
- Use the participant's expressed goals, priorities, goals and agreed on actions to develop their support plan.

Consideration will also be given to:

- financial resource capacities and any limitations of Optimum Health & Community services or specific programs to be utilised
- capacities, expertise and appropriateness of current Optimum Health & Community staff to provide services
- availability of specialised subcontracted staff or services, if applicable
- other services or individuals who will provide services, as designated by the participant
- volunteer supports available
- determining (with the participant) how each goal will be measured so progress can be recorded



- identifying (with the participant) any potential barriers to achieving their goals and then developing strategies to alleviate those barriers
- working with the participant to prioritise their goals if many goals are identified. For each goal list the actions, responsibilities, frequency and duration of services to be coordinated or supplied on behalf of the participant. Document all the information in the support plan.
- identifying and documenting a support plan, all stakeholders (e.g., participant, family, advocate/s, community engagement links and other services or agencies) who will undertake to assist the participant in achieving each goal.

#### **4.2 Support plan delivery and review**

- Negotiate specific days for services/supports and document in the participant support plan.
- Where possible, agree upon time ranges for the services to build a level of flexibility into the service roster, e.g., start time between 1:00 pm and 1:30 pm and provision of one (1) hour of domestic assistance.
- If not yet finalised, negotiate service fees and record these in the participant's service agreement and on the support plan.
- Ask the participant to sign the support plan to acknowledge their agreement with it.
- Agree on the criteria to evaluate the effectiveness of Optimum Health & Community service responses and document this in the support plan.
- Ensure that all involved stakeholders have copies of the agreed support plan.
- Explain to the participant that the Manager will monitor the progress of the support plan and that the participant may also request a review of the plan at any time.

#### **5.0 Related documents**

- Risk Assessment Form
- Individual Risk Profile Assessment
- Participant Information Consent Form
- Participant Intake Form
- Participant Intake Checklist
- Service Agreement
- Support Plan
- Support Plan Review Report

## 6.0 References

- NDIS - [Developing your first NDIS Plan](#)
- NDIS Practice Standards and Quality Indicators 2020
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)

## **3.3 Service Agreement with Participant**

### **3.3.1 Service Agreement with Participant Policy and Procedure**

#### **1.0 Purpose**

Optimum Health & Community undertakes the development of a service agreement during the access to supports and assessment process and with the collaboration of relevant parties.

We will ensure that all parties are aware of, and have agreed, to all aspects of the services being provided.

#### **2.0 Scope**

It is the responsibility of the Manager, or their delegate, to undertake the development of a service agreement with the participant and to ensure it is designed specifically to meet their individual needs.

#### **3.0 Policy**

Optimum Health & Community collaborates with each participant to develop a service agreement which:

- establishes expectations
- explains the supports to be delivered
- specifies any conditions attached to the delivery of supports, including why these conditions are attached.

The 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 follow. We will supply Easy Read documents, as required.

The participant must provide their consent or direction, to enable us to develop and maintain links with other providers to collaborate and share information to meet the needs of the participant.

## 4.0 Procedure

Optimum Health & Community undertakes the following procedure to develop a service agreement with each participant:

1. Collaborate with the family, advocate or representative to ensure that the service agreement meets the requirements and links to needs, interests and aspirations.
2. Use appropriate communication methods to explore, explain and determine what is being provided within the agreement.
3. Keep appropriate records explaining the process undertaken, including consent/direction to collaborate with other providers and to share information to enable the team to meet the participant's requirements.
4. Provide the participant with a copy of their service agreement. If the participant wishes not to keep a copy of the agreement, then the circumstance under which the participant did not receive a copy of the agreement must be documented and kept on the participant's file. It is good practice to have the participant make a note on the agreement that a copy was not required.
5. The Service Agreement must outline the party or parties responsible and their roles, where applicable, for the following issues:
  - a. How the participant will communicate their concerns about a dwelling.
  - b. How potential conflicts involving participant(s) will be managed.
  - c. How changes to participant circumstance or support needs will be disclosed, as agreed.
  - d. How vacancies are filled in shared living and how each participant has the right.
  - e. Are their needs, preferences and situation being considered?
  - f. How behaviours of concern are managed that may put tenancy at risk, if this is relevant to the participant.

## 5.0 Related documents

- Code of Conduct Agreement
- Easy Read Documents
- Service Agreement

## 6.0 References

- NDIS Practice Standards and Quality Indicators 2020
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)

## **3.4 Responsive Support Provision**

### **3.4.1 Responsive Support Provision and Support Management Policy and Procedure**

#### **1.0 Purpose**

The purpose of this policy is to ensure that every participant has access to responsive, timely, competent and appropriate supports that meet their needs, desired outcomes and goals.

Optimum Health & Community will provide program design, individual planning, coordination and support management to all participants.

#### **2.0 Scope**

Optimum Health & Community will ensure our staff are trained to act professionally and appropriately when developing plans that empower the participant to achieve their needs, goals and aspirations.

We will keep each participant informed of their plan while undertaking a holistic approach that incorporates strength-based and person-centred strategies.

#### **3.0 Policy**

All services and support plans are developed and delivered in collaboration with the participant and their advocate. All participants, family members, representatives or advocates must be included in any decision-making process, selection of strategies or activities, and approval of all aspects of their support plan. Support management will consist of delivery, monitoring, review and reassessment, in a timely manner.

The Manager, or their delegate will ensure that the least intrusive options are planned, using contemporary evidence-informed practices.

Reasonable efforts will be made to match the participant's key worker requirements to our current frontline workers.

Optimum Health & Community will collaborate with all relevant parties, including other service providers, and only share information with the consent of the participant. Our team will consult to ensure that we meet individual needs.

The Manager will ensure that only appropriately trained staff work with the participant. The process of allocation will incorporate a skill and knowledge review of a potential frontline worker.

Optimum Health & Community will utilise this policy to ensure the organisation maintains a contemporary approach to support management services.

## **4.0 Procedure**

### **4.1 Support management principles**

Support management includes screening, comprehensive assessment, support planning and support plan implementation, monitoring, review and case closure.

The Manager or their delegate will:

- match available resources (i.e., staff to the needs of the participant)
- work across service boundaries to ensure that participants with complex care needs are provided access to a full range of required support services such as allied health, health and social support services
- provide a single point of contact for participants who require a complex range of services or require intensive levels of support
- ensure Optimum Health & Community' service is screened for eligibility and suitability as per the applicable program guidelines and our Access to Supports Policy and Procedure
- verify that consent was received for assessment and services and is recorded in the participant's file
- review the participant's referral information and confirm eligibility and suitability for an Optimum Health & Community service
- contact the participant and arrange a suitable time for a comprehensive assessment

- arrange interpreters, advocates, guardians, or other service providers, with the participant's consent, to attend the assessment
- determine, if possible, whether a clinical assessment of the participant's health condition is required and arrange for the appropriate staff to attend the assessment, i.e., registered nurse or allied health professional
- ensure representatives identified by the participant (e.g., family, advocate and carers) are contacted and, if necessary, participate in the assessment.
- carry out the assessment as per the organisation's appropriate policies and procedures and base the assessment on the participant's needs and situation.
- contact the referrer and any existing providers, within five (5) days after a comprehensive assessment, for further information that may be required
- arrange additional specialised assessments, if indicated
- investigate potential options for sourcing support, including the availability of Optimum Health & Community staff/resources and the use of brokerage resources
- arrange, if necessary, a case conference with relevant services and individuals to discuss the participant's situation
- ensure outcomes from support management are documented within the support plan
- inform the participant that their coordinator will continually review and assess their services for effectiveness
- provide the support plan, where appropriate, to participant's general practitioner or representative, with the participant's consent
- develop a support plan that includes a plan of action that meets the participant's needs, requirements and aspirations and includes:
  - participant information, e.g., personal and health details, cultural and spiritual requirements, sexual identification, Aboriginal and Torres Strait Islander, etc.
  - participant goals
  - advocate details
  - interpreter requirements
  - consent forms
  - active engagement planning
  - strategies to develop, sustain and strengthen independent life skills
  - medical information, including conditions, doctors, medications, use and management
  - risks to participant and staff (include management of the risk if required)
  - any financial budget requirements (if applicable)



- details of the participant's involvement in any planning and decision-making process
- monitor the relevancy of the support plan through regular contact with the participant and other representatives and service providers involved in the wellbeing of the participant.

The support review is an essential element in the provision of focused and relevant supports, occurring at various points in the support continuum, depending on the needs of the participant or family; urgency and complexity of the family's needs; and changes in family circumstances.

Support plan reviews may be held to:

- determine if the current roles and responsibilities of our staff and organisation are meeting the needs of the participant
- assess if the frontline workers are meeting participant's goals
- review the purpose, intent, and direction of the intervention
- evaluate the service currently being supplied against the participant's strengths, needs, goals and aspirations
- consider previous assessments and to determine if any more are required
- reassess the participant, using the relevant assessment tool
- re-evaluate using evidence gathered during work with the participant
- examine the status of the support plan
- make decisions relevant to the participant; ensure all parties are informed
- review goals and actions
- schedule a case conference with the participant and all relevant stakeholders to ensure their active involvement and to discuss any changes in service
- plan towards transfer or closure, if relevant
- record any changes to a support plan in the participant's notes or file
- assess the need to change the service agreement.

## 4.2 Exiting the service

When the participant's needs begin to exceed program resources, or should the participant change to another service provider, the Manager will:

- refer to the transition and exit notes in the Participant Support Plan
- follow the guidance of the Transition or Exit Policy and Procedure

- inform the participant of any potential risk of transferring or exiting
- negotiate participant handover arrangements with the new service provider
- advise participants of risk related to leaving the service.

## 5.0 Related documents

- Access to Supports Policy and Procedure
- Consent Policy and Procedure
- Risk Assessment Form
- Individual Risk Profile Assessment
- Participant Information Consent Form
- Service Agreement
- Support Plan
- Support Plan Review Report
- Support Plan Progress Report
- Transition or Exit Policy and Procedure

## 6.0 References

- NDIS Practice Standards and Quality Indicators 2020
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)

## 3.4.2 Daily Personal Activities (Sole Carer)

### Policy and Procedure

#### 1.0 Purpose

Participants living in their own home have the right to be safe and to live as autonomously as possible within their environment. It is Optimum Health & Community' objective to effectively manage professional carers to ensure that they are providing services and supports to meet the requirements of the participant.

#### 2.0 Scope

Optimum Health & Community' management team are responsible for ensuring our professionally trained staff workers are appropriately supervised and to determine they are providing high-quality services that meet the NDIS (Provider Registration and Practice Standards) Rules 2018.

Personal care supports relate to assistance with daily personal activities, including assistance with, or supervision of, personal tasks of daily life, including:

- personal hygiene (e.g., showering, bathing, oral hygiene, dressing and grooming)
- toileting, bladder and bowel management and menstrual care
- eating and drinking
- attending appointments
- use of aids and appliances, hearing and communication devices
- mobility and transferring (e.g., moving in and out of bed and on or off the toilet)
- application of splints, basic first aid due to injuries sustained as a result of a participant's disability.

#### 3.0 Policy

During the development of the support plan and service agreement, staff are required to actively listen to the participant and their support network to determine the goals, interests,

and needs of the participant. Information is gathered and used to design the supports and services within the support plan to:

- maximise the independence and functional skills of the participant
- suit the participant's age and circumstances
- meet a participant's needs in a less intrusive manner.

Participant's choices and decisions are incorporated into the support plan, including:

- the type of care worker preferred
- specific activities and supports needed (e.g., showering, dressing, eating, toileting, appointments)
- timeframe for activities
- overnight supports (if required).

## 4.0 Procedure

For participants who live in their own home and request a sole carer, Optimum Health & Community will undertake the following steps:

### Step 1. Design daily personal activities

- Detail and record all activities required as per the service agreement.
- Gather details on how the participant wants activities undertaken (e.g., how they like to be showered, what time of day, etc.).
- Determine hours and timeframes for each activity.

### Step 2. Identify preferred carer/s (initial consultation)

- Listen to the participant to determine requirements (e.g., male/female, language preferences, cultural requirements, etc.).
- Identify the skills that the carer/s require.
- Review current care workers to determine possible matches.
- If no matches in our current workforce, then the Manager will locate appropriate care workers.
- The Manager will locate at least two to three carers for each participant.

**Step 3. Complete the Safe Environment Checklist and Individual Risk Profile****Assessment**

- The Manager will delegate a staff member to visit the home environment to determine the safety of the environment for both the participant and staff workers. The Safe Environment Checklist will be completed during this visit.
- All information gained from the visit is documented within the participant's support plan.
- The Individual Risk Profile Assessment will be completed with the participant. Information will be used to develop appropriate risk strategies in the support plan.
- The {Manager Position} will develop, finalise and detail support plan strategies and objectives, in collaboration with the participant, their family or advocate.

**Step 4. Staff training**

- Staff workers selected by the participant will be trained in all aspects of their care.
- The Manager or their delegate will train the staff.
- A buddy system (of at least two shifts) is implemented to ensure staff workers are fully trained in all aspects of the role to meet the participant's requirements.

**Step 5. Supervision**

- The Manager will determine an appropriate supervisor.
- The supervisor will visit the participant's home environment at least every two months.
- During these visits, the supervisor will complete the Participant's Home Monitoring Visit Report.
- The supervisor will meet with management to report on their findings after each home visit. The meeting will identify risks or issues and inform continuous improvement required (e.g., additional training, changing of staff, etc.).

**Step 6. Participant feedback**

- The Manager will seek the participant's feedback regarding the performance of the staff workers, at least every two months.
- Feedback may be provided by the participant verbally, via email/letter, or through using the Complaints and Feedback Form or completing the Annual Participant Survey.

## 5.0 Related documents

- Support Plan
- Service Agreement
- Participant's Home Monitoring Visit Report
- Annual Participant Survey
- Risk Assessment Form
- Risk Management Plan
- Risk Register
- Individual Risk Profile Assessment
- Safe Environment Checklist
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan
- Complaints and Feedback Form
- Complaint Register

## 6.0 References

- NDIS Charter of Rights
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020
- NDIS (Quality Indicators) Guidelines 2018
- NDIS Act 2013 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Human Rights and Equal Opportunity Commission Act 1986 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities

## 3.5 Transition to or from the Provider

### 3.5.1 Transition or Exit Policy and Procedure

#### 1.0 Purpose

Optimum Health & Community' Transition or Exit Policy and Procedure complies with *the National Disability Insurance Scheme Act 2013*, which promotes access, inclusion and choice for people with disabilities. The purpose of this policy is to define the processes required to assist and support participants to transition to, or exit from, services.

#### 2.0 Scope

This policy applies to all participants receiving supports and services from Optimum Health & Community. The purpose of this policy is to define a transition or exit process for participants, family and advocate/s, where applicable. The policy provides direction for Optimum Health & Community' staff when considering the exit of a participant from the organisation or working with other providers during the transition to the organisation.

#### 3.0 Policy

Optimum Health & Community is committed to providing participants with information and support through the process of transition into, or exiting from, the organisation's services:

- All participants are provided with the necessary information and explanation in the appropriate communication formats concerning their transition into, or exit from, the service.
- Participants are provided with information and support through the process of transition into, or exit from, the organisation's service.
- Participant transition strategies and exit planning will be documented in the participant's service agreement and support plan.
- The participant entry and exit process for programs are transparent; the organisation adopts fair and non-discriminatory practices when a participant chooses or is required to leave the service.
- To collaborate with other providers for a planned transition to, or from, our service.

- Staff must document, communicate and effectively manage transitions and exits to benefit participants.
- With each transition, risk assessments are to be undertaken, documented and acknowledged.
- Optimum Health & Community delegated staff members must identify processes for the participant and ensure application and review.
- Optimum Health & Community will record if a participant:
  - has met their goals
  - chooses to leave or cease the services
  - wishes to transfer to another service provider
  - moves location and cannot access the service
  - is no longer eligible for services.

## 4.0 Definition

Term	Definition
<b>Transition</b>	Preparing for and supporting the participant to enter or exit the service or referral from another service or to another service or program where appropriate.
<b>Exit (or discharge)</b>	The process through which participant's transition out of Optimum Health & Community. The exit process occurs when the participant has reached their goals outlined in the participant's support plan. For some participants, there may be a period of transition to exit or some form of continuing care.

## 5.0 Procedure

Optimum Health & Community will implement a collaborative approach when undertaking all decision-making processing, regarding transition and exit, to allow for an informed approach. This approach must be recorded in the support plan and include the:

- reasons for the transition
- details of the provider transitioning to/from
- outline of collaborative communication
- summary of communication methods and details of information provided to relevant parties



- feedback received from participant, family, advocates and stakeholders
- transition time frames
- transition process incorporating details of the process, application and communication process relevant to the participant
- identification of risks to the participant and risk management strategies
- review of the process and adjustments made, as required.

All participants must be advised how and when a process of transition or exit can occur at the time of development of their Service Agreement and Support Plan.

### 5.1 Service agreement

As per the Service Agreement, a minimum notice of no less than 14 days, or a more extended period, is required to enable the participant, family and advocate or Optimum Health & Community to have adequate time to nominate an alternative registered provider to deliver support services.

Optimum Health & Community will give notice of intent to withdraw/terminate services to a participant as per their Service Agreement, which states no less than 14 days' notice, or longer, as required.



Figure 10 Transition or Exit process

## 5.2 Transition or exit plan

- A transition or exit plan will be developed at the time of entry to the service.
- The transition or exit plan is discussed during the participant's reviews.
- The participant will be informed of any risks involved with transitioning into, or exiting from, the service.
- The plan will include a seamless time frame, offer flexibility and provide reliable support from the other service provider.
- The plan will support participants to transition into our service, exit to other services or cease services, as required.

## 5.3 Interviews

An entry interview is part of the transition plan; participants wishing to make a complaint regarding their transition into the service will be provided with details on the complaint process.

An exit interview is part of the exit plan; participants wishing to make a complaint regarding their exit will be provided with details on the complaint process.

## 5.4 Risks

Risks associated with the transition or exit process are identified during the planning stage, documented in the participant's plan and responded to immediately. This risk assessment will be held in the support plan.

Optimum Health & Community will aim to minimise the impact of change that is occurring for the participant by creating a transition support schedule that meets the participant's goals, needs and requirements appropriately.

## 6.0 Related documents

- Transition or Exit Plan
- Risk Assessment Form
- Individual Risk Profile Assessment

- Risk Management Plan
- Risk Register
- Participant Information Consent Form
- Code of Conduct Agreement
- Complaints and Feedback Form
- Complaint Register
- Support Plan
- Service Agreement

## 7.0 References

- NDIS Practice Standards and Quality Indicators 2020
- NDIS Scheme Act 2013 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)

# Section 4: Provision of Environmental Supports

Topic	Policy and Procedure
<b>4.1 Safe Environment</b>	<ul style="list-style-type: none"> <li>● Safe Environment Policy and Procedure</li> <li>● Infection Management Policy and Procedure</li> <li>● COVID-19 Response Policy and Procedure</li> </ul>
<b>4.2 Participant Money and Property</b>	<ul style="list-style-type: none"> <li>● Participant Money and Property Policy and Procedure</li> </ul>
<b>4.3 Management of Medication</b>	<ul style="list-style-type: none"> <li>● Management of Medication Policy and Procedure</li> </ul>
<b>4.4 Management of Waste</b>	<ul style="list-style-type: none"> <li>● Management of Waste Policy and Procedure</li> </ul>

## 4.1 Safe Environment

### 4.1.1 Safe Environment Policy and Procedure

#### 1.0 Purpose

Safety for our participants is pivotal to the provision of high-quality supports and services. This policy is designed to ensure that all participants have access to services and supports that are:

- free from violence, abuse, neglect, exploitation or discrimination
- located in safe environments appropriate to their needs
- risk-averse; risks to participants are identified and managed effectively
- implemented by staff workers who are competent concerning their role, hold relevant qualifications, expertise and experience in providing person-centred, needs-based support
- transparent; where incidents are acknowledged, responded to, managed effectively, and any key learnings recorded.

#### 2.0 Scope

All staff members must ensure that they focus on the safety of every participant. Staff must also be responsible for their safety within the workplace.

#### 3.0 Policy

Optimum Health & Community will ensure that participants can identify our front-line workers.

Optimum Health & Community will review the safety of the participant's home environment and work safely with the participant.

If required, the Manager will work with other providers and services to identify and treat risks, ensure safe environments, and prevent or manage injuries.

## 4.0 Procedure

### 4.1 Staff identification

Participants in all environments must be able to easily identify a staff member. Staff identification could be in the form of a uniform or identification tags or badges. The staff workers must introduce themselves at the beginning of each service delivery.

### 4.2 Home supports

All staff must use the identification provided by Optimum Health & Community upon entering a participant's environment. The staff worker will greet the participant and introduce themselves at the beginning of the service. Our staff worker will always inform the participant when they are leaving the environment.

Physical identification will be worn in the form of a uniform or identification tags when staff undertake home supports.

At access to the service, and during the initial support planning design, the Manager will determine if the participant's home environment (where the supports are undertaken) is safe.

Optimum Health & Community will work with the participant, family and advocate to ensure that the home is safe for the participant and others. If required, the service will assess the premises using a Safe Environment Checklist.

### 4.3 Establishing a safe environment

If the participant accesses other providers, our team will work with these providers to:

- identify any environmental risks
- ascertain how to treat the risks
- review the environment to ensure safety
- undertake removal/avoidance of any hazards
- devise a risk management plan to prevent and manage injuries.

## 5.0 Related documents

- Employment Check Register
- Position Descriptions
- New Employee Details
- Participant Intake Form
- Privacy and Confidentiality Agreement
- Risk Management Policy and Procedure
- Safe Environment Checklist
- Staff Orientation Checklist
- Staff Training Record
- Staff Training Plan
- Supporting Planning and Service Agreement Collaboration Policy and Procedure
- Training Needs Analysis
- Work Health Safety and Environmental Management Policy and Procedure

## 6.0 References

- NDIS Practice Standards and Quality Indicators 2020
- Work Health and Safety Act 2011 (Commonwealth)
- NDIS Scheme Act 2013 (Commonwealth)
- Privacy Act 1988 (Commonwealth)

## 4.1.2 Infection Management Policy and Procedure

### 1.0 Purpose

The purpose of this policy is to assist in preventing cross-infection between participant, carers, staff and contractors, so participants maintain their health and wellbeing. By managing infection, Optimum Health & Community can more effectively manage the cost of health care to both the organisation and our participants.

It is imperative that our staff and contractors understand and follow our protocol concerning infection control and implement our processes as part of their essential work practices and during all care activities to stop the spread of infectious agents.

### 2.0 Scope

This policy applies to all Optimum Health & Community staff and contractors. Appropriate training will be implemented to assist staff in understanding the causes of infection and how infections spread.

### 3.0 Definitions

**Table 1. Definitions**

Term	Definition
<b>Infection</b>	A disease or illness caused when an organism inside a person multiplies to levels where it causes harm.
<b>Colonisation</b>	An infectious agent establishes itself on, or in, the body but does not cause disease.
<b>Contamination</b>	When infectious agents spread to a surface or item, creating risks for the spread of infection.



<b>Source</b>	The origin of the infectious agent; most sources are other people, but they can also be air, water, food or equipment that has become contaminated.
<b>Susceptible host</b>	A person exposed to an infectious agent who is vulnerable to infection.
<b>Multi-resistant organism</b>	A multi-resistant organism (MRO) is a type of infectious agent that has become resistant to several different antibiotics typically used in its treatment. Because treatment options are limited, it is especially important to stop the spread of MROs.
<b>Standard precautions</b>	A minimum level of practice for infection control.
<b>Additional precautions</b>	Put in place when staff know they will be in contact with cases of certain infections.
<b>Common modes of transmission</b>	
<b>Transmission</b>	The spread of infectious agents from one person to another.
<b>Contact</b>	Infectious agents are transferred directly (e.g., contact with infected blood or body fluids), or indirectly (e.g., touching a contaminated surface and then another person without performing hand hygiene in between).
<b>Droplet</b>	Droplets made by coughing or sneezing transfer to someone's eyes, nose or mouth.
<b>Airborne</b>	Tiny particles containing infectious agents travel through air currents (e.g., air conditioning) and are breathed in by a person.
<b>Vehicle</b>	Food contaminated with an infection is the "vehicle" to carry the infection to a person when they eat the contaminated food.
<b>Vector-borne</b>	Where an animal or insect carries a disease and bites a person who then becomes infected with the disease.
<b>Outbreak</b>	The occurrence of more cases of disease than expected in an area among a specific group, e.g., two or more linked cases of the same illness.

**Table 2. Infectious agents**

<b>Infection</b>	<b>Description</b>
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<b>Influenza ('flu')</b>	Spread by droplet and contact routes. Causes runny nose, aches and pains, fever, tiredness.
<b>Coronavirus</b>	Spread by droplet and contact routes. Causes fever, coughing, sore throat, shortness of breath. Also, cold-like symptoms.
<b>Norovirus, rotavirus ('gastro')</b>	Spread by droplet and contact routes. Causes diarrhoea or vomiting.
<b>Skin infection (scabies, impetigo)</b>	Spread by contact route. Causes rashes, redness, swelling, boils.
<b>Tuberculosis (TB)</b>	Spread by an airborne route. Causes bad cough, sweating, fatigue, fever.
<b>Multi-resistant organism (MRO)</b>	A type of infectious agent that has become resistant to a range of different antibiotics typically used in its treatment.

## 4.0 Policy

### 4.1 General management

Optimum Health & Community will maintain high standards of infection control through the following measures:

- Maintaining and reviewing our infection control policy and procedures regularly and in response to new legislation and best practice guidelines.
- Maintaining service agreements with appropriately qualified and licenced organisations for the:
  - removal of waste
  - regular monitoring and removal of pests when required (e.g., termites, spiders)
  - supply of food
  - cleaning and laundry equipment and services
  - monitoring and maintenance of air handling systems (where installed)
  - supply of personal protective equipment
  - pharmaceuticals and medical supplies.
- Providing infection control training to all staff.
- Displaying information and directions within the home to help staff and visitors maintain infection control practices.
- Completing relevant hazard and risk management processes, as required.

- Auditing infection control practices, investigating problems, checking for trends and fixing problems.

## 4.2 Standard precautions

Standard precautions are practices that applied by all staff and include:

- hand hygiene
- respiratory hygiene/cough etiquette
- personal protective equipment
- handling of medical devices
- cleaning and managing spills
- handling of food, waste and linen.

Standard precautions will always be used for all:

- participants
- work practices.

## 5.0 Responsibilities

The Manager or their delegated officer will undertake the following:

1. Coordinate, monitor, and review the infection control program following Optimum Health & Community' care governance program.
2. Identify and monitor any trends in infection and then formulate and monitor action plans to address these.
3. Monitor staff compliance with infection control requirements and address any issues as identified.
4. Provide infection control reports as required to the Board.
5. Ensure service practices and procedures include and comply with infection control requirements.
6. Participate in the selection and provision of equipment and supplies to ensure infection control requirements are met.
7. Support the staff vaccination program in consultation with our staff.
8. Coordinate and evaluate infection control education for all staff, including orientation of new staff members.
9. Ensure that plans are in place to identify and manage infections.

10. Provide information and feedback to management and staff regarding infection control activities and all infection control related matters, including actions taken and outcomes achieved.
11. Facilitate the collection of data and necessary reports for infection control clinical indicators.
12. Undertake ongoing professional development in infection control to maintain up-to-date skills and knowledge.
13. Conduct a range of infection control audits as required, formulate and monitor action plans to address identified issues.
14. Coordinate the management of occupational exposures to blood and body fluids.
15. Ensure that additional precautions are implemented when required to prevent the spread of infection.

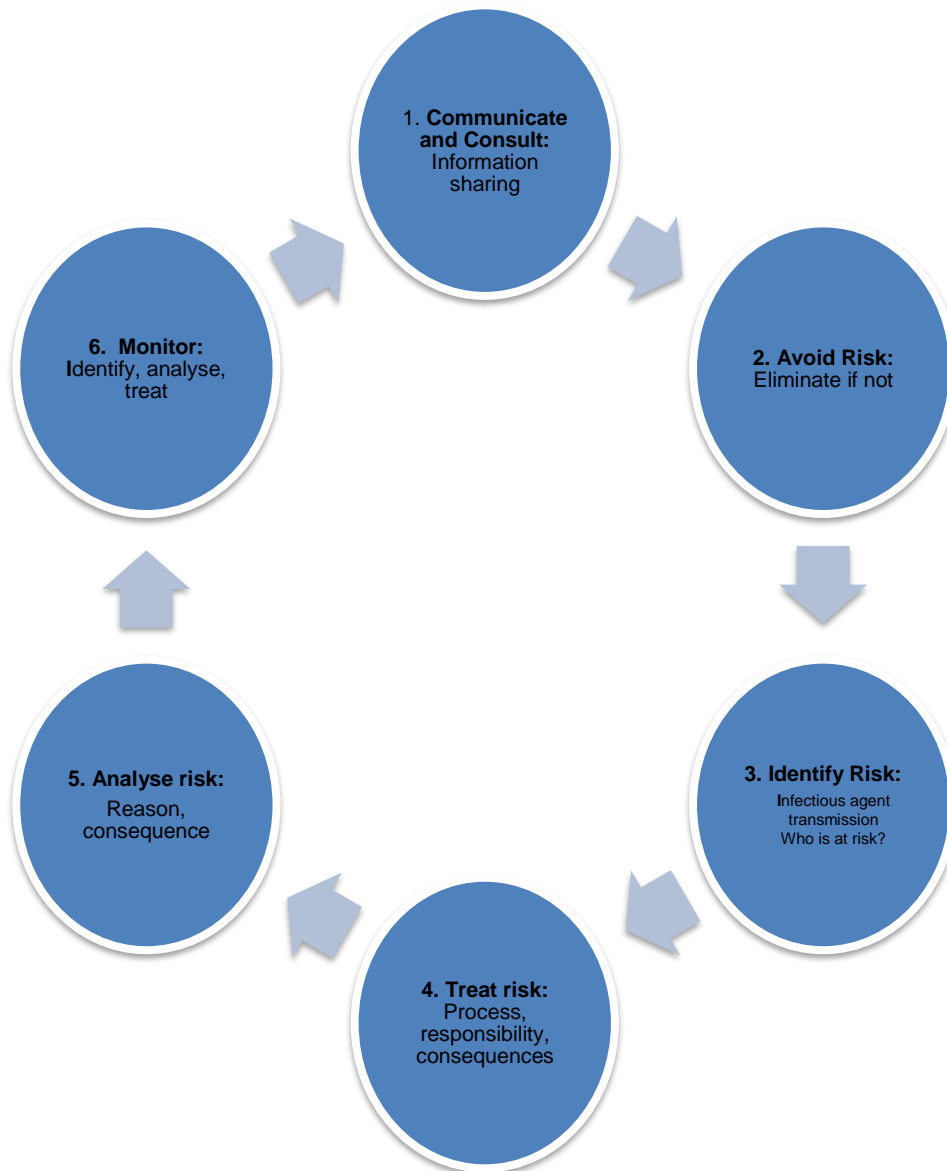
## 6.0 Procedures

Optimum Health & Community must provide care to our participants to assist them in maintaining their wellbeing and health, as:

- children and older people are often more vulnerable to infections, as their immune system may not be developed or may be compromised
- participants with chronic diseases may spend time in hospital where they will be exposed to infectious agents
- surgical wounds and invasive devices, e.g., catheters, increase the risk of infection.

### 6.1 Risk Management

The Board and the Manager ensure implementation of the following processes to manage risks associated with infection control as outlined in the diagram following:



*Figure 11 Risk Management Process*

## 6.2 Surveillance

Surveillance is an integral part of our infection control program. It encompasses outcome surveillance, process surveillance and critical incident surveillance.

### 6.2.1 Outcome surveillance

Infection control data is collected by the Manager or their delegate and other staff members (as requested by management) from documents, e.g., participant notes/charts, audits, etc.

Data on the following infections may be collected for review:

- skin and mucous membrane infection

- respiratory tract infections
- urinary tract infections
- gastrointestinal
- eye, ear, nose and mouth infections
- skeletal connective tissue
- systemic.

Specific surveillance may be carried out and reported as decided by the Board in consultation with the Manager.

### **6.2.2 Process surveillance**

Reports related to surveillance are submitted by the Manager to the Board as required. Information within the reports may come from various sources, including clinical information, health issues and other relevant sources.

### **6.2.3 Critical incident surveillance**

The delegated officer will collect data for each critical incident. Investigation of critical incidents is undertaken by the Manager or their delegate with the help of staff and external agencies as required.

## **6.3 Standard and additional precautions**

### **Overview**

A two-tier system of infection control precaution is in place. The two tiers are standard precautions and additional precautions. The precautions are designed to control the spread of infection that occurs through the following modes of transmission:

- direct physical contact
- indirect physical contact
- droplet
- airborne
- vehicle
- vector-borne.

### **6.3.1 Standard precautions (Tier 1)**

Standard precautions help reduce the risk of transmission of microorganisms from both known and unknown sources of infection and are always undertaken.

Standard precautions include:

- safe work practices, e.g., hand hygiene and hand sanitising
- use of protective barriers, e.g., gloves, gowns/aprons, masks and eye protection
- appropriate management of contaminated sharps, clinical waste, participant care devices and linen
- respiratory hygiene/cough etiquette.

Standard precautions must be used when staff are likely to encounter:

- blood (including dried blood)
- all body substances, secretions and excretions (except sweat)
- non-intact skin
- mucous membranes.

### **6.3.2 Additional precautions (Tier 2)**

Staff will use additional precautions when they know they will be in contact with certain infections. There are three types of additional precautions. Precautions include:

- **Contact precautions:** Used to reduce the risk of transmission of microorganisms by direct or indirect contact (e.g., contact with skin or surfaces contaminated with MRSA, scabies or gastroenteritis).
- **Droplet precautions:** Used where a participant may have an infection transmitted by droplets (e.g., mumps, rubella, influenza and SARS).
- **Airborne precautions:** Used for participants known, or suspected, to be infected with pathogens that can be transmitted through the air (e.g., tuberculosis or chickenpox virus).
- **Standard precautions are ALWAYS used with additional precautions.**  
Additional precautions are used by all staff members when the Manager or their delegate instructs staff to use them.

The following table details staff requirements when undertaking standard precautions and when instructed to take additional precautions.

Requirement	Standard Precautions	Additional Precautions		
		Contact precautions	Droplet precautions	Airborne precautions
<b>Signage</b>	No	Yes	Yes	Yes
<b>Hand hygiene</b>	Yes	Yes	Yes	Yes
<b>Gloves</b>	Yes, if there is a risk of contact with blood or body substances.	Yes, for direct contact with a participant or their environment.	No	No
<b>Impervious apron/gown</b>	Yes, if there is a risk of splash or contamination with blood or body substances.	Yes, for direct contact with a participant or their environment.	No	No
<b>Mask</b>	Yes, if there is a risk of splash, splatter, or risk of blood or body substances spraying into the air.	No	Yes. Staff to use a surgical mask when coming within one (1) metre of the participant. Staff to remove the mask after leaving the room.	Yes. Staff to use a P2 mask. Staff to remove the mask after leaving the room.
<b>Protective eyewear</b>	Yes, if there is a risk of splash, splatter or risk of blood or body substances spraying into the air.	No	Yes. Staff to use when coming within one (1) metre of the participant.	No



<p><b>Equipment</b></p>	<p>Yes, when handling equipment contaminated with blood or body substances. Remove gloves when finished handling the equipment and wash hands.</p>	<p>Single-use or dedicated equipment where possible. Reprocess reusable items to the required level before reusing on other participants.</p>	<p>No</p>	<p>No</p>
<p><b>Cleaning</b></p>	<p>Yes, standard cleaning.</p>	<p>Standard cleaning but depends on the organism. Manager to advise staff of specific cleaning needed.</p>	<p>Standard cleaning but depends on the organism. Manager to advise staff of specific cleaning needed.</p>	<p>Standard cleaning but depends on the organism. Manager to advise staff of specific cleaning needed.</p>
<p><b>Transport of participants</b></p>	<p>Yes. Cover all open wounds.</p>	<p>Surgical mask if coughing/ sneezing and an infectious condition known or suspected. Manager to advise precautions to transport staff and the receiving area.</p>	<p>Surgical mask for the participant when leaving the room. Use mask over the top of nasal oxygen prongs (if in use). Advise transport staff and receiving area of precautions.</p>	<p>Surgical mask for the participant when leaving the room. Use mask over the top of nasal oxygen prongs (if in use). Advise transport staff and receiving</p>

				area of precautions.
<b>Visitors</b>	Yes. Hand hygiene before and after the participant visit.	Yes, as directed by the Manager.	Yes. Use a surgical mask when coming within one (1) metre of the participant. Remove mask after leaving the room.	Yes. Use a P2 mask. Remove mask after leaving the room.
<b>Other</b>	Respiratory hygiene for coughing/ sneezing participants.	Do not take medical records into the room.	Do not take medical records into the room.	Do not take medical records into the room.

**6.3.3.1 Visitors**

The Manager will determine if visitors need to use Personal Protective Equipment to protect themselves and others from infection. The requirements and the reasons for this should be clearly explained to the visitors by staff.

Visitors who do not wish to comply with requirements should be referred to the Manager for further discussion and explanation.

**6.3.3.2 Participants requiring the use of additional precautions**

When a participant requires the use of additional precautions, the policies and procedures in this manual will be implemented.

**6.4 Hand hygiene and hand care**

#### **6.4.1 Situations requiring hand hygiene**

- When starting and finishing work (including before and after a meal or other breaks) and before starting a new task or activity.
- After going to the toilet.
- After using handkerchief or tissue, coughing, or sneezing.
- After touching hair or any other part of the body.
- After handling rubbish.
- Whenever staff can see dirt on their hands, or when staff are requested to stop the spread of microorganisms.
- Before and after direct contact with a participant and their surroundings
- Before wearing, and after removing, any personal protective apparel, including gloves, mask/face protection, or impervious apron/gown.
- After any contact with blood or body fluids, non-intact skin and abnormal risk, e.g., rash.
- After handling unwashed linen or clothing.
- Before handling or preparing any food or drinks for participants or staff, including assisting participants with their meals.
- After contact with any surface, environment or object that may be contaminated.

#### **6.4.2 General rules for hand hygiene**

- Hands must be cleaned with soap and water when there are dirt/substances on hands.
- Staff must wash their hands before and after using gloves.
- Artificial nails, nail extensions and nail enhancements (varnish or nail art) are not to be worn by staff while providing direct care to participants. These types of nails cause microorganisms to increase.
- Hand and wrist jewellery are to be kept to a minimum for staff providing direct participant care.
- Rings (other than a plain wedding band) are not to be worn.
- Bangles, wrist bands or bracelets are not to be worn.
- Hands must be dried after washing, as the residual moisture left on the hands may harbour bacteria.
- Paper towels or single-use cloth towels must be used to dry hands.

### 6.4.3 Types of hand hygiene

Routine: Removes transient microorganisms

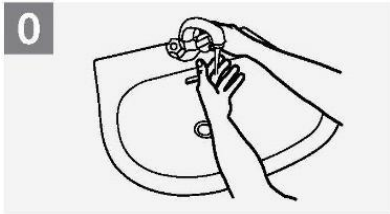
Product	Duration	Technique
Alcohol-based hand cleanser	10-20 seconds	Rub over all surfaces until dry without wiping.

Product	Duration	Technique
Liquid soap and water	30 seconds	Wet hands. Apply one measured dose of solution, lather well overall surfaces, rinse and pat dry with a disposable towel.

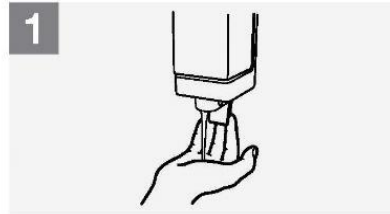
# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

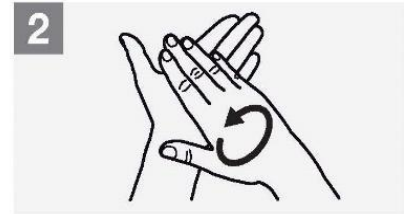
 **Duration of the entire procedure: 40-60 seconds**



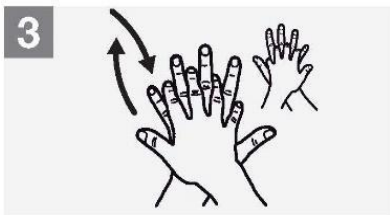
Wet hands with water;



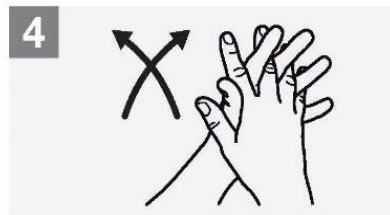
Apply enough soap to cover all hand surfaces;



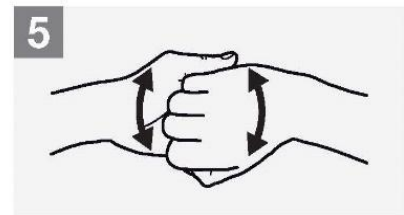
Rub hands palm to palm;



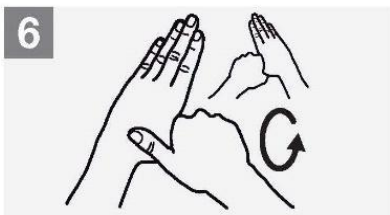
Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



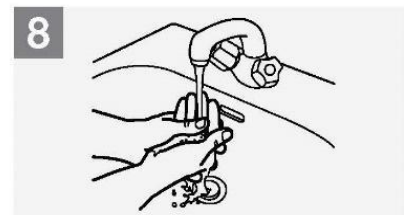
Backs of fingers to opposing palms with fingers interlocked;



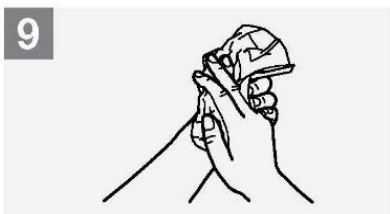
Rotational rubbing of left thumb clasped in right palm and vice versa;



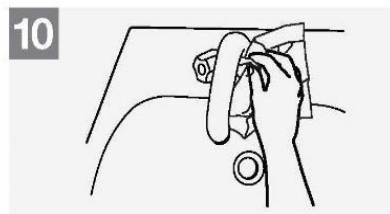
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



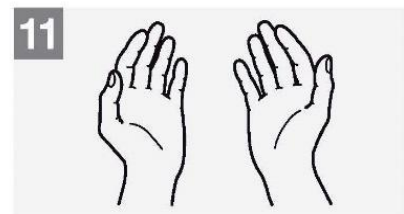
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

Figure 12 How to HandWash?

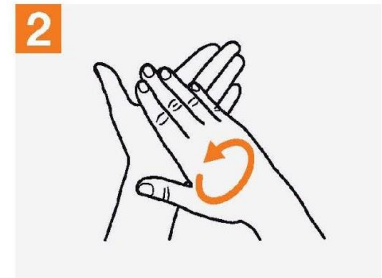
# How to Handrub?

**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

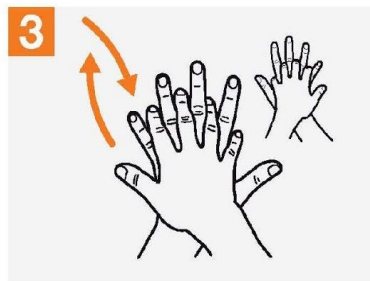
**🕒 Duration of the entire procedure: 20-30 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



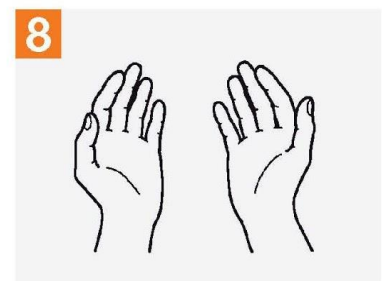
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

*Figure 13 How to Handrub?*



#### 6.4.4 Procedural (clinical/non-surgical)

Use before aseptic procedures (e.g., catheterisation).

Product	Duration	Technique
Anti-microbial liquid soap and water	30-60 seconds	Wet hands, then apply one measured dose of the solution, lather well over all surfaces, rinse and pat dry with a disposable towel. Use technique as per Diagram 1: How to Handwash, however, the duration must be 30-60 seconds.
Alcohol-based hand cleanser with known residual effect	30 seconds minimum	Rub over all surfaces until dry without wiping. Use technique as per Diagram 2: How to Hand Rub, however, the duration must be a minimum of 30 seconds.

#### 6.4.5 Safety, storage and use of non-water cleansers (alcohol-based hand rub)

Alcohol-based hand rub will be made available in Optimum Health & Community vehicles and offices.

A safety data sheet (SDS) for alcohol-based hand rub is available in areas where alcohol-based hand rubs are stored.

Alcohol-based rubs can ignite and catch on fire when they reach 21° to 24° Celsius or if there is a large volume in one area. These rubs must be stored away at temperatures less than 21° Celsius.

### 6.5 Personal Protective Equipment (PPE)

#### 6.5.1. Gloves

- **Sterile gloves:** Used for procedures where there is contact with susceptible sites (e.g., catheterisation, where aseptic technique is required for wound care or managing a tracheotomy).

- **Non-sterile gloves:** Used for procedures that involve contact with non-intact skin and mucous membranes (e.g., emptying a catheter bag) and personal care activities (e.g., assisting with toileting).
- **Reusable utilised gloves:** Used for non-care activities (e.g., general cleaning, cleaning contaminated surfaces).

Gloves are used when:

- changing a colostomy bag or urinary drainage bag
- dressing wounds or touching broken skin
- assisting with toileting
- giving mouth or eye care
- oral suctioning
- touching equipment or surfaces that may encounter blood or body substances
- blood glucose monitoring
- touching broken skin
- preparing food.

Gloves are not used instead of hand hygiene; staff must always:

- 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.

Staff must not use multiple gloves at the same time.

### **6.5.2 Aprons or gowns**

Impermeable (waterproof) gowns or aprons are used to stop contamination of staff workers' clothes and skin. Gowns and aprons are used when there is a risk of splashes or sprays of blood or body fluids (e.g., if there is vomiting or diarrhoea). Gowns/aprons are worn during the care of participants who have an infection that is spread by the contact, droplet or airborne route.

Hand hygiene must be performed before and after using gowns or aprons.



Gown/apron must fully cover the torso from neck to knees, arms to end of wrists and adequately wrap around the back. All fastenings on the gown/apron must be tied and fastened at the back. Gown/apron will be removed and disposed of as soon as care is completed.

Plastic aprons can be used:

- when clothes may be exposed to blood or body fluids, and there is a low risk that arms will be contaminated
- when the staff worker's clothes might get wet (e.g., when showering a participant)
- only once and then must be disposed of as soon as care is completed.

### **6.5.3 Face masks**

Face masks are used to protect a care worker's nose and mouth from exposure to infectious agents. They are used when 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 emptying wound or catheter bags).

Masks are worn during care of participants who have an infection that is spread by the droplet or airborne route.

Masks may also be placed onto participants who are coughing, especially if they are unable to cover their mouths. Before doing this, consider whether wearing a mask will cause distress (e.g., if the participant is unable to understand the purpose of wearing the mask).

#### ***Types of mask***

- Surgical masks are appropriate for most situations.
- Other types of masks may be required.
- The supervisor will inform staff of appropriate mask to where, if necessary.

#### ***Procedure***

1. Check manufacturer's instructions before use.
2. Do not touch the front of the mask with hands once the mask is in place.
3. Use each mask for the care of one person only and change if a care activity is taking an extended time.

4. Do not leave a mask dangling around the neck.
5. Discard mask after use and perform hand hygiene after discarding

#### **6.5.4 Protective eyewear**

Protective eyewear is used to protect a care worker's eyes from exposure to infectious agents. It is used 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 catheter bags).

Eyewear is worn during the care of participants who have an infection that is spread by the droplet or airborne route. Staff are trained to understand that the outside of the eyewear is contaminated and to:

- remove eyewear using the headband or earpieces
- clean eye shield after each use with detergent and water and allow it to dry
- dispose of single uses eyewear on completion of the care activity.

#### **6.5.5 Handling medical devices**

Indwelling medical devices, such as urinary catheters and intravenous catheters, provide a route for infection to enter the body. When handling these devices, staff workers are at risk of exposure to blood and body substances.

Essential work practices to be followed by staff:

- Perform hand hygiene before any contact with the device or where the device enters the body.
- Select personal protective equipment (e.g., wear gloves and a mask and gown if there is a risk of exposure to blood or body fluids).
- Touch the device as little as possible.
- The longer the device is in place, the higher the risk of infection.
- Medical devices that are designed for single-use must not be used multiple times, and manufacturer's instructions should be followed.

#### **6.5.6 Respiratory hygiene and coughing procedure**

Respiratory hygiene and coughing etiquette are particularly important for infections spread by droplets. All participants accessing our service are required to cover sneezes and coughs

to prevent them from dispersing droplets into the air and infecting others. Participants are requested to:

- cover nose and mouth with a tissue when coughing, sneezing, wiping or blowing the nose, and dispose of the tissue immediately after use
- cough or sneeze into your elbow (if they do not have a tissue) not their hand
- perform hand hygiene immediately.

Staff must support participants by:

- encouraging them to use tissues when they sneeze or cough
- putting a plastic garbage bag near them, so used tissues can be disposed of immediately
- encouraging hand hygiene
- providing alcohol-based hand rub within easy reach.

#### **6.5.6.1 Staff health requirements**

- Staff who have symptoms of a respiratory illness must seek medical advice to check if there is a risk of infecting others.
- Staff who are ill should take sick leave.
- Staff who have a cough must practice the above procedure.
- Staff who have a cough must see their doctor immediately.
- Staff must follow the instructions of Optimum Health & Community to report any illness, including coughs, to prevent the spread of any virus or bacteria.

#### **6.5.7 Sharps management**

- Staff members who use a sharp are responsible for its safe disposal:
- Always place the whole disposable needle and syringe in the sharps container unless there are instructions to do otherwise, e.g., insulin pen.
- DO NOT put the lid back on the needle.
- Place sharp in a hard plastic or metal tray when passing to another person.
- Any reusable sharps must be placed immediately after use in hard plastic or metal container.
- Containers are only to be filled to the level as marked on the container. DO NOT force items into a sharps' container (this can damage the container or cause injury).

- Full containers must have the lid firmly locked in place for collection by waste management.

### **6.5.8 Management of blood and body substance spills**

If blood or body substance spills staff must:

- put on protective clothing; this always includes gloves but may also include impervious apron and nose/mouth and eye protection
- use brush and pan to remove any broken glass or sharps
- clean up the bulk of spill with a paper towel and discard in the bin.
- use a mop and bucket to clean spill (checking first with the participant as they may have specific cleaning equipment for use).

When finished cleaning staff will:

- dispose of single-use items
- place reusable items (e.g., sheets, towels) in washing receptacle for washing and drying
- clean reusable items such as goggles with a neutral detergent and then dry.
- clean the mophead and bucket with detergent and place upside down to drain and dry
- inform the Manager or their delegate
- complete or assist with completing the Incident Report.

### **6.5.9 Multi-Resistant Organisms (MRO)**

The issue of multiple resistant organisms (MROs) (also known as “superbugs”) can be a source of real anxiety for staff and participants. It can cause inappropriate social and physical isolation and excessive infection prevention actions. Finding a balance between infection prevention strategies and not inadvertently limiting a participant’s activity level and engagement with the residential care community is essential.

Staff workers will notify the Manager IMMEDIATELY that they are aware a participant is infected or suspected to be infected, with a multi-resistant organism.

Standard precautions are used in this situation, and staff workers will follow appropriate policy and procedures.

### **6.5.10 Notification of infectious diseases**

The Manager will report any of the following diseases as applicable to relevant state and national legislative requirements. The Communicable Diseases Network Australia (CDNA) has agreed that the following list of communicable diseases is to be notified nationally and provided to the Commonwealth's National Notifiable Diseases Surveillance System (NNDSS).

#### ***Bloodborne diseases***

- Hepatitis (NEC)
- Hepatitis B (newly acquired)
- Hepatitis B (unspecified)
- Hepatitis C (newly acquired)
- Hepatitis C (unspecified)
- Hepatitis D
- Gastrointestinal diseases
- Botulism
- Campylobacteriosis
- Cholera
- Cryptosporidiosis
- Haemolytic uraemic syndrome (otherwise known as HUS)
- Hepatitis A
- Hepatitis E
- Listeriosis
- Paratyphoid fever
- Salmonellosis
- Shiga Toxin-producing E. Coli or Vero toxin-producing E. Coli (otherwise known, respectively, as STEC or VTEC)
- Shigellosis
- Typhoid fever

#### ***Listed human diseases***

- Human influenza in humans with pandemic potential
- Middle East Respiratory Syndrome Coronavirus (otherwise known as MERS-CoV)

- Plague
- Severe acute respiratory syndrome (otherwise known as SARS)
- Coronavirus (COVID-19)
- Smallpox
- Viral haemorrhagic fevers
- Yellow Fever
- Sexually transmissible infections
- Chlamydia
- Donovanosis
- Gonococcal infection
- Syphilis-congenital
- Syphilis-less than two years duration
- Syphilis-more than two years duration or unspecified duration

***Vaccine-preventable diseases***

- Diphtheria
- Haemophilus influenza (Type B)
- Influenza (laboratory-confirmed)
- Measles
- Mumps
- Pertussis
- Pneumococcal disease-invasive
- Poliovirus infection
- Rotavirus
- Rubella
- Rubella-congenital
- Tetanus
- Varicella-zoster infection - Chickenpox
- Varicella-zoster infection - Shingles
- Varicella-zoster infection - Unspecified

***Vector-borne diseases***

Note: Vector-borne means transmitted by an insect or other organism.

- Barmah Forest virus infection
- Chikungunya virus infection
- Dengue virus infection
- Flavivirus infection (unspecified)

- Japanese encephalitis virus infection
- Kunjin virus infection
- Malaria
- Murray Valley encephalitis virus infection
- Ross River virus infection

### **Zoonoses**

Note: The term Zoonoses refers to diseases which are communicable to humans from another animal species.

- Anthrax
- Australian bat lyssavirus infection
- Brucellosis
- Leptospirosis
- Lyssavirus infection (NEC)
- Ornithosis (otherwise known as Psittacosis)
- Q fever
- Rabies
- Tularaemia
- Other bacterial diseases
- Legionellosis
- Leprosy
- Meningococcal disease-invasive
- Tuberculosis

## **7.0 Related documents**

- Incident Report
- Incident Register
- Incident Investigation Form Final Report
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan
- Continuous Improvement Policy and Procedure
- Continuous Improvement Plan
- Continuous Improvement Register

## 8.0 References

- Australian Human Rights Commission Act 1986 (Commonwealth)
- World Health Organisation - How to Handwash Poster
- World Health Organisation - How to Hand rub Poster
- Department of Health - Australian Guidelines for Prevention and Control of Infection in Healthcare 2019 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020

# 4.1.3 COVID-19 Response Policy and Procedure

## 1.0 Purpose

As an NDIS service provider, Optimum Health & Community will fulfil our obligations to deliver safe, quality supports and services while also managing risks associated with the supports, we provide to our participants.

Our COVID-19 Response Policy and Procedure is in line with the Australian Federal Government and NDIS guidelines regarding outbreak preparedness, prevention, and management of COVID-19 within Optimum Health & Community. The purpose of this policy is to avoid or minimise transmission of COVID-19 within our organisation and the community.

Throughout the pandemic, Optimum Health & Community will endeavour to maintain full-service capacity and will continue to provide supports that are critical to the wellbeing, health and safety of our participants, while complying with both state and federal regulatory requirements. We acknowledge that at times due to COVID-19, we may have to tailor our services or apply limitations to the provision of our non-essential services.

We are focused on preserving the health and safety of the people we are responsible for, including our participants, employees and their families. However, we acknowledge that at some point, a participant or employee may contract COVID-19.



## 2.0 Scope

This policy intends to guide our employees regarding how to take reasonable precautions to protect themselves and participants from contracting COVID-19. The policy outlines how we have prepared for an outbreak of COVID-19 and how we will respond and manage confirmed or suspected cases of COVID-19.

## 3.0 Description

Coronaviruses are a large family of viruses known to cause respiratory infections. These can range from the common cold to more serious diseases. This new coronavirus is named COVID-19.

COVID-19 is transmitted from person-to-person, usually when an infected person coughs or sneezes. Common signs of novel coronavirus are:

- fever
- coughing
- sore throat
- fatigue
- loss of smell and taste
- shortness of breath.

It is important to note, to raise awareness and not spread fear, that while COVID-19 exhibits symptoms similar to the flu, it is not as simple as contracting seasonal flu. Most people have immunity to the flu, there is a vaccine, and the flu spreads more slowly through the community. There is no vaccine against COVID-19, and it is still highly unpredictable with conditions changing daily nationally and globally.

## 4.0 Definitions

Term	Definition
<b>Close contact</b>	More than 15 minutes of face-to-face contact in any setting with a confirmed (or probable) case in the period from 24 hours before the onset of symptoms in the confirmed (or probable) case.

	Sharing a closed space with a confirmed (or probable) case for a prolonged period (more than two hours) in the period extending from 24 hours before the onset of symptoms in the confirmed (probable) case.
<b>Outbreak</b>	The Australian Government Department of Health considers an outbreak as when two people in three days become sick with symptoms and at least one of these three has a positive COVID-19 test.

## 5.0 Policy

Optimum Health & Community will implement our COVID-19 Response Policy and Procedure to ensure all participants, staff members and external contractors are supported if a COVID-19 case is identified within, or connected to, our organisation.

With state government health orders frequently changing to respond to COVID-19 outbreaks, our organisation will, on an ongoing basis, identify and implement any revisions required to the practices and supports undertaken by our business to meet all requirements of the NDIS Commission and the state and federal government.

Optimum Health & Community will identify threats that may require further analysis of our current work practices and supports. The review of current practices will inform our organisational risk management and continuous improvement systems.

## 6.0 Procedure

### 6.1 Preparing for an outbreak

As community transmission of COVID-19 is occurring within Australia, our organisation will plan and prepare for possible cases involving our participant or employees.

A COVID-19 Safe Plan and COVID-19 Outbreak Management Plan will be developed to identify risks to participants, employees and our organisation. Optimum Health & Community will review current work practices, services offered and employee functions and will implement any relevant changes (as and when required) to ensure our organisation is appropriately prepared for a COVID-19 outbreak.

The Outbreak Management Plan will assist {Organisation Name} to help our employees identify, respond and manage a potential outbreak. It also assists in protecting the health of our employees and participants and reducing the severity of the duration of outbreaks, if they occur.

The COVID-19 Safe Plan and the Outbreak Management Plan is reviewed regularly by management. Oversight of the plans is the responsibility of the Manager.

## **6.2 Precautions relating to staff workers**

### ***6.2.1 Signs of symptoms and COVID-19 testing***

All Optimum Health & Community staff workers will take reasonable precautions so that we can safely provide supports and services. Our staff workers have been instructed to immediately contact the Manager and not attend work if they have:

- symptoms of a respiratory illness (even mild symptoms) including a fever, cough, shortness of breath, sore throat, runny nose or congested nose, tiredness, loss of smell or appetite
- returned from overseas or interstate within the last 14 days, consistent with the state's public health directions
- been in contact with someone who has been diagnosed with COVID-19.

If a staff worker experiences any of the above symptoms while at work, they must:

- leave work immediately
- report symptoms to the Manager
- get tested for COVID-19
- self-isolate at home until test results are received.

If the COVID-19 test is negative, the worker may return to work once they are well.

If the test is positive, the state public health unit will contact the worker and inform them what they must do. Public health officials will undertake a close-contact investigation to provide advice on self-quarantine and testing for other workers or participants.

In the event an Optimum Health & Community participant or staff member is diagnosed with COVID-19, our organisation will follow all appropriate and current government procedures. We will instruct all staff members who have been in contact or have been in the same area as the participant or staff member with COVID-19 to seek appropriate medical advice, to be tested for COVID-19, and to self-isolate for 14 days.

Optimum Health & Community will advise all appropriate personnel to work from home for 14 days in the following instances:

- Optimum Health & Community staff member has been diagnosed with COVID-19.
- A confirmed case of COVID-19 has been identified in a participant or staff member.
- A confirmed case of COVID-19 has been identified in the local area of Optimum Health & Community' head office location or a care environment (including a participant's home).

A staff member will also be asked to work from home for 14 days if a confirmed case of COVID-19 has been identified in the staff member's home, suburb or local area as a precaution.

Optimum Health & Community will ensure that all staff members can continue their work remotely, if necessary.

### **6.3 Staff training**

Employees will be instructed to complete the [Australian Department of Health's online COVID-19 Infection Control Training](#). The Manager records training details in the Staff Training Record filed in the employee's personnel file and the Training Register.

During staff meetings, employees will be trained in how to use PPE correctly and provided an update in infection control procedures (including standard and transmission-based precautions content).

### **6.4 Personal protective equipment (PPE)**

During a COVID-19 pandemic, we will stay updated with the latest advice from our state's public health unit regarding when and where to use PPE while supporting participants to remain compliant with government orders.

All existing and new employees will be shown by the Manager how to wear PPE correctly.

When purchasing PPE, the Manager or their delegate will consult the Australian Department of Industry, Science and Energy and Resources Personal Protective Equipment Buyers Guide to determine how to purchase appropriate PPE.

When unable to access necessary PPE supplies, the Manager will request assistance by emailing the National Medical Stockpile at [NDISCOVIDPPE@health.gov.au](mailto:NDISCOVIDPPE@health.gov.au)

### **6.5 Responding to a participant with a suspected or confirmed case of COVID-19**

Optimum Health & Community employees are instructed to monitor for symptoms of COVID-19 in participants or their family. If a participant or family member is showing symptoms, the Outbreak Management Plan will be implemented by the Manager immediately.

Support to the participant who is suspected or confirmed to have COVID-19 may still be provided. However, our employees are required to correctly wear all appropriate PPE as per state government orders. The Manager will seek instruction from the department of health before commencing any support with a participant suspected or confirmed of having COVID-19.

When responding to a participant with a suspected or confirmed case of COVID-19, the support our workers will offer may include:

assisting the participant in seeking medical advice if they have symptoms

identifying essential supports for the maintenance of the participant's health, wellbeing and safety and determine if they can be delivered differently.

ensuring good communication with the participant and their family, so everyone understands disruptions and changes to supports

always wearing appropriate PPE as per the state's public health guidelines.

Optimum Health & Community workers will not enter the home of a participant who is unwell unless correctly wearing appropriate PPE to provide supports to maintain the participant's health, wellbeing, health or safety. A participant who is unwell will not be able to enter our premises until their COVID-19 status is confirmed.

## **6.6 Visitor management**

Optimum Health & Community will regularly review our COVID-19 Workplace Attendance Register or COVID-19 Check-In App to determine if there have been suspected or confirmed cases of COVID-19 within our workplace.

In the event of a confirmed or suspected case within our workplace, we will seek guidance from public health officials who shall assist with confirmed or suspected outbreaks.

Our employees, participants and families will be informed by the Manager of the steps we will be taking to prevent infection, including visitor management practices.

Optimum Health & Community will manage visitors to our organisation using the following practices:

Inform all visitors regarding social distancing and hand hygiene.

Ask all visitors will be requested to check into our workplace by either completing the Workplace Attendance Register or by using a Check-In App. The information they must provide includes:

- first name
- phone number
- date and time entered and exited our workplace.

Optimum Health & Community will provide hand sanitiser at the entry/reception area of the workplace.

## **6.7 Good respiratory and hand hygiene**

Optimum Health & Community will ensure that standard infection control precautions are in practice throughout all work environments (see Infection Control Management Policy and Procedure).

There are preventative measures staff can take to protect themselves from infection and help prevent the spread of infections and viruses to others. These measures include practising good respiratory and hand hygiene, such as:

- cleaning hands with soap and water or alcohol-based hand rubs or sanitisers
- avoiding touching your face
- avoiding handshaking and other physical greetings
- covering your nose and mouth with a tissue or flexed elbow when coughing or sneezing
- avoiding contact with anyone who has symptoms such as fever, a cough, sore throat, fatigue and shortness of breath
- staying home if you are unwell
- wearing appropriate PPE when caring for participants.
- regularly clean shared high-touch surfaces, e.g., tables, benches, doorknobs.

### **6.8 Social distancing in the workplace**

Social distancing is critical as COVID-19 is most likely to spread from person-to-person. The following actions taken by our staff will help reduce risk in our work environment:

- staying at home if they are sick
- stop handshaking and other physical greetings
- all meetings are to be held via video conferencing or phone call
- deferring large face-to-face meetings
- holding essential meetings outside in the open air if possible
- eat lunch outside, rather than in the office if possible
- professional cleaners will regularly clean the office
- clean and disinfect shared high touch surfaces regularly and use hand sanitiser
- open windows and adjust the air conditioning to allow for more fresh air, if possible.

## **7.0 Managing an outbreak**

The state public health unit may declare (or assist you in deciding whether to declare) an outbreak. The public health department will guide Optimum Health & Community on how to manage the outbreak.

If an outbreak is suspected or confirmed in our workplace, the Manager will:

- confirm standard infection control precautions are in place
- commence transmission-based precautions (if not already in place)
- convene the Outbreak Management Team
- implement Outbreak Management Plan
- isolate suspected or confirmed cases and, if necessary, assign a dedicated support worker to them
- liaise with the public health department and follow their instructions
- schedule regular environmental cleaning and disinfection of all areas
- put up signage at entrance or workplace to inform visitors
- suspend all non-essential services and supports
- suspend all non-essential visitors to the workplace.

### **COVID-19 Safe Plan**

Our COVID-19 Safe Plan sets out the following:

- Actions to help prevent the introduction of coronavirus (COVID-19) in the workplace.
- The level of face-covering or personal protective equipment (PPE) required for our workforce.
- The procedure on how we will prepare for, and respond to, a suspected or confirmed case of coronavirus (COVID-19) in our workplace.
- Details of how Optimum Health & Community will meet all of the requirements set out by the state government (some higher-risk industries or workplaces have additional requirements of employers and employees).

A COVID-19 Workplace Attendance Register is maintained (see visitor management for more information).

The Manager will ensure our COVID-19 Safe Plan meets the state government's orders and action requirements at all times.



## 8.0 Related documents

- Infection Management Policy and Procedure
- Disaster Management Policy and Procedure
- Business Continuity Policy and Procedure
- Risk Management Policy and Procedure
- Work Health Safety and Environmental Management Policy and Procedure
- Training Register
- Staff Training Record
- Risk Register
- Risk Assessment Form
- COVID-19 Outbreak Management Plan
- COVID-19 Safe Plan
- COVID-19 Workplace Attendance Register

## 9.0 References

- NDIS Practice Standards and Indicators 2020
- NDIS Code of Conduct
- Australian Department of Industry, Science and Energy and Resources - Personal Protective Equipment Buyers Guide
- Australian Government Department of Health Video - Coronavirus: Wearing personal protective equipment for disability workers.
- Australian Government Department of Health's website
  - <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>
  - <https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-on-social-distancing.pdf>
- [NDIS Coronavirus information and support webpage:](#)

## **4.2 Participant Money and Property**

### **4.2.1 Participant Money and Property Policy and Procedure**

#### **1.0 Purpose**

The purpose of this policy is to:

- maximise each participant's control of their funding and finances
- provide participants with the opportunity to manage their NDIS funding personally
- ensure that financial management of NDIS services, and any government programs, are undertaken in an orderly manner, as per appropriate legislation and regulations
- support participants to access and spend their own money as they determine
- inform participants of costs and the payment process for all services provided
- provide participants with technical assistance to increase their capacity to direct their support and teach them how to self-manage.

#### **2.0 Scope**

To ensure that our staff members do not give financial advice or information, other than that would be required under a participant's plan. If Optimum Health & Community staff are involved with handling a participant's money, strict procedures contained in this policy will always be followed to protect the participant from financial abuse.

#### **3.0 Policy**

We will ensure that all financial transactions and procedures are implemented in a manner that meets the requirements of all legislation and contracts. To safeguard all participants and our staff, the procedures outlined in this policy will be strictly followed.

The participant's money, or other property, is only used with the consent of the participant and for the purposes intended by the participant.

A staff member must not provide participants with financial advice or information.

All participants requiring financial assistance must approve the arrangement and sign a Service Agreement and Consent Form. The participant's family or advocate must also sign the agreement. All documents will be kept on file and included in the Participant Support Plan.

We will undertake annual audits and provide required documentation. We will ensure the business is financially viable and inform participants of costs and payment procedures.

## **4.0 Procedure**

### **4.1 Home visits**

Staff must only use and touch the participant's property to deliver a service (i.e., the use of equipment in completion of tasks, e.g., sweeping, assisting in dressing). A record of the participant's property that is to be used should be listed in the participant's support plan.

A staff member must never access the participant's money. If the participant requests the purchase of an item, then the Manager must be informed and records kept in the notes in the participant's records.

If a participant asks for financial assistance, the Manager is to be informed immediately.

The Service Agreement must identify details of any money handling being undertaken, on behalf of the participant.

### **4.2 Financial management guidelines**

At times, participants may require assistance with their finances, e.g., paying bills, banking or shopping. A staff worker must follow the guidelines and procedures outlined below when financially assisting a participant:

- A staff worker is never allowed access to a participant's personal identification number (PIN) or to use an automatic teller machine (ATM) on the participant's behalf.
- Financial assistance may only be offered if it is documented in the participant's support plan and provided by the appropriate staff.

- If a participant requests financial assistance, and it is not documented in their support plan, the staff member must contact the Manager for approval.
- Transaction receipts must be obtained and given to the participant for the following:
  - money received
  - money spent
  - money returned
- Staff must be sure to count the money in front of the participant on receipt and return.
- The staff worker must record all financial transactions carried out for a participant in the Financial Transaction Register (FTR) (if in use) and in the participant's progress notes. Records must be documented clearly, accurately and immediately.
- A staff member must not give financial advice to participants or their companions, or act as a witness for any legal documents.
- A staff member must not accept money or gifts from participants.

#### **4.3 Staff worker procedure**

1. The staff worker is to immediately record the amount of money received from the participant (cash, cheque, voucher) in the FTR, or record details in the participant's progress notes.
2. The staff worker must count any cash carefully in front of the participant.
3. Both the staff worker and the participant are to sign the entry; confirming the correct details have been recorded.
4. The staff worker is to complete the transaction and obtain transaction receipts.
5. The staff worker must carefully count out and return any money to the participant and provide all transaction receipts to the participant.

#### **4.4 Financial assistance procedure**

If the participant makes a request for financial assistance, and there is no record of a financial assistance agreement in the participant's support plan, the following steps are taken:

1. If the service is conducted on behalf of another agency, approval must first be sought from the on-call coordinator for the agency.
2. If there are no other agencies involved, then the request must be considered based on the:
  - a. participant agreement

- b. need/urgency
  - c. participant safety
  - d. time available.
3. All details of the participant's request and final decisions must be documented in the participant's notes and service agreement.

#### **4.5 Suspected financial abuse**

Our staff workers are trained to look for signs of financial abuse when working with participants. Staff are also trained to discuss preventative measures with participants, including:

- ensuring participants are aware of their rights to confidentiality and privacy
- encouraging them to have networks beyond their family circle
- informing them not to relinquish control of their finances if they can confidently manage them
- advising them not to make significant financial decisions following a major event, e.g., loss of a partner
- ensuring that participants are aware of their right to refuse people access to their funds
- encouraging them to make plans, while they are still independent
- encouraging them to ask for help if they are overwhelmed, take advantage of or confused.

If any staff member suspects that a participant is financially abused, then the following steps are to be taken:

1. The staff member is to gather evidence and record it in the participant's notes.
2. The staff member must contact the Manager to discuss evidence gathered.
3. The Manager will gather the details of the abuse and author a report of the situation.
4. The Manager will inform the relevant authorities and obtain support for the participant.

#### **4.6 Participant fees and payments**

##### ***Payments and pricing (NDIS)***

- Optimum Health & Community must adhere to the NDIS Price Guide or any other agency pricing arrangements and guidelines, as in force from time to time.

- Optimum Health & Community must declare relevant prices, any notice periods or cancellation terms, to participants before delivering a service. Participants are not bound to engage the services of Optimum Health & Community after their prices have been disclosed.
- Optimum Health & Community can make a payment request once support has been delivered or provided.
- No other charges are to be added to the cost of the support (including credit card surcharges) or any additional fees including any 'gap' fees, late payment fees or cancellation fees. These requirements apply to all participants, whether the participant self-manages their funding or whether funding is managed by a plan manager, or by the agency.
- A claim for payment is to be submitted within a reasonable time (and no later than sixty (60) days from the end of the service booking) to the participant or the NDIS.
- Optimum Health & Community will not charge cancellation fees, except when provided explicitly in the NDIS Price Guide.
- Optimum Health & Community and participants (except for those that are self-managing) cannot contract out of the Price Guide. Where there are any inconsistencies between the Service Agreement and the Price Guide, the Price Guide prevails.
- Where required, Optimum Health & Community will obtain a quote for services and have this approved by the participant.

#### **4.7 Monitoring, evaluating and reporting**

Optimum Health & Community exhibits a continuous improvement culture to facilitate the refinement of our services and processes. Stakeholder's input is pursued and, when received, reviewed immediately.

All Optimum Health & Community' policies are reviewed annually and consider the input from all stakeholders. Policy reviews also consider the results attained through monitoring and evaluation and changes in legislation.

#### **5.0 Related documents**

- Participant Information Consent Form
- Participant Money and Property - Financial Transaction Register

- Participant Money and Property - Consent Form
- NDIS Price Guide
- Service Agreement
- Support Plan
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan

## 6.0 References

- Australian Securities Industry Council (financial abuse)
- Corporations Act 2001 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020
- NDIS - Provider Registration Guide to Sustainability
- NDIS - Terms of Business for Registered Providers

## **4.3 Management of Medication**

### **4.3.1 Management of Medication Policy and Procedure**

#### **1.0 Purpose**

Optimum Health & Community is committed to providing a high standard of care and excellence in supports and service. Optimum Health & Community participants may take medications to support and improve their health conditions. Many participants will manage and take their medications independently, while others may ask for some form of support or assistance.

#### **2.0 Scope**

For this commitment to be achieved, the Manager is responsible for ensuring that all medications are correctly managed in accordance with this policy.

We will also correctly supervise the management of documentation, including safe/secure storage and handling, safe support or administration by appropriately trained, qualified or certified staff.

#### **3.0 Policy**

Optimum Health & Community encourages participants to maintain their independence for as long as possible, including managing their medications safely and effectively. Where participant requests help with their medications, the nature of this help will be recorded in detail, and the participant's consent confirmed. Optimum Health & Community has processes for the reporting and investigation of medication errors.

Participants, carers and advocates can be confident that Optimum Health & Community will ensure quality outcomes for its participants through a safe and correct medication management policy.



This policy follows the twelve (12) Guiding Principles for Medication Management in the Community, developed by the Australian Pharmaceutical Advisory Council (June 2006, updated January 2012).

## 4.0 Definitions

Term	Definition
<b>Medication support</b>	Involves: <ul style="list-style-type: none"> <li>● reminding, or prompting, a participant to take medication</li> <li>● assisting with opening medication containers</li> <li>● providing other assistance, not involving medication aid.</li> </ul>
<b>Medication assistance</b>	Involves: <ul style="list-style-type: none"> <li>● storing of medicines</li> <li>● opening medicine container/s</li> <li>● removing the prescribed dosage (from an approved container)</li> <li>● giving the medication as per instructions.</li> </ul>

## 5.0 Roles and responsibilities

Optimum Health & Community:

- has policies and procedures in place for medication administration, storage, errors and incidents
- will provide the necessary training to the staff worker, which includes the effects and side-effects of medications and the safe and secure methods for medication storage, in addition to medication safety
- will document the staff worker's levels of skill and knowledge of medication safety, storage and administration through a yearly competency assessment
- ensures a trained staff worker is available to perform tasks that are within their knowledge, skills and experience

- issues clear instructions (with the participant's consent) that outlines steps required to help the participant with their medication. These instructions will include, but are not limited to:
  - medication name and strength, where applicable
  - form of medication, e.g., tablets, suppositories, liquid
  - dose, route, frequency
  - allergies/adverse drug reactions participant is aware of
  - prescriber's name printed on medication, date and signature.

Optimum Health & Community' qualified delegate (e.g., registered nurse or enrolled nurse) will:

- undertake responsibility for medication management
- conduct and facilitate training sessions for qualified staff workers concerning medication support, assistance and administration
- provide annual training incorporating:
  - safe and timely medication administration
  - recording and monitoring of medication
  - safe storage of medication
  - prevention of errors or incidents
- ensure staff follow professional guidelines in the delivery of medications.

The staff worker will:

- follow the Management of Medication Policy and Procedure and all other related medication policies
- participate in annual training
- provide services that are consistent only with their level of training and competence
- seek advice from the Manager where doubt exists
- follow the instructions from the Manager or their qualified delegate and as per support plan requirements
- seek instruction from the Manager when a medication requires refilling.

## 6.0 Procedure

Optimum Health & Community will (with the participant, carer or advocate's consent) liaise with the family or support network, general practitioner, pharmacist, registered nurse or an enrolled nurse to clarify aspects of the medication management.

The staff worker providing medication support will make sure to:

- identify the participant
- note the medication is current, and the label correctly identifies the participant
- administer oral medication, either from a:
  - dosage administration aid (DAA)
  - 'box' medication device filled by a pharmacist, doctor or dentist or Optimum Health & Community' Manager
  - participant's labelled pharmacy container
- record the service in the participant's support plan
- monitor the participant for any adverse side effects of the medication.

### **6.1 Safety considerations**

The participants are to be observed for any changes to their health status and, where noted, be reported to the Manager.

Where a participant refuses the administration of medication, the Optimum Health & Community' Manager is to be advised. Relevant health professionals (i.e., doctor, registered or enrolled nurse) will be consulted where necessary.

A staff member shall not decide to withhold a participant's medication unless certain about the participant's health status. The staff worker must consult with the Manager before withholding medication and follow the Manager's decision, in consultation with relevant health professionals (e.g., doctor, registered or enrolled nurse).

Medications are to be stored in a manner that maintains the quality of the medicine and safeguards the participant, family and visitors in their home. Optimum Health & Community may assist a participant, carer or advocate to obtain and use a locked box, another suitable container, or cupboard.

### **6.2 Documentation**

The staff worker is to record, on our medication chart or the pharmacy generated medication chart, the date and time of medication administration along with their signature and printed name.

The staff worker is to record in the participant's health record any change in the participant's health status or medication incidents.

### **6.3 Adverse drug reactions**

- Adverse drug reactions must be reported immediately to the Optimum Health & Community' Manager.
- The Manager will inform the general practitioner/nurse immediately and document actions taken in the participant's health record.
- An adverse drug reaction is an incident and must be recorded on a Medication Incident Form and in the participant's health record, including symptoms and actions taken.

### **6.4 Medication errors**

Staff workers who detect an error (including an error in dosage, time, frequency or type of medication administered to, or taken by, a participant) must:

- identify the nature of the error
- notify the Manager and the qualified delegate
- follow the advice from Manager or the qualified delegate
- complete an Incident Investigation Form
- monitor the participant for any adverse events that may be caused by the error.

### **6.5 Staff training for medication assistance**

Staff workers involved in assisting or supporting the participants with their medication are trained by the qualified delegate and health practitioners (e.g., registered or enrolled nurse), in medication procedures. The trainer will take due care and diligence to comply with legislative requirements (i.e., training in first aid, healthy body systems and the administration of medication). All necessary training will be delivered by a Registered Training Organisation (RTO) following the Australian Qualification Framework (AQF) Standards.

Optimum Health & Community will ensure that appropriate staff workers hold current first aid and cardiopulmonary resuscitation (CPR) qualifications, so they can correctly respond when

monitoring any adverse reactions that require action, intervention and escalation. An Optimum Health & Community support staff worker has relevant skills and experience, and a level of competency, to provide appropriate and safe support to a participant.

Our staff workers participate in regular supervision by a qualified delegate to strengthen their understanding of medication procedures and affirm their knowledge and practice.

Optimum Health & Community will conduct an annual competency in medication management and administration practices for their support staff workers. Details will be recorded in the staff files, where appropriate. Optimum Health & Community' annual training will include, but will not be limited to, high-risk medication education as outlined below.

## 6.6 High-risk medication

Appropriate staff members will be trained and educated on the specific hazards and risks associated with high-risk medications that participants may be consuming. The PRN Protocols will be followed by staff at all times.

Staff workers will be trained to complete a PRN Care Plan and PRN Intake Checklist, as required by participants.

Optimum Health & Community training will incorporate the following topics for their support workers, where necessary for each participant's individual needs and specified in their support plans:

- PRN psychotropic medications
- Schedule 2 medicine (*over the counter pharmacy medicine*)
- Schedule 3 medicine (*pharmacist only medicines*)
- Schedule 4 medicine (*prescription-only medicines*)
- Schedule 8 medicine (*controlled drugs*)
- Cytotoxic medications.

## 7.0 Related documents

- Authority to Act as an Advocate Form
- Code of Conduct Agreement
- Complaints and Feedback Policy and Procedure

- Complaints and Feedback Form
- Consent Policy and Procedure
- Doctors Medication Order Form
- Incident Report
- Incident Investigation Form Final Report
- Incident Register
- Management of Medication Policy and Procedure
- Medication Incident Form
- Self-Medication Assessment
- Participant Medication Plan and Consent Form
- Medication Administration Record log
- Medication Recording
- PRN Care Plan
- PRN Intake Checklist
- PRN Protocols
- Service Agreement
- Privacy and Confidentiality Agreement
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Assessment Form
- Risk Indemnity Form
- Risk Management Plan
- Risk Register
- Risk Management Policy and Procedure
- Staff Orientation Checklist
- Service Agreement with Participants Policy and Procedure
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan
- Training Needs Analysis

## 8.0 References

- ACIA Administration of Non-Oral and Non-Injectable medications in the Community by Support Staff 2015 (Commonwealth)

- ACIA Administration of Oral Medications in the Community by Support Staff 2017 (Commonwealth)
- Australian Pharmaceutical Advisory Committee (APAC) Guidelines July 2006 (Commonwealth)
- The Medication Management Framework (Poisons Regulations 95AA January 2018)
- Twelve (12) Guiding Principles for Medication Management in the Community developed by the Australian Pharmaceutical Advisory Council (June 2006 updated January 2012)
- NDIS Quality and Safeguards Commission 2018
- NDIS Provider and Registration and Practice Standards 2020

## 4.4 Management of Waste

### 4.4.1 Management of Waste Policy and Procedure

#### 1.0 Purpose

Optimum Health & Community provides clear guidelines around the management of waste, in a manner that meets both the *Work Health and Safety Act (2011)* and environmental requirements.

#### 2.0 Scope

Front-line workers must understand how to manage waste products correctly and procedurally, ensuring all participants accessing, or using our services, are in safe environments.

Optimum Health & Community will ensure that all staff are trained to respond to emergencies and incidents appropriately.

#### 3.0 Policy

Optimum Health & Community have a responsibility to protect our participants, and any other person in the home of a participant, from harm by avoiding exposure to waste, infectious and hazardous substances generated during the delivery of supports.

Optimum Health & Community' policies, procedures and practices are in place for the safe and appropriate storage and disposal of waste and infectious or hazardous substances that comply with current legislation and local health district requirements (for more information see the Work Health Safety and Environmental Management Policy and Procedure).

Any incidents of exposure to waste, infectious or hazardous substances are to be referred to the Manager to implement relevant processes applying to staff and participants.



## 4.0 Procedure

### 4.1 Waste storage and disposal

All waste should be stored in secure areas until collected. Waste disposal companies licensed with the Environmental Protection Authority (EPA) will collect all clinical and pharmaceutical waste for disposal in specialised waste disposal facilities, which are also licensed by the EPA.

Waste should be removed from clinical areas at least three times each day and more frequently as needed, such as from specialised areas. Waste bags should be tied before removing from the area.

#### ***4.1.1 General waste disposal***

- Place in the general waste bin for removal.

#### ***4.1.2 Clinical waste disposal***

- Staff are required to use the biohazard bags provided by our organisation.
- Staff workers will place clinical waste in biohazard bags as soon as possible.
- Biohazard bags have a biohazard symbol and are currently coloured yellow
- Single-use sharps are to be placed (by the user) into a sharps container that meets the Australian and New Zealand Standards AS 4031:1992 and AS/NZS 4261:1994.

#### ***4.1.3 Pharmaceutical waste disposal***

- When uncertain about how to dispose of leftover pharmaceuticals, staff workers should return to the pharmacy for correct disposal.
- Most disinfectants can be disposed of through the sewer system by running cold water into the sink before pouring the disinfectant into the sink. Leaving the cold water running for a few moments after the disinfectant has been disposed of dilutes the disinfectant.

## 4.2 Incidents

All incidents involving infectious material, body substances or hazardous substances are:

- reported to the Manager
- recorded on a Hazard Report Form
- investigated by the Manager
- reviewed and added to the Continuous Improvement Register.

## 4.3 Emergency plan

During an emergency, such as a chemical spill or biohazard, staff will:

- contact the Manager
- contact local emergency services, e.g., police, fire brigade, poison information centre (these contact details will be supplied to staff workers)
- alert people at the workplace to an emergency, e.g., use a siren or bell alarm, if in a home environment inform the participant or other people onsite
- evacuate participants, ensuring that correct processes are implemented for assisting any hearing, vision or mobility-impaired people
- follow the emergency evacuation map in the workplace which illustrates the location of fire protection equipment, emergency exits and assembly points
- if in a home environment, take the participant and others to a safe location away from the home.

After the emergency, the Manager will:

- record the incident
- notify the regulator, if applicable
- organise trauma counselling or medical treatment.

## 4.4 Reviewing and evaluating

- The Manager will train staff in the necessary process and procedures.
- The Manager will analyse the emergency and inform of any updates required to the Continuous Improvement Policy and Procedure.

## 4.5 Staff training

Optimum Health & Community will undertake the training of all staff workers who are involved in handling waste or hazardous substances. This training will include:

- safe handling of hazardous materials and substances, including:
  - body waste
  - infectious materials (e.g., used dressings)
  - Hazardous substances (e.g., chemicals, toxic or corrosive substances, blood borne pathogens, biological hazards, chemical exposures, respiratory hazards, sharps injuries)
- use of personal protective equipment
- clothing requirements (e.g., leather shoes, face masks or similar)
- removal or mitigation of the hazard and reporting procedure to the Manager of any problems/issues
- correct use of the off-site work kit which includes emergency contact details, gloves and aprons.

## 5.0 Related documents

- Continuous Improvement Policy and Procedure
- Continuous Improvement Register
- Continuous Improvement Plan
- Emergency Plan - Waste
- Hazard Report Form
- Incident Report
- Incident Investigation Form Final Report
- Incident Register
- Staff Orientation Checklist
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan
- Work Health Safety and Environmental Management Policy and Procedure

## 6.0 References

- Disability Services Act 1986 (Commonwealth)

- Disability Discrimination Act 1992 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020