

NDIS Manual for H&H Care SA Pty Ltd.

- **Legal Name: H & H Care SA Pty Ltd.**
- **ABN: 2268 261 0706**
- **ACN: 682 610 760**
- **Email: harryle@handhcaresa.com.au**
- **Phone: 0401 919 555**
- **Office: 2 Pham Close, Pennington SA 5013**

These documents are and will remain ISO Professionals property and under any circumstances, the copyright sign of ISO Professionals shall not be removed from these documents.

Table of Content

Contents

Table of Content 1

A. General Information 14

✓ 1. Managing **Director Responsibilities** 14

2. NDIS Manual Review 15

3. Organisational Chart 15

4. The NDIS Code of Conduct 16

B. Policies and Procedures 17

1- Person-Centered Support Policy & Procedure 17

1.1. Purpose 17

1.2. Scope 17

1.3. Definitions 18

1.4. Relevant Documents, Legislations, regulations, and standards 18

1.5. Policy & Procedure 18

2- Individual Values and Beliefs Policy & Procedure 20

2.1. Purpose 20

2.2. Scope 20

2.3. Definitions 21

2.4. Relevant Documents, Legislations, regulations, and standards 21

2.5. Policy & Procedure 21

3- Privacy and Dignity Policy & Procedure 23

3.1. Purpose 23

3.2. Scope 23

3.3. Definitions 24

3.4. Relevant Documents, Legislations, regulations, and standards 24

3.5. Policy & Procedure 24

4- Independence and Informed choices Policy & Procedure 27

4.1. Purpose 27

Copyright © ISO Professionals E-mail: info@isop.com.au

4.2. Scope 28
4.3. Definitions 28
4.4. Relevant Documents, Legislations, regulations, and standards 28
4.5. Policy & Procedure 29
4.5.1. Decision-Making Policy 29
4.5.2. Independence and Informed Choices Management 30
4.5.3. Right to Access an Advocate Policy 30
4.5.4. Free Advocate Management 31
4.5.5. Participant Consent Policy 31
5- Violence, Abuse, Neglect, Exploitation Policy & Procedure 33
5.1. Purpose 33
5.2. Scope 33
5.3. Definitions 33
5.4. Relevant Documents, Legislations, regulations, and standards 34
5.5. Policy & Procedure 35
5.5.1. Violence, Abuse, Neglect, Exploitation Policy 35
5.5.2. Violence, Abuse, Neglect, Exploitation Management 36
5.5.3. Allegations where there is a victim and a potential perpetrator. 36
6- Bullying, Harassment and Discrimination Policy & Procedure 38
6.1. Scope 38
6.2. Definitions 38
6.3. Relevant Documents, Legislations, regulations, and standards 39
6.4. Policy & Procedure 39
5.5.4. Bullying, Harassment and Discrimination Policy 39
5.5.5. Sexual Harassment 40
6.4.1. Bullying 40
6.4.2. Discrimination 41
6.4.3. Preventive Responsibilities 42
6.4.4. Staff and Workers Right 42
7- Governance and Operations Policy & Procedure 43

Copyright © ISO Professionals E-mail: info@isop.com.au

7.1. Purpose 43
7.2. Scope 43
7.3. Definitions 43
7.4. Relevant Documents, Legislations, regulations, and standards 44
7.5. Policy & Procedure 44
7.5.1. General Information 44
7.5.2. Management Responsibilities 45
7.5.3. SWOT Analysis 45
7.5.4. External Environment Analysis 46
7.5.5. Internal Environment Analysis 47
7.5.6. Developing Objective and Targets 48
7.5.7. Business Insurance 49
7.5.8. Compliance Management 49
7.5.9. Delegation of Responsibility and Authority Policy 50
7.5.10. Conflict of Interest Policy 51
7.5.11. Management Review Meeting 52
7.5.12. Use of Care for Travel and Transport arrangement 53
8- Risk Management Policy & Procedure 53
8.1. Purpose 53
8.2. Scope 54
8.3. Definitions 54
8.4. Relevant Documents, Legislation, Regulations and Standards 54
8.5. Policy & Procedure 55
8.5.1. Occupational Health and Safety Policy 55
8.5.2. Risk Assessment Process 55
8.5.3. Identifying Risk to Participants, Workers, and The Provider 56
8.5.4. Assessing the Risk 57
8.5.5. Treatment of the Risk or Control Measure 59
8.5.6. Review and Monitor of Risk assessment. 60
8.5.7. Different types of Risk and Mitigation 61

Copyright © ISO Professionals E-mail: info@isop.com.au

9- Quality Management Policy & Procedure 64
9.1. Purpose 64
9.2. Scope 64
9.3. Definitions 64
9.4. Relevant Documents, Legislations, regulations, and standards 64
9.5. Policy & Procedure 65
9.5.1. Quality Policy 65
9.5.2. Internal Audit 66
9.5.3. Regular Internal Activities 66
9.5.4. Continuous Improvement 67
10- Information Management Policy & Procedure 68
10.1. Purpose 68
10.2. Scope 68
10.3. Definitions 68
10.4. Relevant Documents, Legislations, regulations, and standards 70
10.5. Policy & Procedure 71
10.5.1. Information Management 71
10.5.2. Passwords Policy: 72
10.5.3. Participant Information Consent 73
10.5.4. Data Breach 74
10.5.5. Suspected data or privacy breach 74
10.5.6. Once a breach is declared eligible 76
10.5.7. Data Breach Response Plan 77
11- Feedback and Complaints Management Policy & Procedure 82
11.1. Purpose 82
11.2. Scope 82
11.3. Definitions 82
11.4. Relevant Documents, Legislations, regulations, and standards 83
11.5. Policy & Procedure 83
11.5.1. Feedback and Complaint Policy 83

Copyright © ISO Professionals E-mail: info@isop.com.au

11.5.2. Complaint Handling (Easy-To-Read Version) 84
11.5.3. Feedback and Complaint Management 85
11.5.4. Feedback Management Process 86
11.5.5. Complaints Management Process 87
11.5.6. Communicate Resolution 89
11.5.7. Monitoring and Review 91
11.5.8. Complaints Escalation and Dispute Resolution 91
12- Incident Management Policy & Procedure 92
12.1. Purpose 92
12.2. Scope 92
12.3. Definitions 93
12.4. Relevant Documents, Legislations, regulations, and standards 95
12.5. Policy & Procedure 95
12.5.1. Incident Management Process 95
12.5.2. Suicidal Attempts and Self-Harm Incidents Policy 101
12.5.2.1. Awareness and Education: 102
12.5.2.2. Risk Assessment: 103
12.5.2.3. Incident Reporting and Response: 103
12.5.2.4. Support and Care: 104
12.5.2.5. Incident Review and Analysis: 104
12.5.2.6. Confidentiality and Privacy: 104
12.5.2.7. Continuous Improvement: 104
12.5.2.8. Implementation: 104
12.5.2.9. Compliance: 105
13- Human Resource Management Policy & Procedure 106
13.1. Purpose 106
13.2. Scope 106
13.3. Definitions 106
13.4. Relevant Documents, Legislations, regulations, and standards 107
13.5. Policy & Procedure 108

Copyright © ISO Professionals E-mail: info@isop.com.au

13.5.1. Organisational Charts and Position Description 108
13.5.2. General Information 108
13.5.3. Recruitment and Selection 108
13.5.4. Mandatory Checks 109
13.5.4.1. Provide 100 points of identification. 109
13.5.4.2. Make sure that personnel have the Right to Work in Australia 110
13.5.4.3. Workers Screening 110
13.5.4.4. Qualifications and/ or experience 113
13.5.4.5. Worker orientation program 113
13.5.4.6. Insurance (If applicable) 113
13.5.5. Induction 114
13.5.6. Training and Development 114
13.5.7. Other Training and Development 115
13.5.8. Performance Reviews and Management 116
13.5.9. Termination of Employment 116
13.5.10. Disciplinary Action 116
13.5.11. Dismissal 117
13.5.12. Workers management and retention 117
13.5.13. HR Leave policy. 118
13.5.13.1. General leave policy 118
13.5.13.2. Annual leave policy 118
13.5.13.3. Personal (sick) leave policy. 119
13.5.13.4. Carer's leave policy 119
13.5.13.5. Compassionate leave policy 119
13.5.13.6. Family and Domestic Violence Leave 119
13.5.13.7. Eligibility: 119
13.5.13.8. Long service leave policy 120
13.5.13.9. Parental leave policy 120
Unpaid Parental Leave 120
13.5.13.10. Parental Leave types: 120

Copyright © ISO Professionals E-mail: info@isop.com.au

13.5.14. Applying for leave 121
13.5.15. Adoption 122
13.5.16. Other Paid leave 122
13.5.16.1. Time in lieu policy 122
13.5.16.2. Leave without pay policy. 122
13.5.16.3. Jury duty policy 122
13.5.16.4. Emergency services leave policy. 122
14- Continuity of Supports Policy & Procedure 122
14.1. Purpose 122
14.2. Scope 123
14.3. Relevant Documents, Legislations, regulations, and standards 123
14.4. Definitions 123
14.5. Policy & Procedure 123
15- Entitled Person not responding. 125
15.1 Purpose 125
15.2 Scope 126
15.3 Policy 126
15.4 Procedure 126
16- Access to Supports Policy & Procedure 127
16.1 Purpose 127
16.2 Scope 128
16.3 Relevant Documents, Legislations, regulations, and standards 128
16.4 Definitions 128
16.5 Policy & Procedures 129
16.5.1. Entry to Services 129
16.5.2. Service Refusal 130
16.5.3. Waiting List processes 130
16.5.4. Service environment. 130
16.5.5. Cancellation Policy 131
16.5.6. Service Withdrawal 131

Copyright © ISO Professionals E-mail: info@isop.com.au

16.5.7. Service Termination (Exit from Services) 132
16.5.8. Participant Requested Termination 132
16.5.9. Service Re-entry 133
16.5.10. Files and Documentation 133
17- Support Planning Policy & Procedure 134
17.1. Purpose 134
17.2. Scope 134
17.3. Relevant Documents, Legislations, regulations, and standards 134
17.4. Definitions 135
17.5. Policy & Procedures 135
17.5.1. Managing Support Plan 135
17.5.2. Risk assessment for Each Participant 136
17.5.3. Participant Dependency and Health-Safety Risk Assessment 136
17.5.4. Communication 138
17.5.5. Support Plan Delivery and Review 140
17.5.6. Group & Centre based activity planning. 141
18- Service Agreements with Participants Policy & Procedure 141
18.1. Purpose 141
18.2. Scope 141
18.3. Definitions 141
18.4. Relevant Documents, Legislations, regulations, and standards 141
18.5. Policy & Procedure 142
18.5.1. Service Agreements Requirements 142
18.5.3. Ending the Service Agreement 143
18.5.4. Cancellation Policy 144
18.5.5. Accommodation 144
18.5.6. Emergency or Disaster 144
19- Responsive Support Provision Policy & Procedure 145
19.1. Purpose 145
19.2. Scope 145

Copyright © ISO Professionals E-mail: info@isop.com.au

19.3. Definitions 146
19.4. Relevant Documents, Legislations, regulations, and standards 146
19.5. Policy & Procedures 146
19.5.1. Responsive Support Provision Policy 146
19.5.2. Support Planning 147
20- Transitions to or from the Provider Policy & Procedure 148
20.1. Purpose 148
20.2. Scope 149
20.3. Definitions 149
20.4. Relevant Documents, Legislations, regulations, and standards 149
20.5. Policy& Procedures 149
20.5.1. Transitions to or from the Provider Management 149
21- Safe Environment Policy & Procedure 151
21.1. Purpose 151
21.2. Scope 151
21.3. Definitions 151
21.4. Relevant Documents, Legislations, regulations, and standards 151
21.5. Policy & Procedures 151
21.5.1. Occupational Health and Safety Policy 151
21.5.2. Management Team Responsibilities 153
21.5.3. Staff and Worker's responsibilities 154
21.5.4. Participants' responsibilities 155
21.5.5. Emergency Response Plan 155
21.5.6. Smoke-free environment. 156
21.5.7. Manual Handling 156
21.5.8. Provision of service and support to participants subject to section 73G of NDIS Act 157
22- Participant Money and Property Policy & Procedure 159
22.1. Purpose 159
22.2. Scope 159

Copyright © ISO Professionals E-mail: info@isop.com.au

22.3. Definitions 159
22.4. Relevant Documents, Legislations, regulations, and standards 159
22.5. Policy & Procedures 160
22.5.1. Participant Money and Property Policy 160
22.5.2. Participant Accounts 161
22.5.3. Unwanted or Incidental Payment or Withdrawal 161
22.5.4. Roles and Responsibilities of Workers and Staff 161
23- Medication Management Policy & Procedure 163
23.1. Purpose 163
23.2. Scope 163
23.3. Definitions 164
23.4. Relevant Documents, Legislations, regulations, and standards 164
23.5. Policy and Procedure 164
23.5.1. Management of Medication Policy 164
23.5.2. Medication Administration 165
23.5.3. Medication Records 167
23.5.4. Storage of Medication 167
23.5.5. Medication Disposal 168
23.5.6. Administering Medication 168
23.5.7. Reporting 168
23.5.8. Medication Prompting 169
23.5.9. Strictly Forbidden Practices 169
23.5.10. Monitoring and Review 170
23.5.11. Responsibility of Management Team Against Medication 170
24- Infection Management Policy 170
24.1 . Purpose 170
24.2 . Scope 171
24.3 Definitions 172
24.4 . Relevant Documents, Legislations, Regulations, and Standards 172
24.5 . Policy and Procedure 172

Copyright © ISO Professionals E-mail: info@isop.com.au

24.5.1. Hand hygiene 172
24.5.2. Respiratory Hygiene/Cough Etiquette 173
24.5.3. Personal Protective Equipment -Gloves 174
24.5.4. Face Masks 174
24.5.5. Protective Eyewear 175
24.5.6. Medical devices handling 175
24.5.7. Cleaning 176
24.5.8. Managing Spills 176
24.5.9. Food Handling 176
24.5.10. Handling Linen 177
24.5.11. Transporting Participant 178
25- Mealtime Management Policy & Procedure 179
25.1. Purpose 179
25.2. Scope 179
25.3. Definitions 179
25.4. Relevant Documents, Legislations, regulations, and standards 179
25.5. Policy & Procedures 180
25.5.1. Our Commitment 180
25.5.2. Nutritious Food Supports 183
25.5.3. Meals Management 183
25.5.4. Managing hydration and nutrition 188
25.5.5. How do you detect undernutrition? 188
25.5.6. Hydration 189
25.5.7. Posture and positioning Correct. 191
25.5.8. Managing risks of choking 192
25.5.9. Standardised care process 192
25.5.10. How to reduce risks of choking 197
25.5.11. Food Safety 198
25.5.11.1. Take special care with high-risk foods. 198
25.5.11.2. Storing food in the fridge 199

25.5.11.3. Freezing food safely 199
25.5.11.4. Storing cooked food safely 199
25.5.11.5. Avoid refreezing thawed food 199
25.5.11.6. Store raw food separately from cooked food 200
25.5.11.7. Choose strong, non-toxic food storage containers 200
25.5.11.8. If in doubt, throw it out! 200
25.5.12. Food Handling 200
25.5.13. Monitoring and Review 201
25.5.14. Training of Staff (Health Practitioner and Workers) 202
26- Waste Management Policy & Procedure 204
8.1. Purpose 204
8.2. Scope 204
8.3. Definitions 204
8.4. Relevant Documents, Legislations, regulations, and standards 204
8.5. Policy & Procedures 205
8.5.1. Type of Waste and Management 205
8.5.2. Workers Responsibility 206
8.5.3. Management Team Responsibility 207
8.5.4. Waste Management Contractors 208
8.5.5. Waste Management Plan 208
8.5.5.1. Training and Waste Management 208
8.5.5.2. Measuring Waste Management Performance 209
8.5.6. Waste Handling 209
8.5.6.1. Waste Segregation 209
8.5.7. Incident Prevention and Management 210
8.5.8. Standard Precautions 211
8.5.9. Cough Etiquette 211
8.5.10. Reporting incidents 212
8.5.11. Chemical Incidents 213
8.5.12. Continuous Improvement 213

Copyright © ISO Professionals E-mail: info@isop.com.au

27- Financial Management Policy & Procedure 213
27.1. Purpose 213
27.2. Scope 213
27.3. Definitions 213
27.4. Relevant Documents, Legislations, regulations, and standards 214
27.5. Policy & Procedures 214
27.5.1. Superannuation 214
27.5.2. Procedures 214
27.5.3. Salary/Wages Date Entry Procedure 214
27.5.4. Payment Through Bank 215
27.5.5. NDIS Claiming 215
28- Emergency and Disaster Management Policy & Procedure 216
28.1. Purpose 216
28.2. Scope 216
28.3. Definitions 217
28.4. Relevant Documents, Legislations, regulations, and standards 217
28.5. Policy & Procedures 217
28.5.1. Our Commitment 217
28.5.2. Type of Emergencies 219
28.5.3. Planning for Emergencies 219
28.5.4. Emergency Preparedness & Response 220
28.5.5. Emergency Response Training 221
28.5.6. Testing Emergency Plans 221
28.5.7. Reviewing Emergency Plans 221
29- Child Safety Policy and Procedure 222
29.1. PURPOSE 222
29.2. SCOPE 222
29.3. Definitions 223
29.4. Relevant Documents, Legislations, Regulations and Standards 223
29.5. Policy & Procedures 223

Copyright © ISO Professionals E-mail: info@isop.com.au

29.6. PROCEDURE 224
30- Assist Travel and Transport Policy and Procedure 227
30.1. Purpose 227
30.2. Scope 228
30.3. Definitions 228
30.4. Relevant Documents, Legislations, regulations, and standards 228
30.5. Policy & Procedure 228
30.5.1. Transport in participant's private vehicle. 229
30.5.2. Assessment and planning of transportation needs 229
30.5.3. Transporting Participants in a vehicle or bus 231

A. General Information

1. Managing Director Responsibilities

✓ **Managing Director** responsibilities are as follows:

- Makes provision to ensure all applicable requirements of NDIS Management System are adopted and maintained
- Ensures adequate resources are available to achieve objectives and support the development, implementation, maintenance and ongoing improvement of the NDIS System
- Ensures the training needs of the workers are resourced, implemented and meet the requirements outlined
- Ensures that all staff are informed of their regulatory responsibilities and are aware of their role in meeting the requirements of the NDIS System

- Is fully committed to the implementation of this NDIS Manual
- Provides human and financial resources required to implement and improve the processes of the NDIS System
- Is always available to all departments responsible for monitoring compliance with NDIS requirements
- Ensures that objectives and targets are established, documented, monitored and reviewed

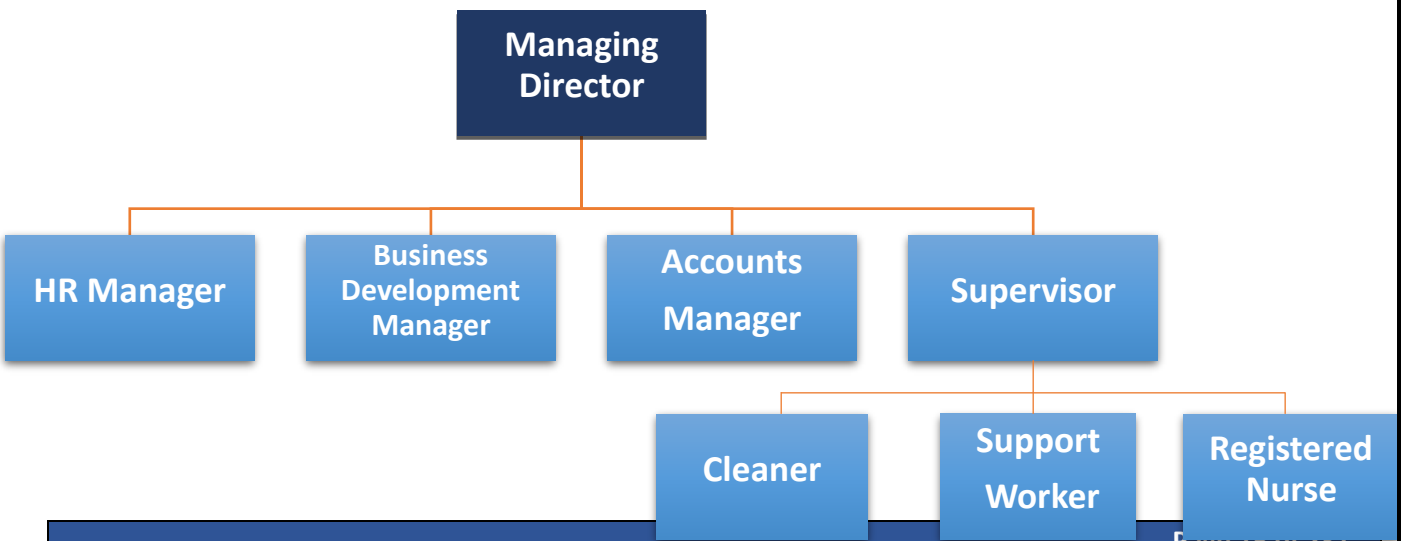
2. NDIS Manual Review

✓ The **Managing Director** ensures that the NDIS Manual is continually updated. To achieve this, the **Management Team** evaluates the NDIS Manual at planned intervals, at least annually. The team considers whether it is necessary to review the risk assessment. The updating activities are based on:

- Inputs from external and internal communications.
- Inputs from other information concerning the suitability, adequacy, and effectiveness of the NDIS Manual.
- Output from **Form15.Internal Audit Report** and **Form25.Management Review Meeting Minutes**

3. Organisational Chart

✓ The organisational structure is as below:



Copyright © ISO Professionals E-mail: info@isop.com.au

4. The NDIS Code of Conduct

✓ **H&H Care** and their workers are committed to following the NDIS Code of Conduct which is as per below:

1. Act with respect for individual rights for the freedom of expression, self-determination and decision-making with applicable laws and conventions.
2. Respect the privacy of people with disability.
3. Provide supports and services in a manner that is safely and competently, with care and skill.
4. Act with integrity, honesty and transparency.
5. Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
6. Take all reasonable steps to prevent and respond to all forms of violence against exploitation, neglect, and abuse of people with disability.
7. Take all reasonable steps to prevent and respond to sexual misconduct. *S*
8. Without a valid reason, not represent or charge a higher price for goods supplied to a NDIS participant that is higher than the price that would be supplied or charged to a person who is not a NDIS participant.

O Profes

✓ The NDIS Commission requires **H&H Care** to demonstrate honesty, integrity, and transparency in all their dealings. This extends to how they determine pricing for products and services offered to NDIS scheme participants, along with providing clear justifications for their pricing decisions.

✓ Additionally, providers are bound by the Australian Consumer Law (ACL), which prohibits misleading or deceptive conduct, false statements, and unfair contract terms, including those related to the pricing of goods and services, thus ensuring fair treatment of NDIS participants and plan managers.

✓ Price differentiation occurs when a provider charges NDIS participants a higher price for identical products, supports, or services compared to other customers. The recently updated NDIS Code of Conduct Provider and Worker Guidance (Guidance) (April 22nd, 2024) recognises

price differentiation as a potential form of 'sharp practice'. The Commission expects NDIS providers to refrain from engaging in or endorsing such practices. This entails:

- Avoiding charging participants more than others for essentially the same product, support, or service without valid justification.
- Abstaining from promoting, advertising, or publicizing higher prices for essentially the same products, supports, or services for participants compared to others without valid justification.

B. Policies and Procedures

1- Person-Centered Support Policy & Procedure

1.1. Purpose

✓ The purpose of this policy & procedure is that each participant has access to support that promote, uphold and respect their legal and human rights. The provision of support promotes, upholds, and respects individual rights to freedom of expression, self-determination and decision-making.

1.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their family

1.3. Definitions

Word/Term	Definition
Worker	• A person employed or engaged by a registered NDIS provider. • A person who participates in services that involve direct contact with participants as a part of their normal duties.
Person-centred Approach	The term person-centred approach refers to the following principles: • A partnership is created between the staff and workers, participant, and their families. • Ensuring the participant is at the centre of decisions that relate to their life. A person-centred process involves listening, thinking together, coaching, sharing ideas, and seeking feedback to be able to provide them with the safest smoke-free services and supplies.

1.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Disability Services and Inclusion Act 2023**

1.5. Policy & Procedure

✓ Each participant's legal and human rights are understood and incorporated into everyday practice.

- ✓ Communication with each participant, the provision of support that is responsive to their needs and is provided in the language, mode of communication and terms that the participant is most likely to understand. This is undertaken via **Participant Handbook** which was designed so it is easy to read and understand. An interpreter/translator is provided upon request.

- ✓ Each participant is supported to engage with their family, friends and chosen community as directed by the participant in **Form27. Initial Assessment and Support Plan, Form22.Service Agreement** and **Participant Handbook**.

- ✓ **H&H Care** must ensure that the following practices are taken to support the participant and their family and/or carer:

    - Train, support and encourage all staff and workers to implement this policy & procedure in their practices reflected in their **Job description, Worker Handbook and Form08.Induction Checklist**.
    - Communicate the success factors individually with the participants to find out what it looks like through **Form27. Initial Assessment and Support Plan** and **Form26.Goal Plan for Participant**. Support and assistance (e.g., involvement of a support person, interpreter, or advocate) will be provided to the participant if required. Interpreters would be available as below:
        - The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. https://www.tisnational.gov.au/

- ✓ **H&H Care** ensures that participant's health and well-being is important for all staff and workers, therefore steps are taken to support this approach by reviewing and understanding **Worker Handbook** and undergoing an induction using **Form08.Induction Checklist**.

- ✓ **H&H Care** ensure that staff and workers empower participants skills by knowing their goals and working towards those goals. These goals can be reviewed and updated during support plan review.

- ✓ **H&H Care** ensure that participants' independence is supported by workers.

- ✓ **H&H Care** ensure that staff and workers support participants' freedom and respect their beliefs and values by adhering to the policies and procedures.

Copyright © ISO Professionals E-mail: info@isop.com.au

✓ **H&H Care** ensure that staff and workers understand that participants are treated equally even if they have a disability and should be always supported.

The above items which are related to the way that a participant and/or participants have been treated by the worker will be reviewed and assessed during the worker's performance review via **Form10. Worker Performance Assessment**.

2- Individual Values and Beliefs Policy & Procedure

2.1. Purpose

✓ The aim of this policy & procedure is that each participant has access to support that respect their culture, diversity, values and beliefs.

2.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families

2.3. Definitions

Word/Term	Definition
Diversity	The term diversity refers to staff and workers and participant's differences in the following areas but not limited to: • Sexual orientation • Language • Ethnicity • Religious beliefs • Disability
Culturally and Linguistically Diverse (CALD)	CALD is a broad term used to describe communities with diverse languages, ethnic backgrounds, nationalities and religions.
LGBTQI+	LGBTIQ+ is an acronym for lesbian, gay, bisexual, transgender, queer, and intersex

2.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Disability Services and Inclusion Act 2023**

2.5. Policy & Procedure

2.5.1. Culture, diversity, values, and beliefs policy

✓ To provide a diverse and inclusive service to participants and their families **H&H Care** promotes the following:

- Support cultural diversity and promote the inclusive environment

- Support participants to play an active role in the community
- Finding participants' needs from consulting with their family members and carers
- Create an inclusive workplace for all staff and workers and respect their cultural beliefs and language difference
- Ensuring that there is not any difference in service provision between participants and the rest of the people in the society
- Support people with CALD and Aboriginal and/or Torres Strait Islander (ATSI) background with their culture and spiritual beliefs

✓ At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to.

✓ Each participant's right to practice their culture, values and beliefs while accessing support is supported. At **H&H Care**, during the initial assessment participants are encouraged to talk about their culture, diversity, values and beliefs by using **Form20. Participant Intake Form.**

✓ **H&H Care** 's participants whose English is not their primary language will be provided with interpreter/translator support (if required) or in case of a meeting, these people would be able to bring a member of their family who speaks English.

2.5.2. Individual Values and Beliefs management

✓ **H&H Care** will:

- Group people with different languages to foster respect for diversity in the organisation
- Will find people cultural and linguistic needs to collaborate with other organisations to meet their needs
- Identify and collaborate with LGBTQI+ mainstream support and advocacy programs
- Actively prevent instances of violence, abuse, neglect, discrimination and exploitations as per our processes.
- Ensure keeping personal information of participants confidentially to avoid any misuse from their sexual orientation and cultural information
- Support Aboriginal and/or Torres Strait Islander heritage needs by working respectfully with their families and individuals
- Enhance the cultural awareness of staff, workers and volunteers when providing

Copyright © ISO Professionals E-mail: info@isop.com.au

services to those who are of an Aboriginal and/or Torres Strait Islander heritage, through Worker Handbook, induction, and regular training

- Using respectful language when talking about people's sexual orientation

copyright © ISO Professionals

3- Privacy and Dignity Policy & Procedure

3.1. Purpose

✓ The aim of this policy & procedure is that each participant accesses supports that respect and protects their dignity and right to privacy.

3.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors,

volunteers, or business partners.
- All participants and their families

3.3. Definitions

Word/Term	Definition
Worker	• A person employed or engaged by a registered NDIS provider. • A person who participates in services that have direct contact with participants as part of their normal duties.
Personal information	• Personal information including name, date of birth, address, phone number etc.

3.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Disability Services and Inclusion Act 2023**
- **Privacy Act 1988**
- **Freedom of Information Act 1982**
- **Form18. Participant Information Consent Form**
- **Form19.Privacy & Confidentiality Agreement**
- **Form02.Complaint Report Form**

3.5. Policy & Procedure

3.5.1. Privacy and Confidentiality Policy

✓ **H&H Care** is committed to providing quality services and respecting participants' rights. Participants' right to privacy and confidentiality will be recognised, respected, and protected in all aspects.

- ✓ At **H&H Care**, all information will be handled based on the NDIS Quality and Safeguarding Framework.
- ✓ Consistent processes and practices are in place that respects and protects the personal privacy and confidentiality of each participant.
- ✓ **H&H Care** ensures that all confidential documents are handled safely in our operations.
- ✓ **H&H Care** will not disclose any confidential information to any persons who are not employed by **H&H Care** or participant unless consent has been obtained.
- ✓ **H&H Care** will not take any interest in the review of confidential and sensitive documents of the company.
- ✓ **H&H Care** is committed to maintaining the confidentiality of medical results
- ✓ **H&H Care** will not disclose, copy, release, sell, alter, or destroy any confidential information, either electronic or paper-based unless there is management approval.
- ✓ **H&H Care** is committed to protecting the privacy of participants and workers.

3.5.2. Worker's responsibilities

- ✓ All workers will complete **Form19. Privacy & Confidentiality Agreement** to ensure the confidentiality requirements are understood and adhered to.
- ✓ Worker's responsibilities are as below:
    - Workers will not disclose any confidential information to any persons who are not employed by **H&H Care** or participant unless consent has been obtained. Privacy & Confidentiality Information includes but is not limited to:
        a. Participant personal information, and medical examination results
        b. Workers, Contractors and Volunteers
        c. Business information such as financial records, reports, memos, contracts, computer programs and technology
        d. Company processes and operations

e. Company intellectual property

f. Service specifications; and

g. Any other information regarding company activities that can have a detrimental impact on the company. copyright © ISO Professionals

3.5.3. Management team responsibilities

- ✓ All inquiries or complaints about privacy and confidentiality should be directed to the **Managing Director** and **Form02. Complaint Report Form** to be completed.
- ✓ In case **H&H Care** identifies that there is a breach of information or unauthorised access to the information of participants, will take measures to reduce the chance of harm to people. In these cases, the Australian Information Commissioner might be involved.
- ✓ It is the participant's right to choose if they want to be involved in a NDIS audit.
- ✓ Each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format through **Participant Handbook, Form20. Participant Intake, and Form27.Initial Assessment and Support Plan.**
- ✓ The documents will be managed in a way that:
  - No record will be lost, modified, or disclosed unauthorised
  - Any access to the documents will be provided in a way that doesn't breach the disclosure of the records
- ✓ No sale or payment will be tolerated by any member of **H&H Care** for personal information disclosure.
- ✓ Not all information will be collected unless:
  - It is required for service provision
  - It will be handled securely in the database of **H&H Care.**
- ✓ The following criteria apply to any personal information disclosed to a third party:
  - Personal consent using **Form18. Participant Information Consent Form** is provided

by the participant

- We are authorised to provide all that information by law

4- Independence and Informed choices Policy & Procedure

4.1. Purpose

✓ The aim of this policy & procedure is that each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.

4.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families

4.3. Definitions

Word/Term	Definition
Worker	• A person employed or engaged by a registered NDIS provider. • A person who participates in services that are involved with direct contact with participants as a part of their normal duties.
Consent	• The permission provided by a participant, or their carer/family is concerning the decisions made that affects the person's life.

4.4. Relevant Documents, Legislations, regulations, and standards

- **Form18. Participant Information Consent Form**
- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **Disability Services and Inclusion Act 2023**
- **United Nations Universal Declaration of Human Rights**
- **Human Rights and Equal Opportunity Commission Act 1986**
- **Freedom of Information Act 1982**
- **Form65. Risk Indemnity**

4.5. Policy & Procedure

4.5.1. Decision-Making Policy

- ✓ **H&H Care** is committed to our participants having control over the services provided to them and the decisions that might affect their life.
- ✓ **H&H Care** is committed to making sure that participants are satisfied with the services received
- ✓ **H&H Care** will find out about the participant's preferences and take appropriate measures to provide that participant with those preferred services.
- ✓ **H&H Care** is committed to providing services to participants that are aligned with their needs and preferences.
- ✓ Active decision-making and individual choice are supported for each participant including the timely provision of information using the language, mode of communication and delivered in a manner that the participant is most likely to understand.
- ✓ Each participant's right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration.
- ✓ It is the participants choice if they wish to undertake activities that may cause risk to themselves, even though they have been advised of the danger of such activities. In this case, management shall ask the participant to fill and sign **Form65. Risk Indemnity**.
- ✓ Each participant's autonomy is respected, including their right to intimacy and sexual expression.
- ✓ Each participant has sufficient time to consider, review and seek the advice of their options, at any stage of support provision, including assessment, planning, provision, review and exit.
- ✓ Each participant's right to access an advocate (including an independent advocate) of their choice is supported, as it is their right to have the advocate present.

Copyright © ISO Professionals E-mail: info@isop.com.au

4.5.2. Independence and Informed Choices Management

- ✓ It is everyone's right to choose their own personal, gender, sexual, cultural, and religious identity. It applies to people with disability too and they can make their decision regardless of their situation.
- ✓ Participants have the right to make their own decisions, to be free, live the life they choose and have the same rights and freedoms as any other member of the community.
- ✓ Participants and their carer will be advised by **H&H Care** about other services or agencies either in the organisation or outside the organisation to be able to make informed decisions.
- ✓ If the participant is assessed as not capable of making his or her decision, a substitute decision-maker will be required, and **H&H Care** will support them either formally or informally.
- ✓ In the case that a participant is assessed as not being capable of decision making, different people would be able to be nominated as a substitute by their priority as below:
    - Any guardian who is appointed by an authority
    - Anyone who has a continuing relationship with the participant
    - An unpaid carer who has been arranged the care regularly
    - A close friend or relative

4.5.3. Right to Access an Advocate Policy

- ✓ New participants will be consulted about their right to use advocates via the **Participant Handbook**.
- ✓ **H&H Care** will consult new participants about the roles of advocates and how to get an advocate.
- ✓ It is a participant's right to choose their advocates, change their advocates or withdraw their advocate's authority
- ✓ **H&H Care** participant's decision making, and service planning will be coordinated with the participant's advocate

Copyright © ISO Professionals E-mail: info@isop.com.au

- ✓ Any assistance by an advocate should be registered and documented
- ✓ If a participant doesn't have anyone to accept their advocacy, **H&H Care** will introduce someone as an advocate.

4.5.4. Free Advocate Management

- ✓ Advocacy is the act of helping a vulnerable group of people to be heard in a decision that may affect their life.
- ✓ The participant can nominate an advocate if they need to via **Form13. Advocate Nomination Form.**
- ✓ There are different types of advocacies as follows:

    - **Individual advocacy**: is to prevent and address any discrimination or abuse a person with a disability
    - **Systematic advocacy:** is influencing and changing the systems to benefit people with a disability as a group within the society
    - **Family advocacy:** is the act of a family member advocating on behalf of a person with a disability
    - **Group advocacy** is the act of advocating for people with disability in a group including people who are sharing an accommodation
    - **Citizen advocacy:** when people of a community advocate on behalf of a person with a disability
    - **Legal advocacy:** is the act of present advocacy by a lawyer including giving legal advice, positive changes to legislations to people with disability

4.5.5. Participant Consent Policy

- ✓ Participant's rights are as follows:

    - The participant should make an informed decision before giving the consent
    - If any participant requires additional time for any consent, enough time should be provided to make the best decision and have enough time for consultation
    - Withdrawal of consent is part of the participant's right at any time

Copyright © ISO Professionals E-mail: info@isop.com.au

- Participants can evaluate the risks associated with their decision and take assessed risks

✓ **H&H Care**'s responsibilities for participant consent are as follows:

- A participant consent using **Form18. Participant Information Consent Form** will be obtained in case the decision is related to any medical or dental treatment, behaviour support and accommodation arrangements
- Before disclosure of any personal information to other parties' consent is required.

✓ Any personal information could be disclosed without consent only if there is one of the following:

- The person is at risk of harm or injury; or
- It is required by law

5- Violence, Abuse, Neglect, Exploitation Policy & Procedure

5.1. Purpose

✓ The purpose of this policy & procedures is that each participant accesses supports free from violence, abuse, neglect, or exploitation. People should always feel safe regardless of their gender, disability, age and sexual orientation.

5.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families

5.3. Definitions

Word/Term	Definition
Abuse	• **Abuse** has different types including: ○ **Physical Abuse:** can be any action that may cause pain in your body. Some examples of physical abuse are restraining, choking, tying, giving medicines to make you feel unwell, stopping you from taking medicine, slapping, kicking, hitting or slapping. ○ **Sexual Abuse**: any sexual contact with someone who is not capable of understanding, is younger than 16 years of age, has not given consent, is threatened, or forced to engage in sexual activities ○ **Emotional Abuse**: can be any activity that involves embarrassing you in the public, calling you names, do not involve in communication because of cultural, religious beliefs and/or sexual assault ○ **Financial Abuse**: Illegal use or mismanagement of a person's

	money or property including, stealing, unusual transfer of money or property to another person
Exploitation	• **Exploitation** is referred to unfair use of someone's asset and/or fund to deprive them of the use and possession of those funds and assets.
Neglect	• **Neglect** refers to the situation that the initial needs of someone are not met. There are different types of neglect as follows: ○ **Physical neglect:** failure in the provision of proper food, house, cloth, and protection. ○ **Emotional neglect:** lack of support and protection for the emotional growth and wellbeing ○ **Passive neglect:** lack of provision for initial requirements of a person including food, clothing, or medical care ○ **Supervisory neglect:** failure in the provision of support in a way that involves a breach of standard and has the risk of death or major harm to a person

5.4. Relevant Documents, Legislations, regulations, and standards

- **Incident Management Policy and Procedure**
- **National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018**
- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Disability Services and Inclusion Act 2023**
- **Disability Discrimination Act 1986**
- **Racial Discrimination Act 1975**
- **Sex Discrimination Act 1984**
- **Age Discrimination Act 2004**

Copyright © ISO Professionals E-mail: info@isop.com.au

- **Crimes Act 1958**

5.5. Policy & Procedure

5.5.1. Violence, Abuse, Neglect, Exploitation Policy

✓ It is the **H&H Care**'s commitment to ensure that everyone feels safe, treated fairly and the organisation is free of abuse, exploitation and neglect.

✓ Participants with a lack of communication should be well supported to detect and prevent abuse.

✓ The **Managing Director** deals with the abuse, exploitation, and neglect reports seriously and confidentially and takes the best measures to mitigate the issue and take actions accordingly.

✓ **Incident Management Policy and Procedure** are established to investigate and report the abuse, exploitation, and neglect related issues.

✓ Training is required for everyone in **H&H Care** about all policies and procedures and relevant rules, regulations, and guidelines to recognize, prevent and minimise abuse, exploitation, and neglect through the induction system.

✓ One trained Manager should be appointed to deal with any abuse related issues.

✓ Everyone has a responsibility about abuse, exploiting and neglect as follows:

- The victim should be supported by all staff, workers and members of the organisation
- If required, the responsible Manager should inform relevant authorities, carers of the victim including their family and guardians or their substitute decision-makers (if applicable)
- If a participant doesn't have any guardian or an advocate, it is the provider's responsibility to organise an advocate or assist the other providers and support coordinators to organise and advocate. For more information refer to **Right to access an advocate**.
- All staff, workers, and witnesses should cooperate with relevant authorities in the process of investigation.

Copyright © ISO Professionals E-mail: info@isop.com.au

5.5.2. Violence, Abuse, Neglect, Exploitation Management

✓ Following measures could be taken for responding to abuse, exploitation, and neglect:

- **Incident Management Policy and Procedure** are established to investigate and report the abuse, exploitation, and neglect related issues.
- Ensure that everyone feels confident to raise a complaint about abuse, exploitation, and neglect without fear of being disadvantaged by following complaint management procedures.
- Any reports of abuse, exploitation and neglect will be treated seriously and sympathetically and will be investigated thoroughly and confidentially using **Incident Management Policy and Procedure**.
- Disciplinary action including termination from work will be taken against anyone found to be guilty of abusing, exploiting, and neglecting participants, staff and workers or volunteers.

5.5.3. Allegations where there is a victim and a potential perpetrator.

When handling cases involving allegations where there is a victim and a potential perpetrator, it is crucial to prioritize the well-being and support of both parties while the allegations are being validated.

Victim Support:

- Ensure the safety and immediate well-being of the victim.
- Offer emotional support and reassurance to the victim, ensuring that they feel heard, validated, and respected.
- Explain the investigative process to the victim, including their rights, available support services, and any legal remedies or options.
- Provide information on victim support resources such as victim advocates, counselling services, or helplines that can assist them throughout the process.
- Maintain regular communication with the victim, keeping them informed about the progress of the investigation while respecting confidentiality and privacy.

Perpetrator Management:

- Treat the alleged perpetrator with fairness and respect their rights, ensuring due process.
- Ensure that the alleged perpetrator understands the allegations made against them and their rights during the investigation.
- Provide access to legal advice or representation, if necessary.
- Maintain confidentiality and privacy for the alleged perpetrator, sharing information on a need-to-know basis only.
- Avoid stigmatizing or prejudging the alleged perpetrator before the investigation is concluded and the facts are established.

Maintain Neutrality:

- As the investigation proceeds, maintain impartiality and neutrality in managing both the victim and perpetrator. **H&H Care** will ensure to avoid taking sides or making assumptions before all relevant information is gathered.
- Treat all parties involved with respect and professionalism, ensuring a fair and unbiased investigative process.

Support Services:

- Offer access to support services for both the victim and the alleged perpetrator, such as counselling, mental health services, or employee assistance programs. Ensure that these services are confidential, accessible, and appropriate for their needs.
- Provide information on available resources and support networks that can assist the victim and the alleged perpetrator throughout the process.

Regular Check-Ins:

- Regularly check in with both the victim and the alleged perpetrator to assess their well-being and provide updates on the progress of the investigation should they ask regarding the status of it, this will ensure to uphold any private confident information re-laid to them.
- Address any concerns or questions they may have, ensuring that they have a clear understanding of the process and their role in it.

Copyright © ISO Professionals E-mail: info@isop.com.au

6- Bullying, Harassment and Discrimination Policy & Procedure

✓ **H&H Care** ensures that everyone in the organisation including workers and participants is working in a workplace free of bullying, harassment, and discrimination. In this policy & procedure, the standards for having a better workplace for both workers and participants with a positive environment will be described.

6.1. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families
- It is also applicable when people are interacting in the public area and/or when providing services

6.2. Definitions

Word/Term	Definition
Discrimination	Treating people in a way that is against their will because of factors such as their gender, disability, or cultural background.
Sexual Harassment:	The act of making a person offended or humiliated in a form of unwilling physical, spoken, or written sexual behaviour.
Bullying	Bullying is the misuse of power in a way that harms people either physically, socially, or psychologically.

6.3. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Disability Discrimination Act 1986**
- **Racial Discrimination Act 1975**
- **Sex Discrimination Act 1984**
- **Age Discrimination Act 2004**
- **Disability Services and Inclusion Act 2023**

6.4. Policy & Procedure

5.5.4. Bullying, Harassment and Discrimination Policy

✓ **H&H Care** is committed to promoting an environment free from bullying, harassment and discrimination for all employees and participant

✓ **H&H Care** is committed to implementing training and awareness-raising strategies to ensure that all workers and staff are aware of their rights and responsibilities regarding bullying, harassment and discrimination

✓ **H&H Care** is committed to complying with all relevant legislation and industry standards

✓ All forms of discrimination, harassment and bullying by or toward workers, the participant is considered unacceptable and will not be tolerated under any circumstances.

✓ Everyone has the same right and responsibilities relating to sexual harassment.

✓ Any discrimination, bullying, harassment and/or discrimination should be discussed with the **Managing Director** or by submitting an incident through the **Incident Management Policy and Procedure.**

✓ Victimization includes threatening any of who has made a complaint or helped another

person to make complaints including the ones who may be involved in the investigation process is subject to discrimination, harassment, and/or bullying.

✓ Breach of this policy & procedure in any form may lead to termination of employment.

5.5.5. Sexual Harassment copyright © ISO Professionals

✓ Sexual harassment can be any of the following activities:

- Repeated unwilling requests of going out
- Request for sex
- Insult or taunt of sexual nature
- Sending sexual text messages
- Viewing offensive pictures and objects
- Touching or hugging someone unwillingly

✓ **H&H Care** has zero tolerance for sexual harassment, meaning that just one attempt is enough

✓ At **H&H Care**, in the workplace or between colleagues and participants at work or outside the workplace, everyone is covered against sexual harassment.

✓ Everyone should be treated with respect in **H&H Care.**

6.4.1. Bullying

✓ Bullying can happen in various types of behaviour including:

- Sarcasm
- Isolation
- Threat, abuse, or shout
- Unconstructive criticism
- Constant pressure on the workers

✓ Bullying is against Work Health and Safety Laws. There are different forms of bullying including face to face, on social media, in emails, on the phone and unfair work activities.

6.4.2. Discrimination

- ✓ Discrimination can happen either directly or indirectly. Direct discrimination happens when a person is treated more unfair than other people in a similar situation while indirect discrimination happens when a person is being disadvantaged by imposing a practice against a lawful characteristic.
- ✓ Lawful characteristics are as follows:
    - Any types of disability or disease
    - Having status of a carer or a parent
    - Race, skin colour, nationality, culture, ethnic background
    - Religion
    - Pregnancy and breastfeeding
    - Sexual orientation
    - Political beliefs
    - Marital status
- ✓ Treating a person unfair because they have lawful characteristics that you don't like, is against the law and could be a form of discrimination.
- ✓ Everyone should be recruited based on merits regardless of their characteristics. For example, they should be recruited based on their skills and abilities.
- ✓ Asking personal questions about their ethnicity, sexual orientation, disability or else, is against the law unless it is a requirement of the position.
- ✓ Any discrimination, bullying, harassment and discrimination should be discussed with the **Managing Director** or by submitting an incident through the Incident Management Policy and Procedure.
- ✓ Breach of this policy & procedure in any form may lead to termination of employment.
- ✓ Victimization includes threatening any of who has made a complaint or helped another person to make complaints including the ones who may be involved in the investigation process is subject to discrimination, harassment, and/or bullying.

Copyright © ISO Professionals E-mail: info@isop.com.au

6.4.3. Preventive Responsibilities

✓ Preventive responsibilities of **H&H Care**'s management team against bullying, harassment and discrimination are as follows:

- Train staff and workers in the policies & procedures and regulations to know their obligations via the **Worker Handbook** and **Form08.Induction Checklist.**
- Follow-up any harassment, bullying and discrimination complaints and investigate the incidents using the complaint and incident mangemange procedures.
- Ensure that no discrimination takes place in the process of recruitment and it's based-on merit points.
- Enhance the complaint resolution process by following complaint management procedures.
- Take quick steps if becoming aware of any inappropriate behaviour.

✓ Preventive responsibilities of **H&H Care** workers against bullying, harassment and discrimination are as follows:

- Follow the guidelines defined by the management regarding bullying, harassment, and discrimination
- Support victims if become aware of any bullying, harassment, and discrimination by having meetings with them and ensuring them that adequate measures will be taken
- Ensure that confidentiality is followed in handling complaints and if they become aware of any harassment, bullying and discrimination by completing **Form19.Privacy & Confidentiality Agreement**.

6.4.4. Staff and Workers Right

✓ It is staff and workers' right to:

- Be recruited on a merit base, not by personal characteristics
- Work in a safe environment free from bullying, harassment and/or discrimination
- Be able to raise complaints without fear of victimisation
- Work in an environment without the restriction of any kind related to their ethnicity, religion, disability and/or sexual orientations.

Copyright © ISO Professionals E-mail: info@isop.com.au

7- Governance and Operations Policy & Procedure

7.1. Purpose

✓ The aim of this policy & procedure is that each participant's support is overseen by robust governance and operational management systems relevant to the size, and scale of **H&H Care** and the scope and complexity of supports delivered.

7.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families

7.3. Definitions

Word/Term	Definition
subcontractor	**The subcontractor** will provide Incidental services like gardening and cleaning

Governance	**Governance** is the process by which organisations are directed, controlled, and held to account. It encompasses authority, accountability, stewardship, leadership, directions, and control exercised in the organisation.

7.4. Relevant Documents, Legislations, regulations, and standards

- **NDIS Practice Standards and Quality Indicators November 2021, Version 4**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Corporations Act 2001**
- **The Australian Participant Law**
- **NDIS Terms of Business**
- **NDIS Guide to Suitability**
- **Australian Accounting Standards**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Disability Services and Inclusion Act 2023**
- **Quality Management Policy & Procedure**
- **Form05. Business Plan**
- **Form17.Legislative Compliance Register**
- **Form29.Conflict of Interest Register**

7.5. Policy & Procedure

7.5.1. General Information

✓ An effective system is in place for **H&H Care** to manage and support the business accountability, effectiveness and supervision through Internal Audit, Management Review Meeting, and participant feedback system, which ensures that:

- **H&H Care** is compliant with the regulation and legislation
- Support and development of its staff and workers.
- High quality and safer service delivery to the participant.

7.5.2. Management Responsibilities

- ✓ **H&H Care** is managed by the **Managing Director,** who has assigned a management team.
- ✓ **The Management Team** will ensure that the objectives and targets of the organisation are defined.
- ✓ It is the **management team**'s responsibility to ensure that business operations are aligned with the objectives and targets using **Form05. Business Plan.**
- ✓ A Management Review Meeting will be held by the **management team** to ensure that a high quality of services will be provided by **H&H Care** to the participants, and there is an active communication channel in place.
- ✓ The responsibilities of the **Managing Director** are:
    - Human Resources & well-being of the staff and workers
    - Maintenance of the property
    - Service delivery to the participant
    - Strategic planning
    - Ensuring that the policies and procedures are reviewed and updated
    - Financial matters including payroll
- ✓ Staff and worker training remain the responsibility of the **management team**.
- ✓ Any issues related to the finance, IT and quality of service will be provided to the **management team** by all staff and workers, including customer complaints.
- ✓ In the **management team** meeting, stakeholders will be engaged if required to improve the service outcome. Stakeholders include participant, their families and carers, advocates, workers, service providers and government representatives.

7.5.3. SWOT Analysis

- ✓ There are two types of environmental factors:
    - **External factors**: the "opportunities" and "Risk" presented by the environment external to the organisation

- **Internal factors**: the "strengths" and "weaknesses" of the organisation

✓ The **Managing Director** and **Management Team** identifies the key internal and external factors that are relevant to its purpose and its strategic direction which affect its ability to achieve the intended result(s) of its management system. Internal environmental factors are normally easier to control than external environmental factors.

7.5.4. External Environment Analysis

✓ The **managing Director** and **Management Team** scans the external environment to understand the external forces of change so that they may develop effective responses which secure or improve their position in the future. External Environment includes:

- Macro Environment
- Microenvironment

✓ The **Managing Director** and **Management Team** prepares a list of Opportunities and Threats in **Form05. Business Plan.**

Macro Environment includes the following factors:

- **Legal/Political Factors:** Government regulations and legal factors are assessed in terms of their ability to affect the business environment and trade markets. The main issues addressed in this section include political stability, tax guidelines, trade regulations, safety regulations, and employment laws.
- **Economic:** Through this factor, businesses examine the economic issues that are bound to have an impact on the company. This would include factors like inflation, interest rates, economic growth, the unemployment rate and policies, and the business cycle followed in the country.
- **Social:** With the social factor, a business can analyse the socio-economic environment of its market via elements like customer demographics, cultural limitations, lifestyle attitude, and education. With these, a business can understand how participant needs are shaped and what brings them to the market for purchase.
- **Technological:** How technology can either positively or negatively impact the introduction of a product or service into a marketplace is assessed here. These factors include technological advancements, the lifecycle of technologies, the role of the Internet, and the spending on technology research by the government.

Microenvironment includes the following factors:

- **Bargaining Power of Supplier:** Assessing how easy it is for suppliers to drive up prices. This is driven by the number of suppliers of each key input, the uniqueness of their product or service, their strength and control over you, the cost of switching from one to another, and so on. The fewer supplier choices you have, and the more you need suppliers' help, the more powerful your suppliers are.
- **Bargaining Power of Customer/Buyer:** Assessing how easy it is for buyers to drive prices down. Again, this is driven by the number of buyers, the importance of each buyer to your business, the cost to them of switching from your products and services to those of someone else, and so on. If you deal with a few, powerful buyers, then they are often able to dictate terms to you.
- **Power of Existing Competitors:** What is important here is the number and capability of your competitors. If you have many competitors, and they offer equally attractive products and services, then you'll most likely have little power in the situation, because suppliers and buyers will go elsewhere if they don't get a good deal from you. On the other hand, if no one else can do what you do, then you can often have tremendous strength.
- **The Threat of Substitute Products or Services:** This is affected by the ability of your customers to find a different way of doing what you do – for example, if you supply a unique software product that automates an important process, people may substitute by doing the process manually or by outsourcing it. If a substitution is easy and substitution is viable, then this weakens your power.
- **The threat of New Entrants to This Industry:** Power is also affected by the ability of people to enter your market. If it costs little in time or money to enter your market and compete effectively, if there are few economies of scale in place, or if you have little protection for your key technologies, then new competitors can quickly enter your market and weaken your position. If you have strong and durable barriers to entry, then you can preserve a favourable position and take fair advantage of it.

7.5.5. Internal Environment Analysis

✓ Strengths and Weaknesses of processes are identified by **Managing Director** using **Form05. Business Plan.**

✓ The following questions should be asked while identifying strengths and weaknesses for each process:

Strengths

- What advantages does your organisation have?
- What do people in your market see as your strengths?
- What do you do better than anyone else?
- What unique or lowest-cost resources can you draw upon that others can't?

Weaknesses

- What could you improve?
- What should you avoid?
- What are people in your market likely to see as weaknesses?
- What factors lose you sales?

7.5.6. Developing Objective and Targets

✓ The business objective and targets are developed in **Form05. Business Plan.**

✓ The objectives are defined and the target for each item is determined. The objectives are to be:

- **Specific**: Target a specific area of improvement
- **Measurable**: a progress indicator is to be defined or suggested
- **Achievable**: Assuring that the objective is to be achieved
- **Realistic**: objective should be defined realistically in a way that could be followed

✓ The **management team** is responsible for:

- Ensuring **H&H Care** is following the organisational strategies
- Ensuring that there is appropriate service delivery in place.
- Ensuring that service integrity and quality is being assessed regularly.
- Providing leadership and supervision to the staff and workers to create an environment of innovation and positive relationships.
- Providing the services related to support and management of complex cases, including emergencies.
- Providing a proper service to the participant to maintain their satisfaction

✓ **H&H Care**'s staff and workers are responsible for:

- Supporting participants with their life either in **H&H Care**'s bases or their own home in a way that a valued lifestyle is developed for them.
- A good relationship with participants helps to provide a supportive environment
- Involving participants to make choices in operations related to their care and life and reviewing and updating their goals.

7.5.7. Business Insurance

✓ According to the NDIS Quality and Safeguards Commission, all NDIS registered service providers need:

- **Public liability insurance:** A certificate of currency for current insurance that meets the minimum level of cover commensurate to the scope of the provider. Providers should seek professional advice as to the type and amount of insurance that is necessary.
- **Professional indemnity insurance:** A certificate of currency for current insurance that meets the minimum level of cover commensurate to the scope of the provider. Providers should seek professional advice as to the type and amount of insurance that is necessary.
- **Personal accident insurance or worker's compensation insurance**: if a provider has staff. A certificate of currency for current insurance that meets the minimum level of cover commensurate to the scope of the provider. NDIS providers should seek professional advice as to the type and amount of insurance that is necessary.
- **Comprehensive car insurance**: if provider is providing travel and transport arrangements to the participants, must ensure that car being used for this purpose has a comprehensive car insurance.

7.5.8. Compliance Management

✓ **H&H Care** has established, implemented and maintained a process to identify legislative requirements and have access to all legal and other requirements that apply to **H&H Care**'s operations using **Form17. Legislative Compliance Register.**

✓ The register will be reviewed and updated once a year. The evaluation will be carried out by the **Management Team** and the results will be reported to **Managing Director.**

- ✓ If there are any changes/ updates in the legislative requirements, relevant policies and procedures will be reviewed and revised accordingly.

- ✓ All Workers are responsible for managing compliance within their areas of influence by following the current policies and procedures. The changes and updates will be communicated to the workers and staff through meetings or receiving email updates.

- ✓ Legislative compliance is maintained and updated through:

    - Reviewing NDIS Commission Website
    - Ongoing consultation and communication with Industry Specialists/Legal representatives
    - Legal updates provided by government publishing
    - External third-party audit copyright © ISO Professionals

7.5.9. Delegation of Responsibility and Authority Policy

- ✓ This policy identifies the requirements for delegated responsibility and authority to another suitable person in the absence of a usual position holder in place.

- ✓ Workers with the same qualifications and experience will be assigned as a delegate to ensure the same level of support is provided to the participants and adequate training will be provided to them.

- ✓ Delegation of Responsibility and Authority Policy within **H&H Care** is intended to achieve the following objectives:

    - Ensure supports are provided based on the least intrusive options.
    - Ensure the efficiency and effectiveness of support.
    - Ensure that workers have been provided with the level of authority necessary to discharge their responsibilities.
    - Better understanding of supervision and delegation responsibilities.
    - Feel confident in working safely with the participant.

- ✓ All delegates shall act in good faith using all reasonable skills when exercising delegated authority.

- ✓ The requirements set out in this policy apply to all workers. Delegation is managed through

Form28.Delegations of Authority Register and **Form86. Delegation of Authority declaration form.**

- ✓ The delegation process involves transferring certain responsibilities and decision-making power from managers or supervisors to their subordinates or colleagues during planned or unforeseen circumstances such as sick leave and/or annual leave for example.
- ✓ The purpose is to ensure there is always a process of assigning tasks, decision-making authority, and accountability to individuals or teams within an organization. It involves transferring certain responsibilities and decision-making power from managers or supervisors to their subordinates or colleagues during planned or unforeseen circumstances such as sick leave and/or annual leave for example.
- ✓ The purpose is to ensure there is always support in place for the participants to be able to continuously support their needs even during unplanned events,
- ✓ The responsibilities and authorities will be documented using Form28 Delegation of Authority Register. By using this register, staff responsibilities will be drawn from their job description. In the context of a delegation register, "authorities" refers to the decision-making powers or permissions that have been delegated to individuals or teams within an organization. It specifies the level of authority that delegates possess to make decisions, take actions, and perform tasks within the scope of their delegated responsibilities.
- ✓ The delegation register typically documents the authorities granted to each delegate, including the extent of decision-making power and the areas in which they are authorized to act. It helps maintain transparency and clarity regarding who has the authority to make certain decisions or take specific actions within the organisation

7.5.10. Conflict of Interest Policy

- ✓ Staff and workers should avoid any conflict of interest in their duties and personal interests.
- ✓ All employees will act in the best interests of participants and other customers, ensuring that participants are informed, empowered and able to maximise choices and controls. Staff members will not (by act or omission) constrain, influence or direct decision-making by a person with a disability and/or their family to limit that person's access to information, opportunities, and choices and controls.

Copyright © ISO Professionals E-mail: info@isop.com.au

- ✓ None of the staff and Workers shall misuse the position that ends to any personal benefit for themselves, or anyone associated with them.
- ✓ The priority of all staff and workers shall be the advantage of the **H&H Care.**
- ✓ Workers and staff should not misuse **H&H Care** property, information, and data for their personal use.
- ✓ Any conflict of interest should be reported to the **management team** to avoid any possible conflict. If any conflict is recorded in **Form29.Conflict of Interest Register**, a **Form34.Conflict of Interest Declaration Form** must be completed.
- ✓ Everyone in **H&H Care** including workers, staff, **management team** and contractors shall have considered their actions as follows:
    - What kind of conflict with my duties will be perceived?
    - Is there any personal benefit involved in their action of duties?
    - Is my involvement in any of the actions reasonable?
- ✓ Neither we nor our worker will accept any offer of money, gifts, services, or benefits that would cause any one of us to act in a manner contrary to the interests of a NDIS participant. Further, staff and workers will not have any financial or personal interest that could directly or indirectly influence or compromise the choice of provider or provisions of support to a participant. This includes the obtaining or offering of any form of commission by staff and workers or us.
- ✓ An employee must provide each participant with **Form87. Conflict of Interest Declaration Letter** which includes if the participant wants to receive services from other providers and those providers details. This form is set out to ensure the participant is offered alternative provider company's they may wish to choose from. This form is to be completed if management of funding and services are offered to the participant by H&H Care**.** This form will also apply to be completed if support co-ordination and services are provided to the participant by **H&H Care.**

7.5.11. Management Review Meeting

- ✓ In the annual management review meeting using **Form25.Management Review Meeting**

Minutes, the following agenda shall be included:

- Any reported incidents in the incident management system and corrective actions,
- Any reported complaints and the root cause of this complaint
- The outcome of the internal and external audit
- The status of the corrective actions shall be checked regularly until it is finalised and verified by the management.

✓ Following decisions shall be taken in the management review Meeting:

- Any required changed
- Any required additional resources
- Any improvement opportunities to prevent incidents and complaints occurrence

7.5.12. Use of Care for Travel and Transport arrangement

✓ It is **H&H Care**'s responsibility to ensure that all vehicles being used for travel and transport arrangements for participants is registered and insured for business purposes.

8- Risk Management Policy & Procedure

8.1. Purpose

✓ This policy and Procedure involve identifying and managing risks as part of risk management. There is a wide range of risks involved in the risk management process, including operation, workers, and participants' risk. Risks are inevitable, but risk management aims to control the risks and mitigate them. Risk Management has a wide range of benefits from a reduction in downtime to increasing innovation, quality, and efficiency because of continuous improvement.

8.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families

8.3. Definitions

Word/Term	Definition
Risk	**Risk** is any internal or external situation or event that has the potential to have a negative impact by causing harm to people associated with the organisation or participant, preventing the organisation from successfully achieving its outcomes and delivering its services, reducing the organisation's viability, or damaging its reputation.
Risk Assessment	Process of analysing and evaluating the likelihood and impact of potential risks
Risk treatment	A measure, work process or system that eliminates risk, or if this is not possible, reduces the risk so far as is reasonably practicable.

8.4. Relevant Documents, Legislation, Regulations and Standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Corporations Act 2001**
- **The Australian Participant Law**
- **NDIS Terms of Business**
- **NDIS Guide to Suitability**
- **Form01.Risk Register**
- **Form14. Hazard identification report**

8.5. Policy & Procedure

8.5.1. Occupational Health and Safety Policy

- ✓ **H&H Care** is committed to supporting the health, safety, and welfare of all people we employ and to the people affected by our undertakings.
- ✓ **H&H Care** continuously supports improvements in workplace health and safety by adopting a planned systematic approach to Occupational Health and Safety. This approach includes risk management and consultation.
- ✓ As part of our overall commitment **H&H Care** is committed to:
  - ➢ Complying with all relevant OH&S legislation, regulations, codes of practice, and guidelines.
  - ➢ Documenting, implementing, and communicating OH&S policy to all employees.
  - ➢ Regularly monitoring and revising our policy by legislative and organisational changes or as appropriate.
  - ➢ Establishing measurable objectives and targets aimed at eliminating work-related injury and illnesses.
  - ➢ Provide adequate training, information, instruction and supervision to all employees and visitors to ensure work is carried out safely
  - ➢ Ensure all accidents, hazards and near misses are recorded and reported and an investigation is carried out to determine possible causes.
  - ➢ Maintain a safe working environment by reporting hazards or unsafe work practices promptly to their manager or supervisor.
  - ➢ Report all workplace injuries, near misses and illnesses caused by work immediately to your manager.

8.5.2. Risk Assessment Process

- ✓ **H&H Care** take its responsibility to identify and manage all types of organisational risks - including compliance, financial, safety, health, environmental and operational risks - very seriously.
- ✓ **H&H Care** will engage with staff and workers and relevant stakeholders to identify risks to

operations and to communicate risk management strategies.

✓ Risk management shall:

- Be embedded within its operations, processes, and systems
- Have clear accountability, ownership, and governance
- Be systematic, transparent, and consistently applied
- Include effective consultation and communication
- Support evidence-based decision-making; and
- Facilitate continual improvement.

✓ To manage and control risks and opportunities, the company uses Risk Management Model shown below:



✓ Where relevant, the risk management system includes measures for the prevention and control of infection and outbreaks.

✓ Supports and services are provided in a way that is consistent with the risk management system.

✓ Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.

8.5.3. Identifying Risk to Participants, Workers, and The Provider

✓ A list of organisational risks including compliance, financial, safety and health, environmental, and operational risks (risks to participants, financial and work health and

safety risks, and risks associated with the provision of supports) is identified in **Form01.Risk Register**.

✓ All areas of the organisations will be addressed, and can be grouped according to the following broad categories:

- Strategic
- Compliance
- Financial
- Operational
- Participant
- Staff and Workers

✓ Specific risks to each participant are identified using **Form27. Initial Assessment and Support Plan.**

✓ It is all staff and workers s' responsibility to report any risk to participants, workers and the provider to their relevant supervisor or manager.

✓ New hazards can be identified using **Form14. Hazard identification report.**

8.5.4. Assessing the Risk

✓ Assess risk according to the consequences and likelihood of the hazard/aspect occurring. The level of experience and the capabilities of all workers is taken into consideration throughout this process. The risk rating is recorded on **Form01.Risk Register**.

Risk Calculation Process

Steps 1 – Estimate the consequences

		Business	Safety
5	Major	Failure would create noncompliance with regulations or Failure could injure the participants, Workers, and the provider	Major material damage, hospital treatment, extensive rehabilitation, months /year's lost, death, permanent major disability
4	Severe (High)	Failure causes a high degree of participants dissatisfaction.	Extensive material damage, medical / hospital treatment, lengthy rehabilitation, weeks/months lost, permanent minor disability
3	Moderate	Failure results in a subsystem or partial malfunction of the product or service.	Significant material damage, medical treatment, short rehabilitation, days /weeks lost
2	Minor	Failure would create a minor nuisance to the participants, but the participants can overcome it without performance loss.	Some material damage, first aid treatment, no rehabilitation, days /weeks lost
1	Low significant	Failure may not be readily apparent to the customer but would have minor effects on the participants' process or product or service.	Minor material damage, self-administered first aid, no time lost

Step 2 – Estimate the likelihood

LIKELIHOOD GUIDE		
	Almost Certain Almost Certain, likely to occur often, >1/week, >25%	**5**
	Likely Likely, known to Occur, 1/week – 1/month, 10% - 25%	**4**
	Possible could occur, 1/month – 1/year, 1% - 10%	**3**
	Unlikely Unlikely – not likely to occur, 1/year – 1/10 years, 0.1% - 1%	**2**
	Rare Rare – practically im3, <1/10 years, <0.1%	**1**

Step 3 – Determine the risk rating

Severity / Occurrence		Low Significance		Minor		Moderate		Severe		Major	
		1		2		3		4		5	
Almost certain	5	Medium	6	High	7	High	8	High	9	High	10
Likely	4	Medium	5	Medium	6	High	7	High	8	High	9
Possible	3	Low	4	Medium	5	Medium	6	High	7	High	8
Unlikely	2	Low	3	Low	4	Medium	5	Medium	6	High	7
Rare	1	Low	2	Low	3	Low	4	Medium	5	Medium	6

Type of Risk	Range	Mitigation Action
Low	2-4	Risks that are below the risk acceptance threshold can be managed by routine procedures.
Medium	5-6	Risks that lie on the risk acceptance threshold require action by the due date and active monitoring.
High	7-10	Risks that exceed the risk acceptance threshold and need proactive, urgent, and immediate action to reduce their risk level

8.5.5. Treatment of the Risk or Control Measure

✓ All identified risks are to be assessed, and treatment shall be taken for them as a part of the relevant person responsibility. Management or treatment options for risks expected to have positive outcomes include:

- Starting or continuing an activity likely to create or maintain this positive outcome
- Modifying the likelihood of the risk, to increase possible beneficial outcomes
- Trying to manipulate possible consequences, to increase the expected gains
- Sharing the risk with other parties that may contribute by providing additional resources which could increase the likelihood of the opportunity or the expected gains

- Retaining the residual risk.

✓ Management options for risks having negative outcomes look like those for risks with positive ones, although their interpretation and implications are completely different. Such options or alternatives might be:

- to avoid the risk by deciding to stop, postpone, cancel, divert, or continue with an activity that may be the cause for that risk
- to modify the likelihood of the risk trying to reduce or eliminate the likelihood of the negative outcomes
- to try modifying the consequences in a way that will reduce losses
- to share the risk with other parties facing the same risk (insurance arrangements and organisational structures such as partnerships and joint ventures can be used to spread responsibility and liability)
- to retain the risk or its residual risks

8.5.6. Review and Monitor of Risk assessment.

✓ The **management team** ensures that the risk assessment register **(Form 01)** is regularly reviewed to check their effectiveness and, as necessary, revised.

✓ Support delivery is linked to a risk management system which includes:

- Incident Management
- Complaints Management
- Work Health and Safety
- Human Resource Management
- Financial Management
- Information Management
- Governance

✓ The effectiveness of risk assessment shall be checked on an ongoing basis and should be revised if required. The revision could take place in the following circumstances but is not limited to these:

- Current control measure is not effective
- A change has happened in the risks or hazard
- An extreme incident occurs
- If the consultant or auditor believes that a revision is required

✓ Provide regular reports and updates to assure that risks are being appropriately managed and treated.

8.5.7. Different types of Risk and Mitigation

Type	Risk	Risk Mitigation
Participant Risk Management	Participants Risk identification and a regular revision of those risks shall be an ongoing process.	• A risk assessment shall be conducted for new participants • At least a consistent 12 monthly risk assessment shall be conducted for existing participants • Participant's risk assessment should be reviewed regularly
Compliance Risk Management	Ensure a compliance risk assessment is carried out under the risk management framework if the organisation operations comply with laws and regulations. Compliance risks include but are not limited to: • Out of registration or insurance company vehicle • Creating reports compliant with the legislation and agreements • Key personnel operating outside of their authority area • Activities outside of key organisational vision and mission	• A sturdy compliance culture • Internal audit in compliance areas • Internal control measures in areas of compliance
Work Health and Safety	It is the **management team's** responsibility to eliminate WHS risk; meaning that WHS risks need to be considered in the risk management	There are different risk mitigation methods, including:

Type	Risk	Risk Mitigation
	plan. Hazards identification involves any situation or action which may cause harm to people or property. Some of the common hazards include: • Manual handling: in the case of moving or lifting people and objects • Slips and trips of people and falling objects • Electricity including shock, fire, burn, electrocution • Machinery and equipment, e.g., having an accident with any moving vehicle or caught by a moving part of a plant machinery • Hazardous chemicals • Heat, stroke, burns, fatigue, hypothermia • Noise, e.g., permanent, or temporary hearing loss • Biological infection or allergies • Stress, bullying, violence and fatigue.	• Elimination • Substitution • Isolation • Engineering • Admin controls (procedures and policies) • PPE (Personal Protective Equipment)
Human Resource Risk Management	The risk management plan should address risks related to human resources. These risks include: • Unplanned resignation or retirement of management personnel • Lack of knowledge and skills among staff and workers • Lack of racial, ability, gender etc. diversity • staff and workers recruitment and retention	Human resource risk mitigation plan requires: • Strict leadership, a positive culture • An ongoing plan for key roles • A proper documentation plan for critical information so that a new team can run the services • Complimentary training program for staff and workers • Training more than one person in each area so that they can perform the task in case of absence for one position • Supervision and mentoring of staff and workers

Type	Risk	Risk Mitigation
Financial Risk Management	There are different financial risks, including: • Liquidity risk • Interest rate • Cash Flow • Credit risk • Competitor's risk • Market or economy risk • An unexpected change in owners or shareholders	Risk management strategies include: • Having the right insurance • Supportive plans for the worst-case scenario • Tracking research trends
Emergency and Disaster Management	There are different risks, including: • Fire • Hazardous Substances • Gas Leak • Bomb Threat • Medical Emergency • Flooding Emergency • Storming Emergency • AGGRESSIVE BEHAVIOUR	Risk management strategies include: • Having emergency response plan • Conduct an emergency drill • Training of employees

Copyright © ISO Professionals E-mail: info@isop.com.au

9- Quality Management Policy & Procedure

9.1. Purpose

✓ This policy & procedure aims to provide participants with benefits from a quality Management system that provides continuous improvement involving:

- Conducting participant survey and valuing their feedback
- Understanding strengths and weaknesses
- Finding the requirements of the participants and addressing them

9.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families

9.3. Definitions

N/A

9.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Corporations Act 2001**
- **Disability Services and Inclusion Act 2023**
- **The Australian Participant Law**

Copyright © ISO Professionals E-mail: info@isop.com.au

- **NDIS Terms of Business**
- **NDIS Guide to Suitability**
- **Form16. Internal Audit Schedule**
- **Form15. Internal Audit report**
- **Form03.Improvement Report Form**
- **Form25. Management Review Meeting Minutes**
- **Form31.Participant Survey (Client Satisfaction Survey)**
- **Form59.Continuous Improvement Register**

9.5. Policy & Procedure

9.5.1. Quality Policy

✓ It is **H&H Care**'s commitment to incorporate the requirements of the standard into the business with a continuous improvement system. These commitments are as follows:

- Ongoing improvement and revision of the policies & procedures, processes, and services
- Ensuring that all policies & procedures comply with the relevant legislation, obligations, and standards
- Maintaining, monitoring, and improving the stakeholder's satisfaction and creating a close relationship with staff and workers
- Conduct regular internal audits to find and resolve any nonconformities and prevent the recurrence
- Train the staff and workers on an ongoing basis to meet the requirements

✓ **The Management Team** have responsibilities against the continuous improvement as follows:

- Provide the atmosphere of involvement for staff and workers to improve company objective & Target
- Ensure that services and supports provided to the participants comply with the requirement of NDIS standards and guidelines.
- Reviewing and implementing a risk management plan
- Reviewing organisational objectives and targets to ensure that **H&H Care** operations

are aligned with them

- Train staff and workers to implement policies & procedures in the **H&H Care**'s operations
- Identify organisation's objectives and targets
- Review complaints and corrective actions to prevent a recurrence
- Review incidents and corrective actions to prevent a recurrence

✓ Staff and workers have responsibilities against the continuous improvement as follows:

- Report any improvement opportunities to the **management team**
- Participate in the internal audits if required
- Ensure that customer feedback and complaints are reported to the **management team** using **Form31.Participant Survey (Client Satisfaction Survey)**
- Ensure that any feedback and/or complaints are then registered on the **Form59.Continuous Improvement Register** so that they can be actioned accordingly.
- Ensure that incidents are reported to the **management team**

9.5.2. Internal Audit

✓ Internal Audits will be conducted to determine whether business operations and processes are compliant with the NDIS standards, guidelines, and relevant legislation. The internal Auditor should be trained and shall be independent of the process that they are auditing.

✓ The Internal Audit should be conducted every year to determine the compliance of the organisation with NDIS standards using **Form16. Internal Audit Schedule.** Any non-conformities in the management system of **H&H Care** should be recorded in **Form15. Internal Audit report** and **Form03.Improvement Report Form.** Then, this record should be reported to **H&H Care**'s **management team** for implementing corrective actions. In the management review meeting, the outcome of the audit should be reviewed, and corrective actions shall be checked.

9.5.3. Regular Internal Activities

✓ The following activities shall be conducted as frequently as specified in the table below:

Activity	Frequency	Responsible
Internal audit	Annually	Qualified Auditor
Management Review Meeting	Annually	Management Team
Review for effectiveness and currency of NDIS Manual (Policies and Procedures) and forms	Annually	Management Team
Review for effectiveness and currency of Risk assessment	Annually	Management Team
Review Participant's Support Plan and its associated risks	Annually	Relevant Worker/ Management team
Emergency Drill	Annually	Safety Representative
Worker Performance Assessment	Annually	Management Team
WHS Audits and Inspections	Regularly	Safety Representative

9.5.4. Continuous Improvement

- ✓ All policies & procedures of **H&H Care** will be reviewed every year by the **management team** as well as the feedback of workers and all stakeholders.
- ✓ The **H&H Care**'s satisfaction will be assessed based on customer and staff feedback to find areas of improvement.
- ✓ Continuous improvement will be undertaken by considering outcomes, risk-related data, evidence-informed practice, incident management and feedback from participants and workers. For this purpose, **Form03. Improvement Report** can be used.
- ✓ **Internal audit** and **management review meetings** are also conducted annually to ensure the continuous improvement of supports and services provided by **H&H Care**.
- ✓ **H&H Care**'s staff/management will continue to review and update all policies, procedures and related documentation to ensure appropriate customization is addressed to adhere to our specific operational practices. This includes rollout to the NDIS Commission or any other changes.

Copyright © ISO Professionals E-mail: info@isop.com.au

10- Information Management Policy & Procedure

10.1. Purpose

✓ The purpose of this document is to ensure that participants information is properly recorded, identified, current and kept confidential. Management of each participant's information ensures that it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.

10.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families

10.3. Definitions

Word/Term	Definition
Information	Refers to the communication of knowledge in a way that is an added value to the knowledge of the receiver.

Word/Term	Definition
Information Management	Effective handling of the information and will check to retain, create, organize, store, and retrieve the information resources either from internal or external sources
Eligible data Breach	The *Privacy Amendment (Notifiable Data Breaches) Act 2017 (Cth),* also referred to as the Notifiable Data Breaches (NDB) Scheme amends the *Privacy Act 1988 (Cth)* (the Commonwealth Privacy Act), and in the instances where the NDB Scheme applies to **H&H Care**, there is a mandatory requirement for **H&H Care** to notify the Commonwealth Privacy Commissioner and affected individuals of 'eligible data breaches. An eligible data breach occurs if: - there is unauthorised access to, unauthorised disclosure of, or loss of, personal information held by an entity. - the access, disclosure or loss is likely to result in serious harm to any of the individuals to whom the information relates; and the entity has not been able to prevent the likely risk of serious harm with remedial action
Loss of data	Loss refers to the accidental or inadvertent loss of personal information held by the **H&H Care,** in circumstances where it is likely to result in unauthorised access or disclosure. For example, where a staff member leaves personal information (including hard copy documents, unsecured computer equipment, or portable storage devices containing personal information) on public transport.
Unauthorised access	Unauthorised access of personal information occurs when personal information that an entity holds is accessed by someone who is not permitted to have access. This includes unauthorised access by an employee of the entity, or an independent contractor, as well as unauthorised access by an external third party (such as by hacking). For example, a staff member browses

Word/Term	Definition
	a participant's file or personal record without any legitimate purpose.
Unauthorised disclosure	Unauthorised disclosure occurs when an entity, whether intentionally or unintentionally, makes personal information accessible or visible to others outside the entity, and releases that information from its effective control in a way that is not permitted by the Privacy Act. This includes an unauthorised disclosure by an employee of the entity. For example, as staff member accidentally publishes a confidential data file containing the personal information of one or more individuals on the internet without the participant's consent.
Harm	Data breaches can cause significant harm in multiple ways. Individuals whose personal information is involved in a data breach may be at risk of serious harm, whether that is harm to their physical or mental well-being, financial loss, or damage to their reputation. Examples of harm include: • financial fraud including unauthorised credit card transactions or credit fraud • identity theft causing financial loss or emotional and psychological harm • family violence • physical harm or intimidation.

10.4. Relevant Documents, Legislations, regulations, and standards

- **Form18. Participant Information Consent Form**
- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Disability Services and Inclusion Act 2023**

Copyright © ISO Professionals E-mail: info@isop.com.au

- **Form43.Support Notes.**

10.5. Policy & Procedure

10.5.1. Information Management

✓ **H&H Care** is committed to protecting the security of its information and information systems.

✓ Documents are stored with appropriate use, access, transfer, storage, security, retrieval, retention, destruction, and disposal processes. This is addressed by having passwords and antivirus in place for electronic devices. For hard copies (if applicable), the files will be stored in secured cabinets and access will be provided to the relevant workers.

✓ According to the above direction all staff and workers are committed to:

- Use of all reasonable, appropriate, practical, and effective security measures to protect our important processes and assets to achieve our security objectives.
- Protecting and managing information assets to enable us to meet our contractual, legislative, privacy and ethical responsibilities and satisfy applicable IS requirements and legal requirements
- Protect the system against unauthorized access.
- Report and investigate information security breaches.
- Record keeping processes underpin day-to-day actions and **H&H Care** has an ongoing commitment to continuous improvement in this area.
- During every care shift with the participant, every employee will document the activities that took place using **Form43.Support Notes.**

✓ A confidentiality agreement has been signed by all workers using **Form19.Privacy & Confidentiality Agreement.**

✓ Records including all completed forms and templates either in hard copy or electronically are maintained for 7 years. For instance, complaint records and incident records shall be kept for 7 years.

Copyright © ISO Professionals E-mail: info@isop.com.au

- ✓ Information Management system should be in a way that:
    - limit the access to the information
    - the computer should be always password locked
    - modems shall have security in place
    - a strong password shall be applied to the wireless network
- ✓ All personal information of participants staff and workers shall be:
    - Safely stored to restrict the access for any misuse
    - Not shared with any third party unless the participant or staff and workers has given consent
    - Retained for a limited period
    - Destroyed properly if not required, for example, shredding
- ✓ A printed version of the personal confidential information shall be stored securely when not in use, for example in a lockable cabinet.
- ✓ Information security shall be treated as a vital part of the system.
- ✓ **The Managing Director** can conduct a random information security evaluation.
- ✓ Social media for marketing should be used by authorised people.
- ✓ Confidential information including personal information shall not be posted on social media.
- ✓ Portable devices including smartphones, laptops and portable storage devices shall be password locked.
- ✓ During the intake process (including interviews and meetings with the participant), each participant is informed of how their information is stored and used, and when and how each participant can access or correct their information and withdraw or amend their prior consent.

10.5.2. Passwords Policy:

- ✓ Always strong password shall be used. It means, it should be at least 8 characters including

- Lower case letter (abcdefghi….)
- Uppercase letter (ABCDEFGHI…)
- Numbers (1234567890)
- Symbols (! @#$%^&*()_)

✓ The following password elements are prohibited:

- Common elements (i.e., words, names, sports, movies & shows, groups, songs, etc.)
- Elements relating to the user (i.e., user id, graduation, birthdays, phone numbers, pets, etc.)
- Keyboard patterns (i.e., 1q2w3e4r)
- Repeating patterns (i.e., ah*fJDS1, ah*fJDS2, etc.)

✓ The following practices are prohibited:

- Recording user IDs or passwords on paper stored in a secure environment
- Group accounts or shared passwords (passwords provide accountability, user to the system)
- Distribution of passwords by e-mail or other insecure methods (i.e., fax)
- Use of the same password on multiple systems

✓ Passwords should be regularly changed, for example, every 6 months

✓ Passwords should not be kept on a piece of paper lying around

10.5.3. Participant Information Consent

✓ Each participant's consent is obtained to collect, use, and retain their information or to disclose their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure. **Form18. Participant Information Consent Form** will be used for this purpose.

✓ Each participant is informed in what circumstances the information could be disclosed, including that the information could be provided without their consent if required or authorised by law.

✓ Participant's consent rights are as follows:

- The participant should make an informed decision before giving the consent

- If any participant requires additional time for any consent, enough time should be provided to make the best decision and have enough time for consultation
- Withdrawal of consent is a part of the participants right at any time
- Participants can evaluate the risks associated with their decision and take assessed risks

10.5.4. Data Breach

✓ **H&H Care** is committed to protecting personal privacy and recognises that staff and participants have a reasonable expectation that **H&H Care** will protect and appropriately manage the personal information it holds about them.

✓ This Procedure outlines the actions to be undertaken on a data breach and, where considered an eligible data breach under the National Data Breach Scheme, notify individuals and the Australian Information Commissioner of the breach.

✓ This procedure governs suspected data breaches and applies to all **H&H Care** staff, affiliates, students, contractors and any other third party who collects or manages personal information on behalf of **H&H Care**.

✓ A data breach happens when personal information is accessed or disclosed without authorisation or is lost. For example, when:

- a device with a customer's personal information is lost or stolen
- a database with personal information is hacked
- personal information is mistakenly given to the wrong person.

✓ **H&H Care** must notify affected individuals and The Australian Government – Office of the Australian Information Commissioner when a data breach involving personal information is likely to result in serious harm.

✓ The notification to individuals must include recommendations about the steps they should take in response to the data breach.

10.5.5. Suspected data or privacy breach

✓ Access to personal information is granted to staff only where this is necessary for work

purposes and staff must only access personal information if there is a work-related reason for this. Personal information must be protected against loss, unauthorised access or modification, disclosure or misuse.

✓ A suspected data breach is any event which may have involved Unauthorised Access, Unauthorised Disclosure or Loss of Data involving personal.

Reporting a suspected data breach

✓ If a staff member becomes aware of a suspected data breach, they are to contact the **H&H Care** as soon as possible with as much information as is available either via phone or email.

✓ The information to be provided includes:

- the time and date the suspected data breach was discovered,
- the type of personal information involved,
- the cause and extent of the breach,
- the context of the affected information and the breach, and
- the actions undertaken to contain the breach (see clause 5).

✓ **H&H Care** only has thirty (30) days from becoming aware of the breach, to carry out a reasonable and expeditious assessment as to whether there are reasonable grounds to believe that the data breach has been an eligible data breach.

Notification requirements of eligible data breaches

✓ An eligible data breach arises when the following three criteria are satisfied:

- there is unauthorised access to or unauthorised disclosure of personal information, or a loss of personal information, that **H&H Care** holds.
- this is likely to result in serious harm to one or more individuals; and
- the **H&H Care** has not been able to prevent the likely risk of serious harm with remedial action.

✓ Whether a data breach is likely to result in serious harm requires an objective assessment by the **H&H Care** based on information immediately available or following reasonable inquiries or an assessment of the data breach. The potential kinds of harms that may follow

a data breach include:

- identity theft,
- significant financial loss by the individual,
- threats to an individual's physical safety,
- loss of business or employment opportunities,
- humiliation, damage to reputation or relationships, and/or
- workplace or social bullying or marginalisation.

✓ The likelihood of a particular harm occurring and the anticipated consequences for individuals whose personal information is involved in the data breach if the harm materialises are relevant considerations.

✓ If **H&H Care** acts quickly to remediate a data breach, and because of this action the data breach is not likely to result in serious harm, there is no requirement to notify any individuals or the Australian Information Commissioner. There are also exceptions to notifying in certain circumstances.

✓ If personal information is lost in circumstances where subsequent unauthorised access to or disclosure of the information is unlikely, there is no eligible data breach. For example, if the personal information is remotely deleted before an unauthorised person could access the information, or if the information is encrypted to a high standard making unauthorised access or disclosure unlikely, then there is no eligible data breach.

10.5.6. Once a breach is declared eligible

✓ If a data breach is declared eligible by **H&H Care**, an incident report will be completed using **Form04.Incident Report**

✓ The **H&H Care** is required to prepare a statement and provide a copy to the Office of the Australian Information Commissioner (OAIC). The form includes the name and contact details of the Organisation Name, a description of the Eligible Data Breach, the kind or kinds of information involved, and what steps **H&H Care** recommends to individuals at risk of serious harm, in response to the eligible data breach. The OAIC form will also be submitted to the NDIS Commission along with Form04.Incident Report

10.5.7. Data Breach Response Plan

The **H&H Care** Data Breach Response Plan comprises four steps (consistent with the OAIC guide to managing data breaches in accordance with the Privacy Act 1988 (Cth)

Step 1 - Contain	Once a data breach is suspected immediate action must be taken to limit the breach. For example, stop the unauthorised practice, recover the records, or shut down the system that was breached. If it is not practical to shut down the system, or if it would result in loss of evidence, then revoke or change computer access privileges or address weaknesses in physical or electronic security. To identify strategies to contain a data breach consider: • How did the data breach occur? • Is the personal information still being shared, disclosed, or lost without authorisation? • Who has access to the personal information? • What can be done to secure the information, or stop the unauthorised access or disclosure, and reduce the risk of harm to affected individuals? Notify **H&H Care** Director: During this preliminary stage, be careful not to destroy evidence that may be valuable in identifying the cause of the breach, or that would enable the entity to address all risks posed to affected individuals or the entity.

Step 2 - Assess	An assessment of the data breach will identify the risks posed by a data breach and how these risks can be addressed and must be conducted as expeditiously as possible by Organisation's Director based on the information available. The aim is to understand the risk of harm to affected individuals and identify and take all appropriate steps to limit the impact of a data breach. Considerations in this assessment include: • the type or types of personal information involved in the data breach. • the circumstances of the data breach, including its cause and extent; and • the nature of the harm to affected individuals, and if this harm can be removed through remedial action. Remedial action to reduce any potential harm to individuals should be taken (such as recovering lost information before it is accessed). This might also take place during Step 1: Contain. **H&H Care** to determine whether the data breach is an eligible breach under the NDB scheme. This assessment is to occur within 30 days and determined in accordance with the criteria for assessing a data breach, including the risk of harm and remedial action at sect 3. If it is an Eligible Data Breach, the **H&H Care** wil convene the Notifiable Data Breach Response Team for steps 3 and 4.
	Notification to affected individuals may be considered for data breaches but must be undertaken for eligible data breaches under the NDB Scheme. Notification can be an important mitigation strategy that has the potential to benefit both **H&H Care** and the individuals affected by a

Step 3 - Notify	data breach. However, notifying individuals can cause undue stress or harm. For example, notifying individuals about a data breach that poses very little or no risk of harm can cause unnecessary anxiety. It can also de-sensitise individuals so that they don't take a notification seriously, even when there is a real risk of serious harm. Each incident needs to be considered on a case-by-case basis to determine whether breach notification is required. In considering notifying individuals who may be impacted by a data breach the following should be considered: what information is provided in the notification and how this will be provided. who is responsible for notifying individuals and creating the notification. who else other than affected individuals (and the Commissioner if the notification obligations of the NDB scheme apply) should be notified. where a law enforcement agency is investigating the breach, it may be appropriate to consult the investigating agency before making details of the breach public; and whether the incident triggers reporting obligations to other entities Effective data breach response is about reducing or removing harm to affected individuals, while protecting the interests of the **H&H Care**. Notification has the practical benefit of providing individuals with the opportunity to take steps to protect their personal information following a data breach, such as by changing account passwords or being alert to possible scams resulting from the

	breach. Individuals who have been affected by a data breach must be dealt with sensitivity and compassion, in order not to exacerbate or cause further harm. Notification may also serve to demonstrate that privacy protection is taken seriously. If it is an eligible data breach, notification options include: **Option 1 –** Notify all individuals whose persona information was part of the eligible data breach and would be used when **H&H Care** cannot reasonably assess which individuals are at risk of serious harm from an eligible data breach that involves personal information about many people but serious harm is likely for one or more of the individuals. **Option 2 —** Notify only those individuals at risk of serious harm. **Option 3 —** Publish notification if neither option 1 or 2 above are practicable, for example, if the entity does not have up-to-date contact details for individuals, this may include providing a copy of the statement on the website and take reasonable steps to publicise the statement.
Step 4 - Review	**Form04.Incident Report** will be completed on an eligible data breach incident to improve personal information handling practices. This might involve: ✓ a security review including a root cause analysis of the data breach. ✓ a prevention plan to prevent similar incidents in future.

	✓ audits to ensure the prevention plan is implemented. a review of policies and procedures and changes to reflect Form04.Incident Report from the review. changes to staff selection and training practices; and a review of service delivery partners that were involved in the breach. The intent of the Form04.Incident Report is to strengthen the **H&H Care** personal information security and handling practices, and to reduce the chance of reoccurrence. A data breach should be considered alongside any similar breaches that have occurred in the past, which could indicate a systemic issue with policies or procedures. If any updates are made following a review, staff will be notified in any changes to relevant policies and procedures to ensure a quick response to a data breach by documenting it on Form59.Continuous Improvement Register

11- Feedback and Complaints Management Policy & Procedure

11.1. Purpose

✓ The purpose of this policy & Procedure is to set out how a person can provide feedback and make complaints about any aspect of **H&H Care**'s operations and the process that **H&H Care** will take to acknowledge, assess and resolve the complaint in a fair, efficient and timely manner.

✓ This document outlines the policy & Procedure of making complaints and providing feedback to **H&H Care** about their operations and the processes.

✓ The responsibility of effective implementation of complaint management procedure is with the **Managing Director** of their delegate.

11.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families

11.3. Definitions

Word/Term	Definition
Compliment	An expression of praise, encouragement or gratitude about an individual worker, a team, or a service.
Complaint	Broadly speaking, a complaint is an expression of dissatisfaction with a NDIS support or service, including how a previous complaint was handled, for which a response or resolution is explicitly or implicitly expected. A **complaint** is someone letting you know that your service is not 'hitting the mark'.
Feedback	Information provided in response to service delivery, such as reactions to a service provided or a person's performance of a task, is used as a basis for improvement. Includes compliments, complaints, concerns,

Word/Term	Definition
	comments, or suggestions. Any concerns, compliments, complaints, comments or suggestions about the service delivery methods, quality of services, the performance of a task are used as an improvement baseline for the organisation.
Complainant	This means a person who makes a complaint

11.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018**
- **Effective Complaint Handling Guidelines for NDIS Providers**
- **National Disability Strategy 2021-2031**
- **Disability Services and Inclusion Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Form02.Complaint Report Form**
- **Form03.Improvement Report Form**
- **Form12.Complaint Register**

11.5. Policy & Procedure

11.5.1. Feedback and Complaint Policy

✓ The Best practices and continuous improvements that are promoted by the **management team** create a supportive and respectful culture in H&H Care that supports the workers, stakeholders, and participants to be open to make complaints and feedback and report any issues. In the performance assessment of the **management team**, this will be assessed and reviewed.

✓ **H&H Care** is committed to handling all complaints and feedback until it is resolved

completely.

- ✓ The information related to the complaints and feedback will be dealt with confidentially in a way those are discussed directly with involved people.
- ✓ If the consent has been provided, a third party would be able to lodge complaints and feedback on behalf of another person.
- ✓ Tracking and analysing feedback and complaint data could identify any ongoing issue. As a part of the continuous improvement process, the feedback, complaints, and dispute resolution will be discussed in **management team** meetings regularly.
- ✓ Information about this policy & Procedure will be shared with any participant or stakeholder wishing to lodge feedback.

11.5.2. Complaint Handling (Easy-To-Read Version)

- ✓ **Quality is about receiving good services that:**
  - meet the needs of the participant
  - give people with disability choice and control.
- ✓ **We make sure our workers:**
  - give good quality services and supports
  - keep people with disability safe
- ✓ **We protect any personal information people give us – we keep your information private.**
- ✓ **You can complain about your services and supports when:**
  - something has gone wrong
  - something is not working well
  - something has not been done the right way
  - something makes you unhappy
  - you have been treated badly.

✓ **What do we do about complaints?**

- We listen to complaints
- help people fix their complaints
- teach workers about the best ways to handle complaints.

✓ **How do you make a complaint to us?**

- You can call us OR email us
- You can call us between 9 am and 5 pm, Monday to Friday.

11.5.3. Feedback and Complaint Management

✓ In the worker's induction, all workers will be trained in this policy & procedure to provide the stakeholders with the information related to the feedback, complaints, and compliments. For this purpose, the **Worker handbook** is also used.

✓ Continuous improvement is an important part of the team meeting agenda covering workers and participant feedback and complaints. Complaints management is also on the management review meeting Agenda.

✓ If requested by workers, this information will be provided to them and will be always displayed in H&H Care 's premises.

✓ A variety of formats including an easy English version as well as translated versions of the information related to the feedback and complaints will be provided to stakeholders including workers and participants. Interpreters and referrals are available, too.

✓ Workers will provide all participants, their families, and carers with information when they first access the service and, throughout service delivery, remind them of the policy and their right to make a complaint without fear of affecting their service.

✓ All participants, their families and carers will be provided with the relevant policies & Procedures and their right to make complaints in the commencement of service as well as throughout the service delivery by **H&H Care** workers. For this purpose, the **Participant handbook** is also used.

✓ The roles and responsibilities of the workers when a complaint is received as well as their

Copyright © ISO Professionals E-mail: info@isop.com.au

awareness of the policy & Procedure will be assessed in the performance reviews. If required, additional in-house training, on the job training and formal training will be provided. Managers and supervisors will be monitoring this.

✓ The general principles guiding actions under the NDIS Act also describe the rights of people with disability to:

- Realise their potential for physical, social, emotional, and intellectual development.
- Be supported to participate in and contribute to social and economic life to the extent of their ability.
- Be supported to exercise choices about taking reasonable risks in pursuit of their goals and the planning and delivery of their supports.
- Be respected for their worth and dignity and to live free from abuse, neglect, and exploitation.
- Be able to determine their own best interests, including the right to exercise choice and control to engage as equal partners in decisions that will affect their lives to the full extent of their capacity.
- Have their privacy and dignity respected.
- Have the role of families, carers and other significant persons in their lives acknowledged and respected.
- Have access to advocates and supports which promote innovation, quality, continuous improvement, contemporary best practice, and effectiveness.

11.5.4. Feedback Management Process

✓ Any stakeholder will be able to provide feedback at any time through:

- Workers
- Management team
- Public email address
- Mail
- Phone contact

✓ A **Form03. Improvement Report** will be completed by the receiving worker or the **management team** if the feedback is provided verbally.

- ✓ Support and assistance (e.g., involvement of a support person, interpreter, or advocate) will be provided to people who should participate in the feedback mechanism if required.

11.5.5. Complaints Management Process

11.5.5.1. Receive and Record

- ✓ For an easy resolution without recourse to the Procedure of complaint management, individuals are encouraged to contact **H&H Care** to lodge a complaint.
- ✓ **H&H Care** will handle all complaints until it is resolved completely.
- ✓ The complaint could be made by individuals at any time to the NDIS Commission, the Health and Community Services Commissioner.
- ✓ Individuals could use an advocate of their choice if they like to act on their behalf. The advocate could be a family member or friend or sourced from the National Disability Advocacy Program.
- ✓ Workers will:
    - **Listen** – openly and nicely to the complaint and the raised issue.
    - **Ask** – what is the outcome that the complainant is seeking.
    - **Inform** – the complainant about the complaint process, timing, and realistic expectations.
    - **Be accountable** –show empathy toward the complainant or affected person and ensure that all commitments are made.
    - **Assess** – the situations that cause any danger or require any specialised response.
- ✓ As the first step of complaint resolution, the **management team** will discuss the complaints with the other party involved in the complaint.
- ✓ The complaint will be treated as a formal complaint if it cannot be resolved promptly within a proper timeframe. If the individuals are not aware of their rights, the workers should advise them on how to lodge a complaint and assist them properly if they wish.
- ✓ A complainant needs to lodge a complaint using **Form02. Complaint Report Form.**

Copyright © ISO Professionals E-mail: info@isop.com.au

✓ Formal complaints can be lodged:

- either verbally or by sending a completed **Form02.Complaint Report Form**, in direct contact with a worker
- by email
- Face to face with workers or **management team**
- by phone
- in writing

✓ Individuals could use an advocate of their choice if they like to act on their behalf. The advocate could be a family member or friend or sourced from the National Disability Advocacy Program.

✓ The complaint will be referred to the **Managing Director** if it alleges an actual or possible criminal activity, abuse, or neglect. As per this policy & Procedure, the Managing **Director** will report the complaint to the NDIS and any other relevant authority for further investigation.

✓ The **management team** will:

- **Record –** all information that is relevant to the compliment or complaint, in its original and simplest form. Complaint records shall be kept for seven years from the day the record is made. Complaints are confidential.
- **Register –** Register the complaint on **Form12.Complaint Register** and any proposed actions to be taken.
- **Store and protect** – for more security, the complaint reports would only be accessible to relevant people.

✓ The management **team** will:

- **Acknowledge** – complaints are received within two business days to create a confident and trustworthy relationship with the complainant.
- **Provide anonymity** – If someone requested to be anonymous in their complaint application, their contact might not be accessible.
- **Seek desired outcomes** – It is important to be realistic in handling complaints. It means if required, the case should be referred to a suitable organisation to handle.

- **Avoid conflict of interest** – An independent investigator to the matter should be assigned, if necessary.
- **Provide timeframes and expectations** to the complainant where possible.

11.5.5.2. Resolve

✓ In resolving a complaint, **H&H Care** will:

- **Involve the complainant –**Informing them about the status of their complaint and discussing any miscommunicated information with them using **Form03. Improvement Report Form**
- **Request additional information** – if required and limit the timing by applying a time frame.
- **Consider extensions** – Only if there is any additional time required, with the provision of the explanation, communicate it to the complainant.
- **Record** – all actions and feedback regarding the complaint investigation in **Form03.Improvement Report Form**
- **Focus** – on the identified complaint matters only. A complaint is not an opportunity to review a whole case.

✓ For investigation and resolution, the **management team** will refer the complaint to the **Managing Director**, if they cannot resolve it.

✓ Investigation of complaints will not be conducted by a person about whom a complaint has been made. If required, the **management team** will determine the appropriate person to undertake the investigation.

✓ The **management team** will determine the appropriate person for the complaint investigation.

11.5.6. Communicate Resolution

✓ All complaints should be responded to by **H&H Care** as soon as possible within 28 days from acknowledgment.

✓ An update to the complainant is required within 28 days if the complaint cannot be resolved in full. The date by which full response can be expected should be provided to the

complainant. The response could be provided verbally in the first instance, but it shall be confirmed in writing.

✓ Any misunderstanding regarding the complaint could be supported by someone from **H&H Care** if required. (e.g., interpreters, referral to advocates, etc.).

✓ Complaint resolution should include:

- **Acknowledgement** – of how the person is affected by the situation and what is their expectation of quality service
- **Apology** – In some cases can be a proper resolution or partial resolution to what people have suffered
- **Answers** – The information needed for addressing people's concern or an explanation of what happened; and
- **Action** – Agreement on actions that will make the concerns and service improvements

✓ Options for actions responding to a complaint include but are not limited to:

- explaining processes
- rectifying an issue
- providing an apology
- ongoing monitoring of issues
- training workers.

✓ Also, the below actions can be done:

- Before providing written advice, the outcome could be discussed verbally (if Possible), and further contact will be allowed after the receipt of the advice for conflict resolution.
- At the completion stage of the complaint investigation, the further action available to the complainant should be recorded. Another possible action could be to escalate the situation with an external agency or further revision within the organisation.
- Providing additional information that is not included in the first complaint as well as reviewing the soundness of the first investigation through further review.

Copyright © ISO Professionals E-mail: info@isop.com.au

- Opportunities will be identified from the complaint outcomes and distributed to the appropriate parties for ongoing improvement.
- Feedback from the complainant about the process should be sought.

11.5.7. Monitoring and Review

✓ Complaint and Feedback monitoring and review are on the Management Review Meeting Agenda, which will be discussed in detail. **Form25.Management Review Meeting Minutes** is used for this purpose.

✓ Following mechanisms would be followed by **H&H Care** for measuring participants and stakeholders' satisfaction:

- to receive suggestions for improvement and assess whether the participants are aware of their rights, regular participant's feedback will be obtained.
- **Management team** meetings may involve participants and other stakeholder representatives

✓ The feedback, compliment and complaint system will be used to ensure continuous learning and accountability is in place by:

- Identification of opportunities for improvement because of a complaint
- Feedback analysis to monitor the service performance trends evaluation and identify improvement opportunities; and
- Continuous improvement plan assists in how the outcome of feedback is communicated with stakeholders. Positive feedback will be recorded for well-done activities.

✓ The risk assessment will be reviewed after any complaints.

✓ Complaint records will be kept for 7 years from the day the record is made.

✓ This Policy & Procedure will be reviewed annually.

11.5.8. Complaints Escalation and Dispute Resolution

✓ In case, if **H&H Care** could not satisfy the complainant, details of another agency will be

provided to assist them in achieving the resolution.

- ✓ All complaints, including the escalated complaints, will be tracked from the same kind of report and the same method of communication will be applied.
- ✓ The participant can be made directly a complaint or feedback and send it to the NDIS Commission.
- ✓ A complaint can be made to the NDIS Commission by:
    - Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.
    - National Relay Service and ask for 1800 035 544.
    - Completing a complaint contact form.

12- Incident Management Policy & Procedure

12.1. Purpose

- ✓ All accidents, incidents (including critical incidents) or near misses related to the provision of support or services needs further investigation to determine the root cause and implement the corrective actions.
- ✓ Each participant is safeguarded by the incident management system, ensuring that incidents are acknowledged, responded to, well-managed and learned from.
- ✓ The responsibility of effective implementation of incident management procedure is with the **Managing Director** of their delegate.

12.2. Scope

- ✓ This document applies to:
    - All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
    - All participants, their families, and stakeholders in connection with the provision of

NDIS supports or services.

12.3. Definitions

Word/Term	Definition
Impacted person	A person with a disability who has been affected by an incident that has occurred during the provision of NDIS supports and services.
Incident	An incident is defined as an act, omission, event, or circumstance. It may mean any of the following: • Acts, omissions, events, or circumstances that occur in connection with providing NDIS supports or services to a person with a disability and have, or could have, caused harm to the person with a disability • Acts by a person with a disability that occur in connection with providing NDIS supports or services to the person with a disability and which have caused serious harm, or a risk of serious harm, to another person • Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with a disability
Key personnel	Key personnel mean individuals who hold key executive, management, or operational positions in an organisation, such as directors, managers, board members, chief executive officer or chairperson. The person has authority or responsibility for (or significant influence over) planning, directing, or controlling the activities of the registered NDIS provider.
NDIS (Incident Management and Reportable Incident) Rules 2018	The Rules require registered NDIS providers to establish an incident management system that meets minimum requirements and that is appropriate for the size of a registered NDIS provider and the supports or services they provide. The rules also set out

Word/Term	Definition
	the obligations on registered NDIS providers to notify, investigate and respond to reportable incidents.
Reportable incidents	Reportable incidents are serious incidents or alleged incidents which result in harm to a NDIS participant and occur in connection with NDIS supports and services. Specific types of reportable incidents 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. • Sexual misconduct committed against, or in the presence of, a person with a disability, including grooming of the person for sexual activity. • The use of restrictive practice about a person with a disability, other than where the use is by an authorisation (however described) of a State or Territory about the person or a behaviour support plan for the person. The incident is **not** reportable if: (a) the Act is a lawful physical contact with a person with a disability; and (b) the contact with, and impact on, the person with a disability is negligible.
Workers	Includes workers, contractors and people otherwise engaged, for example, on a volunteer basis, by a NDIS provider.
Near Miss	An unplanned event that does not cause harm to people, property, or the environment which, under different circumstances, had a clear potential to do so.

Word/Term	Definition
Suicidal Attempts	Refers to instances where individuals engage in intentional acts with the purpose of causing harm to themselves and ending their own lives.
Self-Harm	Refers to deliberate actions taken by individuals to inflict physical harm upon themselves to cope with emotional stress.

12.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **Disability Services and Inclusion Act 2023**
- **National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.**
- **Incident Management System Guidance**
- **National Disability Strategy 2021-2031**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Form04.Incident Report Form.**
- **Form11.Incident Register**
- **Form33. Participant Disaster and Risk Assessment**
- **Form27.Initial Assessment and Support Plan**

12.5. Policy & Procedure

12.5.1. Incident Management Process

Step	Who
1. Incident occurrence ✓ Any incident needs to be reported to the manager or supervisor, including near misses.	**All workers and Participant**

Step	Who
✓ In the event of an incident, injury, or illness, where it is safe to do so **H&H Care** will take appropriate immediate action to minimise the risk of further injury or damage. ✓ Preventive actions from further harm or injury will be taken, where appropriate. As a part of the investigation, until its end, the incident scene and evidence need to be preserved. (Due to assisting a how-to person, making the area safer, streamlining the police investigation, or removing the deceased person, the site may be disturbed.) ✓ Inspecting and confirming that no new hazards have been created whilst securing the area ✓ If any medical treatment is needed beyond first aid, the Safety representative will be informed by the relevant person immediately by phone or email.	
2. Determine whether the incident is work-related ✓ Any incident that happened by the contribution of an event in the work environment, will be determined as work-related. In addition, any pre-existing injury or illness aggravated by an event in the workplace will be determined as work-related too. Also, if the incident is in connection with the provision of NDIS supports or services by the provider.	**Safety representative**
3. Severity Determination ✓ According to the severity of the incidents' consequences, those will be classified as follows: • fatality • permanent injury • lost time • restricted work • medical treatment beyond first aid • first aid treatment • hurt • near miss	**Safety representative**

Step	Who
✓ The accident will be classified as the most severe if there is more than one consequence applicable to that incident.	
4. Injury or illness determination ✓ If there is a wound or damage to the body resulting in an incident. ✓ If any illness is caused by an incident in an abnormal health condition that impairs physiological function.	**Safety representative**
5. Recording the incident ✓ **Form04.Incident Report Form** should be completed for all incidents and near misses if: • the injured person is within the scope of provider or participant, and • the incident is related to the service or support provided Incident records shall be kept for 7 years from the day the record is made.	**Safety representative**
6. Incident Investigation ✓ The incident needs to be investigated as soon as possible or within 24 hours if its severity is a medical treatment (beyond first aid) or higher like work restriction, permanent injury, or fatality. ✓ As a minimum, any first aider, witness and injured person should be involved in the investigation. ✓ Investigation reports should be recorded in **Form04. Incident Report Form**.	**Safety representative**
7. Corrective actions Revision ✓ The corrective actions shall be checked whether those are appropriate and will be preventive or not. ✓ In case those actions are not appropriate, should be discussed with the relevant people.	**Safety representative**

Step	Who
8. Effectiveness Evaluation ✓ The corrective actions should be evaluated to ensure that they are addressing the root cause of the incident and will prevent a recurrence. ✓ This evaluation should be recorded in **Form04. Incident Report Form**.	**Safety representative**
9. Revision of data for continuous improvement ✓ Look for further opportunities in the improvement of information and trends at least every 12 months. ✓ The incident management policies and procedures, the causes, handling, and outcomes of incidents, seeking of participant and workers views, and incorporation of feedback will be reviewed annually.	**Safety representative**
10. Report Notifiable Incident The incident notification process consists of 3 steps. These steps are as follows: Step 1: Notify the NDIS Commission: ✓ The safety representative is responsible for reporting incidents that are reportable incidents to the Commissioner. In addition, any key personnel can notify the Commissioner of reportable incidents. ✓ A notifiable incident shall be reported as soon as possible. The following information is required to be registered in the incident report form: • the name and contact details of the registered NDIS provider. • a description of the reportable incident (a description of the impact on, or harm caused to, the person with disability) • the immediate actions taken in response to the reportable incident, including actions taken to ensure the health, safety, and wellbeing of persons with disability affected by the incident and whether the incident has been reported to police or any other body • the name and contact details of the person making the notification • the time, date, and place at which the reportable incident occurred (if known)	**Safety representative**

Step	Who
• the names and contact details of the persons involved in the reportable incident ✓ For an incident to be reportable a certain act or event needs to have happened (or alleged to have happened) in connection with the provision of supports or services by the registered NDIS provider. This includes: • The death of a person with a disability • Serious injury of a person with a disability • Abuse or neglect of a person with a disability • Injury resulting in hospitalisation or hospitalisation • 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 ✓ **H&H Care** will submit a notification form via the NDIS commission portal within 24 hours, if any above incidents occur. ✓ Commissioner shall be provided with the following information within 5 business days after the provider became aware that the incident occurred: • the names and contact details of any witnesses to the reportable incident • any further actions proposed to be taken in response to the reportable incident ✓ If an unauthorised restrictive practice is used, NDIS should be notified in 5 business days of being notified of the incident. However, the incident should be reported in 24 hours if the incident has resulted in injury to a disabled person. ✓ In cases where there is a need for police intervention, even after consideration of the incident, it should be reported as soon as possible. If there is any uncertainty about whether the incident needs to be reported	

Step	Who
or not, the notifier or approver should contact the NDIS Commission to seek further advice. ✓ The police will ask to take a statement from you about what happened. This is different to reporting the crime. If you feel that you need a support person with you when you are making your statement you should discuss this with the police beforehand. ✓ Police will also: - take statements from other witnesses - collect evidence related to the crime. - An investigation from police can be related to, death of a person' and any sexual /physical abuse of a person with a disability. Everything you tell the police is confidential. **H&H Care** will ensure to provide the police with as much evidence as possible to help prove the case if it goes to court. Evidence may include: - physical evidence such as clothes you were wearing, or other property related to the crime - photographs and fingerprints at a crime scene - medical evidence if you have been assaulted or injured. - Provide the police with any video footage/surveillance **H&H Care** will be notified of an allegation of misconduct, and if the initial notification is made verbally, a formal letter usually follows to let that employee know that the matter is being investigated. ✓ **H&H Care** will also inform: • Authorities for notifiable work-related injuries, fatalities, or dangerous occurrences • Police if the incident relates to the death, sexual abuse, and any sexual /physical abuse of a person with a disability	

Step	Who
✓ Where an incident is referred to as NDIS, the NDIS investigation takes precedence over any organisational process. ✓ The progress of the incidents, accidents and near misses will be tracked in incident report form. ✓ **Step 2:** Submit a 5-business day form: this form should be submitted via the "My Reportable Incidents" portal in 5 business days after key management personnel are notified. Some additional information, including the corrective actions, is recorded in this form. any unauthorised use of restrictive practises is recorded by this form. ✓ **Step 3:** If required, the final report should be submitted: If this is required, the NDIS Commission will contact the provider and advise the due date for this matter. The final report field will be accessible on the NDIS Commission portal if the provider requires to submit a final report.	

12.5.2. Suicidal Attempts and Self-Harm Incidents Policy

✓ The purpose of this policy is to provide guidelines and procedures for addressing suicidal attempts and self-harm incidents within the organisation. It is **H&H Care**'s commitment to ensuring the safety and well-being of our participants and staff members while promoting effective strategies for managing stress. The policy highlights the importance of recognising and addressing stress, promoting a safe and supportive environment, and offering appropriate interventions to individuals in need.

✓ **H&H Care** recognises that individuals may experience periods of extreme emotional stress, leading to suicidal attempts or self-harm incidents. We are committed to providing a safe and supportive environment for all participants and employees, and we aim to prevent, identify, and respond to such incidents promptly and effectively.

Copyright © ISO Professionals E-mail: info@isop.com.au

12.5.2.1. Awareness and Education:

✓ **H&H Care** is committed to raising awareness and understanding about self-harm, its causes, and associated risk factors. Educational initiatives will be implemented to provide employees and participants with the knowledge and skills necessary to recognise the signs of stress and self-harm behaviours. Strategies for prevention will be developed and regularly reviewed to create a supportive and empathetic environment, minimizing triggers and promoting well-being. This includes promoting mental health awareness and providing information on available support resources.

Signs of behaviours and risks associated with suicidal attempts and self-harm:

Behavioural Signs:	Expressing feelings of hopelessness, worthlessness, or being a burden to others.
	Talking about death, dying, or suicide, either directly or indirectly.
	Giving away personal belongings or making final arrangements.
	Withdrawing from social activities, isolating oneself, or losing interest in previously enjoyed activities.
	Sudden and extreme changes in mood or behaviour.
	Engaging in self-destructive behaviours, such as reckless actions or substance abuse.
	Talking or writing about death, dying, or suicide, even in a subtle or indirect manner.
Verbal Signs:	Direct statements expressing thoughts of suicide or self-harm, such as "I want to die" or "I can't take it anymore."
	Indirect expressions of suicidal thoughts, such as saying goodbye, talking about feeling hopeless, or referring to feeling like a burden.
Emotional Signs:	Intense and persistent feelings of sadness, despair, or hopelessness.
	Increased irritability, anger, or agitation.
	Feelings of guilt, shame, or self-blame.
	Decreased self-esteem or feelings of worthlessness.
Risk Factors:	History of previous suicide attempts or self-harm incidents.
	Presence of a mental health condition, especially depression, bipolar disorder, borderline personality disorder, or substance abuse disorders.
	Family history of suicide or mental health disorders.
	Recent traumatic events, such as loss of a loved one, relationship breakdown.

	Social isolation or lack of social support, or financial problems.
	Access to lethal means, such as firearms or medications.

- ✓ It is important to note that identifying these signs does not provide an absolute prediction of suicidal or self-harm behaviour. Each participant's experience and needs are unique, so it is essential to approach the identification of behaviours and risks related to self-harm in a person-**centred** and inclusive manner. Collaborate closely with the individual participant, their support network, and relevant professionals to ensure a holistic and tailored approach to their care.

12.5.2.2. Risk Assessment:

- ✓ **H&H Care** will conduct regular risk assessments by using **Form33. Participant Disaster and Risk Assessment** to identify individuals who may be at higher risk of engaging in suicidal attempts or self-harm. These assessments will be carried out in a sensitive and confidential manner, with the involvement of qualified professionals, and appropriate interventions will be implemented based on the identified risks. **Form27.Initial Assessment and Support Plan** will be updated accordingly.

12.5.2.3. Incident Reporting and Response:

- ✓ Management team should immediately follow company's **12.5.1 Incident Management Process**
- ✓ All incidents or suspected incidents of suicidal attempts or self-harm must be reported immediately to the appropriate authorities and designated internal contacts. This includes supervisors, managers, or any other designated personnel responsible for incident management.
- ✓ **Form04.Incident Report Form** will be completed to ensure accurate documentation and enable timely responses. Incidents should also be addressed on **Form11.Incident Register**.
- ✓ Individuals involved in self-harm incidents will be treated with empathy, respect, and privacy, ensuring their physical and emotional well-being.
- ✓ Trained professionals will be made available to conduct risk assessments. **Participant's Form33. Participant Disaster** and **Risk Assessment and Form27.Initial Assessment** and

Support Plan should be updated accordingly. An appropriate intervention and support will be provided to those affected if required.

12.5.2.4. Support and Care:

✓ **H&H Care** will ensure that individuals involved in suicidal attempts or self-harm incidents receive immediate access to appropriate medical and psychological support. This includes connecting participants with qualified professionals and providing them with resources for ongoing care and recovery.

12.5.2.5. Incident Review and Analysis:

✓ Following any suicidal attempt or self-harm incident, **H&H Care** will conduct a thorough review and analysis to identify any gaps or areas for improvement in our policies, procedures, and support mechanisms. The findings will be used to enhance our prevention strategies and support systems.

12.5.2.6. Confidentiality and Privacy:

✓ All information related to suicidal attempts and self-harm incidents will be maintained throughout the entire process of addressing self-harm incidents, in accordance with applicable laws and regulations. Access to this information will be limited to authorised personnel directly involved in incident management and support processes.

✓ Participants' consent and privacy rights will be respected throughout the incident response and recovery process, adhering to relevant legislation and privacy guidelines.

12.5.2.7. Continuous Improvement:

✓ **H&H Care** is committed to continuously improving our policies, procedures, and support mechanisms concerning suicidal attempts and self-harm incidents. Feedback and suggestions from employees, stakeholders, and relevant experts will be considered to enhance the effectiveness of interventions and support provided. **H&H Care** will regularly review and update their policy to ensure its effectiveness and alignment with best practices and industry standards.

12.5.2.8. Implementation:

✓ This policy will be communicated to all participants, staff members, and relevant

stakeholders within our NDIS company. Training programs will be conducted to ensure understanding and compliance with the policy's guidelines. Regular audits and assessments will be performed to monitor adherence and identify areas for improvement.

12.5.2.9. Compliance:

- ✓ All employees and stakeholders are expected to comply with this policy and adhere to the established procedures and guidelines.
- ✓ Non-compliance with this policy may result in disciplinary action, up to and including termination of employment or termination of contractual agreements.

13- Human Resource Management Policy & Procedure

13.1. Purpose

✓ Worker's selection, recruitment and management, is the purpose of this policy & Procedure to demonstrate **H&H Care** 's practices of effective, transparent and fair human resource management.

13.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants receiving services and support

13.3. Definitions

Word/Term	Definition
Act	This means the *National Disability Insurance Scheme Act 2023*
Engaged	A person is engaged, including volunteers, by a NDIS provider when both the involved person and the organisation have agreed that the person will provide supports or services for people with disability who receives funding under the NDIS or the Commonwealth Continuity of Support Programme relating to Specialist Disability Services for Older People.
NDIA	National Disability Insurance Agency, whose role is to implement the National Disability Insurance Scheme (NDIS).

Copyright © ISO Professionals E-mail: info@isop.com.au

Word/Term	Definition
NDIS	National Disability Insurance Scheme, which is a new way to support a better life for hundreds of thousands of Australians with a significant and permanent disability and their families and carers.
NDIS Commission	Means the National Disability Insurance Scheme Quality and Safeguards Commission.
NDIS provider	A person (other than the NDIA) who receives: • funding under the arrangements set out in Chapter 2 of the Act; or • NDIS amounts (other than as a participant); or a person or entity who provides supports or services to people with a disability other than under the NDIS; and who are prescribed by the NDIS rules as a NDIS provider. See s 9 of the Act.
Participant	A person with a disability receives support or services from a NDIS provider. In this guide, we generally refer to NDIS participants.

13.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Fair Work Act 2009**
- **Disability Discrimination Act 1992**
- **Racial Discrimination Act 1975**
- **Sex Discrimination Act 1984**
- **Age Discrimination Act 2004**
- **Workplace Gender Equality Act 2012**
- **Disability Services and Inclusion Act 2023**
- **Australian Human Rights Commission Act 1986**
- **Australian Privacy Act**

Copyright © ISO Professionals E-mail: info@isop.com.au

- **Form06.Worker Information Form**
- **Form07.Job Description**
- **Form08.Induction checklist**
- **Form09.Training Matrix**
- **Form10.Worker Performance Assessment**
- **Form19.Privacy & Confidentiality Agreement**
- **Form30.Minutes of Meeting**

13.5. Policy & Procedure

13.5.1. Organisational Charts and Position Description

✓ **the Managing Director** is responsible for ensuring that the Organisational charts and **Form07. Job Description** is developed, updated, and available for all positions which outline:

- Required skills and knowledge for the role
- Each role's responsibilities
- Limitations and scope of work
- Any required training for the role

13.5.2. General Information

✓ In **H&H Care,** is committed to delivering high-quality services to its participants that support building and promoting a diverse and talented workforce.

✓ **H&H Care** is committed to employing enough workers to meet legislative, policy & procedure and service standards requirements by considering qualifications and experience.

13.5.3. Recruitment and Selection

✓ **H&H Care** workers will meet the minimum qualification requirements in place for the delivery of services to NDIS participants.

✓ All staff are selected based upon their initial education or training, their experience, specific areas of expertise, general demeanour, and work ethic. Personnel employed, demonstrate that they have the competencies required for the position, as defined in the job description.

Copyright © ISO Professionals E-mail: info@isop.com.au

- ✓ Workers shall be requested to complete a **Form06. Worker Information Form** and sign relevant **Job Description** and **Workers Handbook**.
- ✓ **Form19.Privacy & Confidentiality Agreement** shall be signed by all workers to protect **H&H Care**'s confidential information and practices.

13.5.4. Mandatory Checks

- ✓ The below items are mandatory for all new workers, volunteers, agents, contractors, and subcontractors before start:

13.5.4.1. Provide 100 points of identification.

- ✓ 100 points proof of ID – consists of a combination of at least one primary identification document and one secondary identification document. Secondary identification documents must include your full name, and your photograph or signature.
- ✓ Primary identification documents (70 points each) include:
    - Current AHRPA Registration
    - Birth Certificate
    - Citizenship Certificate
    - Current Passport
    - Expired passport that was not cancelled and was current within the preceding two years
- ✓ Secondary identification documents (40 points each) include:
    - Australian Drivers Licence
    - Identification card for an Australian public employee
    - Identification card issued by the Commonwealth, a State or Territory as evidence of entitlement to a financial benefit
    - State or Territory issued personal identification card
    - Student card issued by an Australian tertiary education institution

13.5.4.2. Make sure that personnel have the Right to Work in Australia

- Citizens must provide evidence of citizenship in the form of a birth certificate, citizenship certificate or passport.
- Non-citizens must provide a copy of their passport or ImmiCard.

13.5.4.3. Workers Screening

Who needs to be screened?

✓ Registered NDIS providers in all states and territories (except for Western Australia) have responsibilities and obligations about screening their workers under the NDIS Commission. These are set out in the NDIS (Practice Standards – Worker Screening) Rules 2018. As per this rule, all staff working in the risk assessed roles should undergo a NDIS Workers Screening Check. The Worker Screening unit in each state is as of the following:

- ✓ **Australian Capital Territory:** Access Canberra
- ✓ **New South Wales:** Office of the Children's Guardian
- ✓ **Northern Territory:** NT Police, Fire and Emergency Services
- ✓ **Queensland:** Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
- ✓ **South Australia**: Department of Human Services
- ✓ **Tasmania:** Participant, Building and Occupational Services
- ✓ **Victoria:** Department of Justice and Community Safety
- ✓ **Western Australia:** Department of Communities

Identifying Risk Assessed Role:

Based on the information provided by the NDIS Commission, the risk assessed role is one that:

- is a key personnel role of a person or an entity as defined in s 11A of the *National Disability Insurance Scheme Act 2023* (for example, a CEO or a Board Member)

- involves the direct delivery of specified supports or services to a person with a disability
- is likely to require 'more than incidental contact with people with disability, which includes:
    - physically touching a person with a disability; or
    - building a rapport with a person with a disability as an integral and ordinary part of the performance of normal duties; or
    - having contact with multiple people with disability as part of the direct delivery of a specialist disability support or service or in a specialist disability accommodation setting.

Any person in the organisation who will require more than incidental contact with a person with a disability including physical contact, Face to Face contact, oral, written and/ or electronic communication.

For those staff who are not engaged in a risk-assessed role, the NDIS Provider does not have to have the NDIS Workers Screening Clearance or the acceptable checks under a transitional and special arrangement.

Record-Keeping Requirements:

As per the NDIS (Practice Standards – Worker Screening) Rules 2018, a list of Risk Assessed roles using **Form61. Risk Assessed Role Register** should be kept by a NDIS Registered Provider. This list must include the following information for each risk assessed role and be kept in the organisation for at least 7 years:

- the title or other organisational identifier for the role
- the paragraph or paragraphs of the definition of risk assessed role (as contained in the National Disability Insurance Scheme (Practice Standards—Worker Screening) Rules 2018) that applies to the role
- a description of the role
- the date the role was assessed as being a risk assessed role
- the name and title of the person who made the assessment

A list of the workers who are engaged in a risk-assessed role should be maintained using **Form09.Training Matrix** containing the following information:

- full name, date of birth and address
- risk assessed role or roles in which the person engages
- if the worker may engage in a risk-assessed role without a NDIS worker screening clearance:
    - the basis on which they may do so (refer to sections below regarding the exceptions to the requirement for a worker to have a NDIS worker screening clearance)
    - start and end date of the period of the exception that allows them to work in a risk engaged role
    - name of the person who supervises the worker during this period (if supervision is required)
- if the worker may only engage in a risk-assessed role with a NDIS worker screening clearance the following detail, should be captured on **Form09.Training Matrix**:
    - their NDIS Worker Screening Check application reference number
    - NDIS Worker Screening check number
    - The expiry date of the NDIS Worker Screening Check outcome
    - whether their clearance is subject to any suspension or revocation, or any other decision which has the effect that the registered NDIS provider may not allow the worker to engage in a risk-assessed role, and the nature of any such decision (for example, interim bar, suspension, exclusion)
- records relating to any interim bar, suspension, exclusion, or any action taken by the provider about these kinds of decisions about any worker

- allegations of misconduct against a worker with a NDIS worker screening clearance and action taken by the registered NDIS provider in response, including any investigation.

13.5.4.4. Qualifications and/ or experience

✓ To meet the requirements, Workers must provide evidence that they have met the corresponding requirements for their profession(s) and registration group(s). Relevant qualifications for each profession shall be obtained from the below documents:

- **Verification Module - Required Documentation**
- **For Western Australia: Provider registration guide to suitability WA November 2019**

✓ Workers shall provide a scanned copy of the original qualifications if it is a mandatory requirement of the role.

13.5.4.5. Worker orientation program

✓ Provide the certificate of completion of the NDIS worker orientation program (mandatory training). You can find it here

13.5.4.6. Insurance (If applicable)

✓ Personal accident insurance or worker's compensation insurance where a provider has staff. A certificate of currency for current insurance that meets the minimum level of cover commensurate to the scope of the provider.

✓ The **management team** are responsible for:

- Ensuring that a before engagement screening is done for all relevant workers, volunteers, agents, contractors
- tracking all screening clearances status of workers.

✓ In addition to the Mandatory Checks, the identity (through photo identification) and

qualification (through sighting a copy) of all prospective workers will be confirmed by the **management team**.

13.5.5. Induction

- ✓ All workers will undertake a comprehensive induction process using **Form08. Induction** checklist before engaging with participants.
- ✓ For each worker, the following details are recorded and kept up to date:

  (a)their contact details.
  (b)details of their secondary employment (if any).

13.5.6. Training and Development

- ✓ Records of induction, mandatory checks training and organisational and professional development provided to all workers will be kept on each worker's record and on Training Matrix **Form09.Training Matrix.**
- ✓ First Aid Training, Disability and Individual Support related training are beneficial.
- ✓ Workers with capabilities that are relevant to assisting in the response to an emergency or disaster (such as contingency planning or infection prevention or control) are identified in **Form82. Emergency and Disaster Management Plans**
- ✓ Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing support to participants and All training shall be recorded in **Form09. Training Matrix form.**
- ✓ Training requirements shall be identified by reference to position description which shall outline skills and competency requirements. All training shall be recorded in **Form09. Training Matrix form.**
- ✓ The workers will be notified by the **management team** to complete their refresher training in these areas annually and keep track of the workers training currency through **Form09. Training Matrix form.**

- ✓ Training will be provided by the Annual Training Schedule, maintained by the **management team**.
- ✓ Plans are in place to identify, source and induct a workforce if workforce disruptions occur in an emergency or disaster.

13.5.7. Other Training and Development

- ✓ An ongoing opportunity for training and development of workers will be provided by **H&H Care** that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.
- ✓ Every worker and **management team** member would be able to have the opportunity to participate in training and development activities.
- ✓ On-the-job training, internal or external courses, support for research and fieldwork, conference and seminar attendance, networking and mentoring programs are available to workers as a part of training and development methods.
- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager.
- ✓ Any such team meetings or training sessions need to be documented on the **Form30.Minutes of Meeting** to show evidence and for each attendee to sign off on their understanding and attendance.
- ✓ If a manager decides that any skill and/or qualification is needed for a worker to carry out their duties, the **management team** in consultation with the workers will decide about the costs incurred. If a worker believes that they need a particular skill set for performing their routine duties, they should discuss this with their manager or supervisor. In this case, the **management team** will decide, in consultation with the worker, whether the worker needs any training and who will pay the cost.
- ✓ By considering the needs and skills of workers, **H&H Care** will provide fair access to development and training opportunities for all workers

Copyright © ISO Professionals E-mail: info@isop.com.au

13.5.8. Performance Reviews and Management

- ✓ A performance review will be conducted for all Workers using **Form10. Worker Performance Assessment** either annually or when required to assess their capability in performing their role as well as understanding and implementing organizational policies and procedures.
- ✓ The supervisor will review the workers' performance for the past year before the interview.
- ✓ A support person or senior manager could be requested during the interview by either party.
- ✓ A **Form10. Worker Performance Assessment** will be completed by a supervisor.
- ✓ A copy of the performance review of the workers including all documentation shall be kept on the worker's records for all workers.

13.5.9. Termination of Employment

- ✓ If workers choose to end their employment shall inform the organisation at least four weeks before their leave. This notice shall be in writing.
- ✓ During the notice period, **H&H Care** has the discretion to pay the worker to have them working during this period.
- ✓ Within 28 days after the end of the worker's employment with the organization, **H&H Care** shall ensure all salary and entitlements are paid to them.

13.5.10. Disciplinary Action

- ✓ Workers may face disciplinary action if they do not have satisfactory performance, engage in misconduct or do not abide by **H&H Care** 's policies and procedures.
- ✓ As soon as a problem arises, the supervisory and **management team** are responsible for identifying it and taking immediate action. Any records related to the advisory and performance-related discussions shall be kept on workers records.
- ✓ The principles of natural justice shall be followed in all processes. This means the workers' point of view shall be stated before taking any action and managers should not act biased.

Copyright © ISO Professionals E-mail: info@isop.com.au

- ✓ If any misconduct happened by any worker, they shall be dismissed immediately. Misconduct can include theft, assault, and fraud. A high level of evidence shall support such actions.

- ✓ Some other misconducts that may result in disciplinary action are:

  - Not complying with **H&H Care** 's policies and procedures,
  - Preventing other workers from doing their duties.

- ✓ The worker shall be advised if any misconduct or unsatisfactory performance is identified by the supervisor.

- ✓ Standard of the worker's performance is required to improve by training. Within a reasonable timeframe, the worker should be provided with an opportunity to improve their performance.

- ✓ The **Form03. Improvement Report Form** shall be submitted to the **Managing Director** by the supervisor. The worker should be notified before writing the report and provided with a copy.

13.5.11. Dismissal

- ✓ **H&H Care** shall comply with all State and Federal legislation and the worker's Employment Contract about disciplinary action and employment termination

- ✓ **H&H Care** shall ensure:

  - dismissal is not for an unfair reason
  - Workers have an opportunity to respond to the reasons for dismissal
  - compensation and appropriate workers notice will be given to the workers.

- ✓ Workers may be dismissed based on:

  - their conduct, capacity, or performance
  - operational requirements, e.g., the position is no longer required; or
  - other reasons sufficient to justify termination

13.5.12. Workers management and retention

- ✓ It is the **management team**'s responsibility to ensure teamwork is promoted in the

organization environment and structure and motivates workers to take responsibility.

- ✓ Regular team meetings are conducted, and workers are expected to attend where access to information sharing, training, development, and debrief opportunities are granted.
- ✓ A mentoring session with every worker's immediate supervision will be offered if required.
- ✓ Worker's recognition and reward system will be developed by the **Managing Director.**
- ✓ Workers will wear a uniform or ID tag/badge to ensure participants can easily recognise them

13.5.13. HR Leave policy.

13.5.13.1.General leave policy

- ✓ Unless specified otherwise, employees referred to in this policy mean permanent full-time or part-time employees.
- ✓ All employees are entitled to leave in accordance with the relevant awards or agreements and statutory provisions. Where the entitlements or practices in this document conflict, the applicable award, workplace agreement, employment contract or employment law takes precedence.
- ✓ All planned leave must be mutually agreed and consider workloads and the employee's needs. Leave must be approved in advance, except when the employee can't anticipate the absence. Any documents regarding leave will be kept on the employee's personnel file.

13.5.13.2.Annual leave policy

- ✓ Employees are entitled to 20 days of annual leave per year (pro-rata for part-time). Leave accrues from the start date and counts towards continuous service. Applications must be submitted 4 weeks in advance.
- ✓ If insufficient leave is accrued, **H&H Care** may direct employees to take unpaid leave.
- ✓ **H&H Care** may allow employees to cash out annual leave as permitted by legislation. Leave in advance may be approved if the employee agrees to deduct any advance upon

termination or accept leave without pay.

✓ Employees may take paid annual leave during unpaid parental leave with manager approval.

13.5.13.3.Personal (sick) leave policy.

✓ Employees are entitled to 10 days of personal/carer's leave per year, which can all be used as carer's leave if needed.

✓ Notify your manager ASAP if you can't work due to illness or injury. Management may request evidence, such as a medical certificate.

13.5.13.4.Carer's leave policy

✓ Carer's leave is for caring for an ill family/household member or an emergency. It is part of personal (sick) leave.

✓ All employees, including casuals, can take up to 2 days of unpaid carer's leave per occasion. Unpaid leave cannot be taken if paid leave is available.

13.5.13.5.Compassionate leave policy

✓ Compassionate leave is paid leave for spending time with a seriously ill family/household member or after a family member's death.

✓ Each employee gets 2 days of paid leave per occasion, with possible additional unpaid leave at management's discretion. Casual employees get 2 days of unpaid leave per occasion.

13.5.13.6.Family and Domestic Violence Leave

✓ Family and domestic violence involves violent, threatening, or abusive behaviour by someone known to the employee, aiming to coerce or control them, causing harm or fear. All employees (full-time, part-time, casual) can access 10 days of paid leave per year under NES.

13.5.13.7.Eligibility:

✓ Perpetrator can be:

- Close relative (spouse, child, parent, etc.)
- Household member
- Current/former intimate partner

For counselling and support, contact 1800RESPECT at 1800 737 732 or visit 1800RESPECT.org.au.

13.5.13.8.Long service leave policy

✓ Employees are entitled to 6 weeks paid long service leave after 7 years of employment in line with Social and Community Services Award.

13.5.13.9.Parental leave policy

Unpaid Parental Leave

✓ Employees (including de facto, same-sex partners, or single parents) expecting or adopting a child are eligible for 52 weeks of unpaid parental leave if they have:

- 12 months of permanent full-time, part-time, or regular casual service before the expected birth or adoption placement.

✓ The primary caregiver can start leave up to six weeks before the expected date.

✓ An extension of up to 12 additional months (24 months total) can be requested in writing at least four weeks before the original leave ends. **H&H Care** will respond within 21 days, detailing any refusal based on reasonable business grounds.

13.5.13.10. Parental Leave types:

✓ **Parental Leave**

Primary caregivers can access up to 52 weeks of unpaid Parental Leave, with potential for Parental Leave Pay as per legislation.

✓ **Concurrent Leave**

Both partners may take up to 8 weeks of Concurrent Leave within 12 months of the birth or adoption, in periods no shorter than 2 weeks unless agreed otherwise.

✓ **Special Maternity Leave**

Unpaid leave for pregnancy-related illness or if the pregnancy ends within 28 weeks of the expected birth. This reduces the available Maternity Leave by the same amount.

✓ **Primary Caregiver Pay**

Eligible primary caregivers may receive 18 weeks of paid leave at the minimum wage. This is not additional to the 52 weeks of Parental Leave. Subsequent periods of paid leave require 12 months of continuous service after returning from previous leave.

✓ **Dad and Partner Pay**

Partners may be entitled to 2 weeks of Government-funded pay during Concurrent Leave. Check entitlement with the Department of Human Services.

✓ **During parental leave**

During parental leave, employees are protected against discrimination (see Equal Employment Opportunity policy, p. 32). Managers should discuss and record the preferred communication level with the employee. **H&H Care** will keep employees on unpaid parental leave informed of significant business changes. For decisions impacting the employee's status, pay, or location, **H&H Care** will inform and discuss these with the employee. During restructures, employees on leave will be treated equally and kept informed. Temporary replacements will be notified of the pregnant employee's right to return to their position.

13.5.14. Applying for leave

An employee wishing to take unpaid parental leave must provide written notice at least 10 weeks before starting the leave (or as soon as is practicable) including the intended leave start and end dates.

Leave dates or any changes of dates must be confirmed at least four weeks before the leave starts. The manager will confirm the leave and any affected entitlements such as continuous service in writing.

Copyright © ISO Professionals E-mail: info@isop.com.au

13.5.15. Adoption

Because **H&H Care** recognises that the timing of placement for an adopted child may be uncertain, employees should keep their manager informed of any changes to the likely placement date and commencement of leave.

13.5.16. Other Paid leave

13.5.16.1. Time in lieu policy

H&H Care grants time in lieu for work outside normal hours, with prior approval required unless in exceptional circumstances. Time in lieu is added to annual leave and must be recorded. It should be taken within the same financial year, with manager approval.

13.5.16.2. Leave without pay policy.

Management has the discretion to approve leave without pay that an employee is not otherwise entitled to.

13.5.16.3. Jury duty policy

Employees are entitled to paid leave for jury duty. They must provide the official request, attendance details, and court payment amount. **H&H Care** reimburses the difference between this amount and their base salary, up to 10 days.

13.5.16.4. Emergency services leave policy.

Employees volunteering for emergency management activities (e.g., SES, CFA, Army Reserve) should request leave as soon as possible. **H&H Care** supports these activities and may require evidence at its discretion.

14- Continuity of Supports Policy & Procedure

14.1. Purpose

- ✓ The purpose of this document is to ensure that appropriate support is provided to the participants without interruption and promptly. The ways that support is provided to the participants in the worker's absence is also defined in this policy and procedure.

Copyright © ISO Professionals E-mail: info@isop.com.au

14.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants receiving services and supports

14.3. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Disability Services and Inclusion Act 2023**
- **Form28.Delegations of Authority Register**
- **Form27.Initial Assessment and Support Plan**
- **Form60. Rostering Schedule**.
- **Form26.Goal Plan for Participant**
- **Form20.Participant Intake Form**

14.4. Definitions

N/A

14.5. Policy & Procedure

✓ **H&H Care** 's services and supports are tailored for every participant.

✓ **H&H Care** 's day-to-day operations are managed efficiently and effectively to avoid disruption and ensure continuity of support. **Form27.Initial Assessment and Support Plan** is used for this purpose to identify daily activities and the supports required. The Operations Manager will ensure to provide all staff with their rosters through **Form60. Rostering Schedule**.

✓ In case of any changes to the scheduled service, the participant would be notified to seek

Copyright © ISO Professionals E-mail: info@isop.com.au

approval.

- ✓ During the period of service agreement, **H&H Care** will ensure that there is no interruption in the provided services by using **Form60. Rostering Schedule**. Where changes or interruptions are unavoidable, alternative arrangements are explained and agreed upon with the participant. The Operations Manager will Manager contacts the participant to:

    - Seek participant's agreement and ensure that they are entirely aware of the changes
    - Explain alternative arrangements to the participant.

- ✓ When a Support worker is absent, or a vacancy becomes available then Operations Manager will:

    - Contact a Support Partner with a suitable replacement such as a Support Partner with the relevant qualifications or language requirement.
    - Where possible, provide a Support Partners who has worked with the participant previously and is aware of the participant's preferences and needs.
    - Where possible, advise the participants of replacement person and gather feedback on the replacement Support Partners.
    - Replacement Support Partners will be sensitive to participants' requirements and ensure that care is consistent with the participant's expressed preferences.
    - **Form28.Delegations of Responsibility and Authority Register** and **Form86. Delegation of Authority Declaration form** is used for this purpose.

- ✓ Support workers who are unable to work are required to contact the Manager. If there is an intended absence (such as vacation or appointment), then the Support workers must inform the Manager at the earliest opportunity, to allow time to prepare the participant.

- ✓ All workers will be provided with the participant's preferences before the support initiation.

- ✓ A commitment to managing daily operations efficiently will be provided to ensure continuous support and minimum disruptions.

- ✓ Where applicable, disaster preparedness and planning measures are in place to enable the continuation of critical supports before, during and after a disaster. In case of a critical situation, if any of the workers are not available, the management will assign some other workers with the same qualification according to **Form28.Delegations of Responsibility and Authority Register.**

Copyright © ISO Professionals E-mail: info@isop.com.au

- ✓ Once in a month back up of the information of such computing devices needs is taken
- ✓ Our website is available to the public. Before modification or updating of matters on our website, all updating is reviewed and approved by **Managing Director**. Also, the website is protected by passwords and integrity is ensured.
- ✓ Precautions are taken to prevent and detect the introduction of malicious software and information processing facilities that are vulnerable due to computer viruses, network worms etc. We are using the latest version of anti-virus software, and all the latest definitions are updated timely on all the machines and necessary settings are done to update the same.
- ✓ It is the **management team**'s responsibility to ensure that the Emergency response plan is reviewed and updated every year.
- ✓ Support workers will receive a copy of **Form27. Initial Assessment and Support Plan, Form26.Goal Plan for Participant** and **Form20.Participant Intake Form** upon receiving consent from participant to know about each client's preferences.
- ✓ Alternative arrangements for the continuity of support for each participant, where changes or interruptions are unavoidable, are:
  - ✓ (a)explained and agreed with them; and
  - ✓ (b)delivered in a way that is appropriate to their needs, preferences, and goals.

15- Entitled Person not responding.

15.1 Purpose

The purpose of this policy & procedure is to provide guidance to workers when the participant/family member does not respond to the phone, doorbell or knock on the door at a time when the participant had a rostered support booked. This policy is in place to

ensure the safety and well-being of participants in the event they and/or their family are absent from their home or not responding when we make a scheduled visit.

15.2 Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants receiving services and supports

15.3 Policy

H&H Care has the duty of care in relation to taking appropriate and timely action when a participant does not respond to a scheduled visit. **H&H Care** seeks to reduce the risk of an adverse event by seeking earliest discovery of a mishap and ensuring that all attempts have been made to ensure the participant is safe and well prior to leaving the house. Each family is made aware of the cancellation policy and how cancellation charges are allocated is contained in the **Form21.Service Agreement**

15.4 Procedure

Visiting workers and their supervisor use their understanding of each family when they implement the procedure.

1. **Upon arrival at a participant's home:**
   • Workers knock on the door/ring the doorbell.

   • If there is no answer, try again and wait. (The participant may have fallen, been injured, or become ill and still be in the home)

2. **If there is still no response, follow these steps:**
   • Confirm if the family vehicle is present.

   • Call the contact telephone number for the family/carer to determine if they are at home or away from home.

3. **If telephone is answered:**

• Worker to find out whether participant requires the service at that time.

4. **If telephone is not answered:**

• Call the supervisor and advise them of the situation.

• Wait a further 10 minutes to see if the participant or family arrive home.

• Leave a note advising the participant/family/carer of the time you arrived and request they contact your supervisor immediately.

• Contact the supervisor and advise them of the situation and that you are leaving the premises.

• The supervisor will continue to try to contact the participant/family/carer to make sure everything is all right.

5. **If contact is made:**

• The supervisor will check if the participant/family/carer was aware of the scheduled visit and a fee may be charged. They will also advise them of the cancellation process.

6. **If the supervisor cannot contact the participant/family/carer within a reasonable amount of time:**

• They will contact a second listed contact person for the participant. If the supervisor is still unable to establish contact:

• Police may be contacted. The worker and the supervisor will document the situation and the actions taken to contact the participant/family/carer. This information will be maintained on the participant's file. Supervisors are responsible for ensuring all alternative contacts for each of their participants are current and correct.

16- Access to Supports Policy & Procedure

16.1 Purpose

The purpose of this document is to ensure that each participant accesses the most

appropriate support that meets their needs, goals, and preferences. In addition, exit and entry requirements are described in this policy to define the rights and responsibilities of both participants and providers.

16.2 Scope

✓ This document applies to:

- All participants and their families
- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.

16.3 Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Disability Services and Inclusion Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Form20. Participant Intake Form**
- **Form22. Service Agreement**
- **Form 13. Advocate Nomination Form (if applicable)**
- **Form23. Transition Plan (if applicable)**
- **Participant Handbook**
- **Form21.Participant Exit Form**
- **Form44.Referral Form**
- **Form66. SIL Service Agreement in Group Home.**

16.4 Definitions

N/A

16.5 Policy & Procedures

16.5.1. Entry to Services

✓ Eligibility criteria apply to the participants who wish to select **H&H Care** as their service provider:

- **A NDIS Approved Plan is required:** Requirements of the provider will be discussed, and available skills of workers will be assessed; then the service will be started upon participants approval
- Participants who wish to stop their services, can either inform us verbally or in writing. **H&H Care** will be so flexible with the service provision.
- All following information will be provided to the participant in a way that the participant understands like in another language, easy English, or detailed explanation:
  - Phone Contact
  - Intake Process
  - Initial assessment and support plan
  - Risk assessment
  - Participants' consent and acceptance

✓ Participants may be interviewed, and information included in the participant's NDIS plan will be considered in the interview.

✓ In case H&H Care cannot provide support in a specific area, the participant may receive a referral to another provider with better-suited capabilities. To facilitate this, the management team must use **Form44.Referral Form.**

✓ After a reasonable timeframe of the intake interview, the **management team** will inform the participant about the outcome of their interview

✓ If the participant is accepted, the process of intake will be started.

✓ Before starting, the participant shall complete and sign the below documents:

- **Form20. Participant Intake Form**

- **Form22. Service Agreement**
- **Form 13. Advocate Nomination Form** (if applicable)
- **Form23. Transition Plan** (if applicable)
- **Participant Handbook**
- **Form66. SIL Service Agreement in Group Home** (if applicable)

✓ An initial assessment will be done by the **management team** using **Form 27. Initial Assessment and Support Plan** and **Form 26. Goal Plan for Participant** to identify participant's needs and associated risks. In collaboration with each participant, a risk assessment is completed and documented for each participant's support plan, then appropriate strategies to treat known risks are planned and implemented. Also, periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required.

16.5.2. Service Refusal

✓ **The management team** will provide the participant with a clear reason based on their skills, resources, or capacity.

✓ There may be reasons for refusing the service provider as follows:

- Capacity of **H&H Care** doesn't allow to receive a new participant
- There are not enough resources to provide the support service**.**

16.5.3. Waiting List processes

✓ **H&H Care**'s staff and workers will provide an update on the person's status in the waiting list as follows:

- An estimation of the wait time will be provided
- Double check if they are still planning to wait in the list
- Provide them with an update on their status on the waiting list

16.5.4. Service environment.

✓ It is the participant's right to receive services in a clean, hygienic, safe and secure environment

with the implementation of the following measure by **H&H Care:**

- Risk management policy & procedure
- Incident management policy & procedure
- Feedback and Complaint management policy & procedure
- Quality Management policy & procedure

✓ Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and each participant's health, privacy, dignity, quality of life and independence is supported.

16.5.5. Cancellation Policy

✓ **H&H Care** will make all the efforts to provide the agreed services to the participants. **H&H Care** will help participants to get the services that support them in the path to achieve their goals and targets.

✓ **H&H Care** will try to minimise the cancellation of scheduled services.

✓ **H&H Care** shall be notified of cancellation 48 hours before the scheduled service.

✓ If a service is cancelled after trading hours on the day before the service delivery day, or if the participant is not present on the service day, a fee will be claimed from your NDIS plan.

✓ The participant will be charged up to 100% in case of cancellation of scheduled service and this can happen unlimited time. Anonymously

✓ A service could be cancelled by a call or email to the office.

16.5.6. Service Withdrawal

✓ Participants shall contact **H&H Care** in the case they have changed their mind but if there is not any capacity left, they will be placed on the waiting list.

✓ Matters that may lead to the withdrawal of the service will be reviewed regularly to prevent any recurrence.

Copyright © ISO Professionals E-mail: info@isop.com.au

16.5.7. Service Termination (Exit from Services)

- ✓ The **Managing Director** of **H&H Care** will discuss the rights and responsibilities of the participants with them upon the entry process. In the process of induction, the participant will be informed about the reasons for service termination as of the Exit from Services plan using **Form21. Participant Exit Form.**
- ✓ Access to support required by the participant will not be withdrawn or denied solely based on the dignity of risk choice that has been made by the participant.
- ✓ Under some specific circumstances as follows, **H&H Care** only terminate a participant's services when
    - Participant is not able to meet the requirements of the agreed goals and targets
    - Participant may cause harm to the workers, staff, and other participants
    - If the service delivery fee is not paid continuously.
    - financial requirements are not being met
    - The support needs of the participant are changed and are not in **H&H Care** scope of service
- ✓ Consultation and discussion with the participant and their supporters will be held before service termination to consult the participant and implement strategies to meet irreconcilable issues.
- ✓ **H&H Care** will provide the person with referrals and alternative options if they refused to use the services or if **H&H Care** terminated their services.

16.5.8. Participant Requested Termination

- ✓ Exit planning will be defined in collaboration with other service providers to meet people's needs and expectations
- ✓ It is the participant's right to end services at any time
- ✓ A fair and transparent procedure will be followed to protect participants' rights as well as the safety and integrity of **H&H Care** services.

Copyright © ISO Professionals E-mail: info@isop.com.au

- ✓ The **management team** will ensure that all staff and workers have the knowledge about the requirements of this Policy & procedure and have enough skills, knowledge, and ability to meet the requirements.
- ✓ Participants may end service with **H&H Care** under the following reasons:
    - Participant has moved to an area outside of **H&H Care** service area
    - They wish to transfer to another service provider
    - The participant death during the service provision period
- ✓ **H&H Care** will accept and learn from the participant who wishes to end the service
- ✓ Participants might accept to be interviewed upon their exit
- ✓ participants have this right to always cancel their services and they would be able to use the **H&H Care**'s services in future.

16.5.9. Service Re-entry

- ✓ There is still the option of re-entry within a month for participants who have chosen to exit **H&H Care** without following the formal intake process if resources are still available.
- ✓ Participants who change their minds to get back to the service after the cooling-off period would need to undertake all entry assessments.

16.5.10. Files and Documentation

- ✓ All information and document related to the participant who has chosen to exit the organisation will remain the property of **H&H Care.** The records will be kept. In the process of intake or service provision, **H&H Care** might receive documents from other service providers which will be returned to the participant or the service provider.
- ✓ Privacy and Confidentiality policy will be followed for retaining and storing all information related to the participant.

Copyright © ISO Professionals E-mail: info@isop.com.au

17- Support Planning Policy & Procedure

17.1. Purpose

✓ The purpose of this document is to ensure that each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths, and goals, and are regularly reviewed.

17.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families

17.3. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Disability Services and Inclusion Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Form 27. Initial Assessment and Support Plan**
- **Form60. Rostering Schedule**
- **Form36. Client Money and Property consent**
- **Form76. Table of Event**
- **Form26. Goal Plan for Participant**

17.4. Definitions

N/A

17.5. Policy & Procedures

17.5.1. Managing Support Plan

- ✓ A person-centred approach is promoted in **H&H Care** to give this opportunity to the individual to direct their service and keep connected with the participants. For this purpose, **Form 27. An initial Assessment and Support Plan** will be used**.**
- ✓ With each participant's consent, work is undertaken with the participant and their support network to enable the effective assessment and to develop a support plan.
- ✓ Appropriate information and access are sought from a range of resources to ensure the participant's needs, support requirements, preferences, strengths, and goals are included in the assessment and the support plan.
- ✓ Participants are always at the centre of the decision-making process for all aspects of their life in a way to be able to participate in the community to follow their goals and interests. For this purpose, **Form26. Goal Plan for Participant** will be used**.**
- ✓ Participants' needs and goals will be met with the support of **H&H Care** staff and workers to develop their independence, problem-solving and self-caring skills.
- ✓ Participants' sexual orientation, religion and culture will be respected by workers and staff of **H&H Care.**
- ✓ Each support plan is reviewed regularly. It depends on Participant's plan duration. It can be every 3 months or 6 months or annually or earlier in collaboration with each participant, according to their changing needs or circumstances. Progress in meeting desired outcomes and goals is assessed at a frequency relevant and proportionate to risks, the participant's functionality, and their wishes.
- ✓ Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan.

Copyright © ISO Professionals E-mail: info@isop.com.au

- ✓ Any change in the goals and expectations of the participant that is outside of service scope will be assessed based on the resources of **H&H Care** and the participant will be notified of the outcome of the assessment.
- ✓ For maintaining and strengthening the connection of Aboriginal and Torres Strait Islanders, as well as people with CALD backgrounds to their community, H&H Care, will commit to supporting them by linking them to their local communities, if possible.

17.5.2. Risk assessment for Each Participant

- ✓ In the process of Risk management in the organisation, communication between staff, workers, participants and their families, carers or advocates play a vital role. Conflicts or complaints could be managed by risk assessment.
- ✓ In collaboration with each participant, a risk assessment is completed and documented for each participant's support plan, then appropriate strategies to treat known risks are planned and implemented using **Form 27. Initial Assessment and Support Plan.**
- ✓ Periodic reviews (at least annually) of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required.
- ✓ Risk assessments include the following:
  - ✓ (a)consideration of the degree to which participants rely on the provider's services to meet their daily living needs.
  - ✓ (b)the extent to which the health and safety of participants would be affected if those services were disrupted.

17.5.3. Participant Dependency and Health-Safety Risk Assessment

- ✓ The dependency of participants is in place to evaluate the associated health and safety risks. The purpose of this table is to provide a structured approach to understanding and managing the needs and potential risks faced by participants to ensure their well-being and safety throughout the duration of the supports scheduled to ensure proactive arrangements are in place.

✓ Steps to Use the Extended Table:

1. Assessment: Evaluate both the level of reliance on your services and the potential impact on health and safety for each participant.
2. Categorisation: Assign the appropriate risk level based on the combined assessment of reliance and health-safety impact.
3. Mitigation: Develop strategies and contingency plans that address not only the level of reliance but also the specific health and safety concerns identified for each risk level.
4. Regular Review: Continuously review and update the risk assessment and mitigation strategies, considering any changes in participants' needs and potential risks.
5. Communication: Ensure that all stakeholders, including participants, families, and your team, understand the dual assessment of reliance and health-safety impact, as well as the corresponding mitigation plans.
6. Emergency Planning: For participants with higher risk levels, develop emergency plans that outline steps to be taken in case of service disruptions or unexpected events.

✓ By considering both the participants' level of reliance on the services and the potential consequences for their health and safety in case of disruptions, **H&H Care** creates a more comprehensive risk assessment framework that prioritises their well-being.

✓ Therefore, prioritising the health and safety of participants is a fundamental responsibility that promotes their well-being, respects their rights, and contributes to the overall success and sustainability of various activities and endeavours, and ultimately, the level of support the provider is required to provide the participant during their care this is reflected to be captured on **Form33. Participant Disaster and Risk Assessment** and prompted on **Form27.Initial Assessment and Support Plan**

Risk Level	Description	Criteria	Impact on Health-Safety
Low	Participants have a low reliance on provider services to meet daily living needs.	Participants can independently perform most daily living activities without assistance. Any disruptions in services would have minimal impact on their overall well-being.	Disruptions in services would have minimal impact on participants' health and safety, as they can manage most activities independently.
Moderate	Participants have a moderate reliance on provider services for certain daily living needs.	Participants can perform some daily activities independently but rely on the provider for specific	Disruptions in services could moderately impact participants' health and safety, particularly

		tasks such as transportation, meal preparation, or medication management. A disruption in services could moderately affect their overall well-being.	for tasks they rely on the provider to assist with.
High	Participants have a high reliance on provider services to meet essential daily living needs.	Participants require significant assistance from the provider for activities of daily living, including personal care, mobility, meal preparation, and medication management. A disruption in services would have a significant impact on their overall well-being and quality of life.	Disruptions in services would significantly impact participants' health and safety, as they rely heavily on the provider for essential tasks. There could be risks related to personal care, medical needs, and more.
Critical	Participants have a critical reliance on provider services for all daily living needs.	Participants are entirely dependent on the provider for all activities of daily living, including personal care, mobility, communication, medical support, and more. Any disruption in services would pose a severe and immediate threat to their health and well-being.	Disruptions in services would pose a critical threat to participants' health and safety. Their complete dependency on the provider means that any interruption could lead to life-threatening situations.

17.5.4.Communication

- ✓ Where appropriate, and with the consent of the participant, information on the support plan is communicated to family members, carers, other providers, and relevant government agencies using **Form18.Participant Information Consent Form and Form36. Client Money and Property consent** where clients are deemed incapable of managing their money and property. The communication can be undertaken via meetings or emails.

- ✓ **H&H Care** has defined some principles for communication between Managers, staff and workers, participants and their families as follows:

  - Provide reasons for activities, changes, and any modifications
  - Listen to people and consult them
  - Communicate openly and directly with people
  - Seek feedback regularly and provide feedback if required
  - People should be trained to ask for more clarification if required
  - People should be responsible for their activities

- Everyone should act respectfully with staff, workers, and participants as well as their family
- Define what kind of information shall be kept confidential or private and under which circumstances they could be shared.

✓ Feedback mechanisms and complaint management system of **H&H Care** will enhance the process of identification and improvement of communication practices problems.

✓ Internal communication between workers and staff are undertaken via emails and meetings.

✓ Relevant information regarding policies and procedures will be communicated to the participants via the Participant Handbook.

✓ An effective communication method between **H&H Care** and the participant is required for the provision of a high-quality service, so that requires **H&H Care** to organise interpreter services that meet the participants' needs upon their request. This request is indicated on **Form20. Participant Intake Form**.

✓ An accredited interpreter will be arranged by **H&H Care** if the participant is not able to communicate in English to make the communication related to the services easier for the participant.

✓ At each new support provision appointment, the worker will ask the participant whether everything is communicated and confirm the necessity to have an interpreter in place.

✓ If there is a matter to be dealt with in a restricted period, the participants' families will assist with the communication. However, the providers shall make the best efforts to provide the participants with interpreters as soon as possible.

✓ Everyone acting as an interpreter shall be over 18 years of age.

✓ In the following areas the participants need to have access to the information related to them in their language:

- Rights and responsibilities of the participants
- Making decisions that may affect participants life

- Giving consent for treatment, the release of information and guardianship matters

✓ Participants may request their preferred interpreters however if the interpreter is not a professional qualified interpreter, they can interpret basic information.

✓ Each participant's support plan is:

(a)provided to them in the language, mode of communication and terms they are most likely to understand; and

(b)readily accessible by them and by workers providing support to them.

✓ Each participant's support plan is communicated, where appropriate and with their consent, to their support network, other providers, and relevant government agencies.

✓ Each participant's support plan includes arrangements, where required, for proactive support for preventative health measures, including support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services.

✓ Each participant's support plan:

(a)anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health, and wellbeing; and

(b)is understood by each worker supporting them.

17.5.5.Support Plan Delivery and Review

✓ Negotiate the specific days for services or support and document these in the 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 of between 1 and 1:30 pm and 1hr of Domestic assistance).

✓ (If not yet finalised) negotiate service fees and record these in the participant 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 H&H Care responses and document this

in the Support Plan.

- ✓ Ensure all involved stakeholders have copies of the agreed Support Plan.
- ✓ Explain to the participant that the Manager will monitor the progress of the Support Pan, but the participant may also request a review of the Plan at any time.
- ✓ Provide a copy of **Form76. Table of Events** to the staff and display it in a communal area at the start of every week.

17.5.6. Group & Centre based activity planning.

- ✓ **Form101. Group & Centre based activities agenda** has been created for the ease of providers when creating an agenda for a group of participants to attend a planned trip.

18- Service Agreements with Participants Policy & Procedure

18.1. Purpose

- ✓ The purpose of this document is to ensure that each participant has a clear understanding of the supports they have chosen and how they will be provided.

18.2. Scope

- ✓ This document applies to:
  - All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
  - All participants receiving services and support

18.3. Definitions

- **N/A**

18.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**

- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Disability Services and Inclusion Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Form22. Service Agreement**

18.5. Policy & Procedure

18.5.1. Service Agreements Requirements

✓ The service agreement using **Form22. Service Agreement** is to be completed individually by the participant relating to the person's NDIS plan.

✓ A service agreement will be developed with participants' collaboration outlining the following items:

- What kind of support will be provided to the participant?
- What is the support duration?
- How the upcoming problems will be dealt and how the participant will be included
- What are the responsibilities of both parties?
- What kind of notice is required to be provided by both parties for changing and ending this agreement
- The location and time of the service provision
- How the services will be provided
- How much is the service fee for support provision?
- Participants who are subject to section 73G of the NDIS Act will be registered on **Form56. High-Risk Participant Register** and some Specific support workers will be delegated to them who are registered on this form. The level of risk for each participant will be determined using the consequence rating table from the participant risk assessment. The plan to communicate with each participant who is either identified as a low, medium or high risk is as of the following table:

Communication with the Participant

Participant Risk Level	Feedback	In-person Welfare Check (Minimum)	Welfare Check via Phone
Low Risk	*Quarterly survey*	*3 months to 4 months*	*Monthly*
Medium Risk	*Quarterly survey*	*1 month to 3 months*	*Fortnightly*
High Risk	*Quarterly survey*	*2 weeks to 1 month*	*Weekly*

- ✓ For more information related to levels of risk, please refer to **Form33. Participant Disaster and Risk Assessment.**
- ✓ Both parties will ensure that they have a set of agreed expectations and goals of what support and how they will be delivered. A service agreement will outline the responsibilities and obligations of both parties and how they will solve any arising problem.
- ✓ Each participant will be briefed about the service agreement and **H&H Care**'s staff and workers will ensure that the participant is aware of service agreement items using the understandable modes of communication, language and terms.
- ✓ The participant will receive a copy of the service agreement upon signing the agreement and a copy of the signed agreement will be kept as a provider's record. Where this is not practicable, or the participant chooses not to receive an agreement, a record is made of the circumstances on the service agreement under which the participant did not receive a copy.

18.5.2. Change in Service Agreement

- ✓ The service agreement may be changed only if both parties have agreed to the changes in writing. The changed agreements need to be signed and dated.

18.5.3. Ending the Service Agreement

- ✓ Service agreement may be ended if either of the parties wishes to end it and they will notify the other party at least one month before the ending date.
- ✓ In any case, if **H&H Care** or the participant breach the agreement seriously, the one-month

Copyright © ISO Professionals E-mail: info@isop.com.au

notice will be waived.

18.5.4. Cancellation Policy

✓ Any costs occurring in the case of cancellation policy as well as activities required for cancellation needs to be outlined in the Service Agreement.

18.5.5. Accommodation

✓ Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, documented arrangements will be in place with each participant and each specialist disability accommodation provider. In this case, the arrangements recorded, and roles and responsibilities of both parties will be mentioned in the service agreement. This information could be as follows:

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

18.5.6. Emergency or Disaster

✓ Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster.

19- Responsive Support Provision Policy & Procedure

19.1. Purpose

✓ The purpose of this document is to ensure that each participant accesses responsive, timely, competent, and appropriate support to meet their needs, desired outcomes, and goals.

19.2. Scope

✓ This document applies to:

- Supports and service provided to the participants
- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.

19.3. Definitions

- **N/A**

19.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Disability Services and Inclusion Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**

19.5. Policy & Procedures

19.5.1. Responsive Support Provision Policy

✓ **H&H Care** is committed to providing:

- Person-Centred Services and support
- Services in a way that all participant's values and beliefs are respected
- Services that participants privacy is respected
- A free from violence, abuse, neglect, discrimination, and exploitation environment
- A safe and free from hazard environment
- A safe and secure money and property handling
- Error-free medication handling
- Services that meet participant's goals, needs and preferences

✓ Supports are provided through service agreement based on the least intrusive options, by contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes.

✓ Where agreed in the service agreement, and with the participant's consent or direction, links are developed and maintained through collaboration with other providers to share information and meet participant needs.

✓ Reasonable efforts are made to involve the participant in selecting their workers, including the

preferred gender of workers providing personal care supports.

- ✓ Where a participant has specific needs, which require monitoring and/or daily support, workers are appropriately trained and understand the participant's needs and preferences.

19.5.2. Support Planning

- ✓ **H&H Care** will check and review the support regularly to ensure a goal-oriented service is provided to meet the needs of participants by reviewing **Form26.Goal Plan for Participant** and **Form27.Initial Assessment and Support Plan**.
- ✓ When the support plan is not in the right pathway toward goals and work, participants will be involved to change or update the support plan.
- ✓ All participants' independence, quality of life as well as dignity and privacy are supported in **H&H Care.**
- ✓ Other service providers will be linked to the participant to enhance service provision toward the goals and needs of the participant if agreed in the service agreement.
- ✓ Participants should be able to identify their support worker(s), including the preferred gender of workers providing personal care supports. This can be identified on the support plan.
- ✓ Where a participant has specific needs, which require monitoring and/or daily support, workers are appropriately trained and understand the participant's needs and preferences.
- ✓ For each participant (with their consent or direction and as agreed in their service agreement) links are developed and maintained by the **H&H Care** through collaboration with other providers, including health care and allied health providers, to share their information, manage risks to them and meet their needs.

Copyright © ISO Professionals E-mail: info@isop.com.au

20- Transitions to or from the Provider Policy & Procedure

20.1. Purpose

- ✓ This policy is developed, applied, reviewed, and communicated to ensure that each participant experiences a planned and coordinated transition to or from the provider.

20.2. Scope

✓ This document applies to:

- Participant who enquires a transition to and from **H&H Care**.
- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.

20.3. Definitions

N/A

20.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Disability Services and Inclusion Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Form23. Transition Plan**

20.5. Policy& Procedures

20.5.1. Transitions to or from the Provider Management

✓ A planned transition to or from the provider is facilitated in collaboration with each participant when possible, and this is documented, communicated, and effectively managed using **Form23. Transition Plan**.

✓ Risks associated with each transition to or from the provider are identified, documented, and responded to.

✓ Processes for transitioning to or from the provider are developed, applied, reviewed, and communicated.

✓ In the case of transitioning a participant, the **management team** will work with the participant and their supporters to identify the alternative solutions and referrals which meets the

Copyright © ISO Professionals E-mail: info@isop.com.au

requirements of the participant.

- ✓ For enhancing the transition process, **H&H Care** will share the participant's information with the new service provider upon getting consent from the participant. If required, the participant will be introduced to the staff and workers of the new service provider to enhance the transition process.

- ✓ Thorough guidance will be provided to the participant before exiting to:

    - Provide them with the information related to their decision's consequences
    - Discuss the options of re-entry to the provider if the circumstances changed
    - Discuss any alternatives options or services for the participant
    - A transition plan will be created outlining information regarding the date and time of the transition to plan and implement actions required for transition. The **management team** and participant will agree on the plan and required actions.

- ✓ Any risk associated with the participant transition will be discussed with the participant and the informed family member and will be documented on the transition plan using **Form23. Transition Plan**.

- ✓ Risks associated with each transition to or from the provider are identified, documented, and responded to, including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a health care risk requiring hospitalisation.

- ✓ Processes for transitioning to or from the provider (including temporary transitions referred to are developed, applied, reviewed, and communicated.

- ✓ Before the transition, feedback from the participant or their family members may be obtained for continuous improvement and change management process of **H&H Care**.

21- Safe Environment Policy & Procedure

21.1. Purpose

✓ The purpose of this document is to ensure that all staff and workers will be working in a safe workplace and the participants, and their families are in a low risk and safe environment.

21.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families

21.3. Definitions

N/A

21.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Disability Services and Inclusion Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**

21.5. Policy & Procedures

21.5.1. Occupational Health and Safety Policy

✓ **H&H Care** is committed to supporting the health, safety, and welfare of all people we employ and to the participant and people affected by our undertakings.

✓ **H&H Care** continuously supports improvements in workplace health and safety by adopting a

planned systematic approach to Occupational Health and Safety. This approach includes risk management and consultation.

- ✓ One of our primary commitments is to ensure that everyone in the organization receives appropriate workplace health and safety support.
- ✓ Business requires a safe work environment to have long-term success and comply with requirements and standards.
- ✓ None of the workers undertake unsafe work and participants should not tolerate any unsafe workplace. Every task that staff and workers are not trained for shall be reported to the **H&H Care**.
- ✓ To have a safe environment in **H&H Care**, all workers shall receive adequate WHS training. In addition, workers need to know about the new roles and responsibilities.
- ✓ **H&H Care** management will ensure that everyone in the organization, including participants, their families as well as workers and staff are in a safe environment.
- ✓ **H&H Care** is committed to ensuring that each participant can easily identify workers engaged to provide the agreed support. Identification could be in the form of a uniform or identification tags or badges. Staff must introduce themselves at the beginning of each service delivery.
- ✓ Where supports are provided in the participant's home, work is undertaken with the participant to ensure a safe support delivery environment.
- ✓ Where relevant, work is undertaken with other providers and services to identify and treat risks, ensure safe environments, and prevent and manage injuries.
- ✓ **H&H Care** is committed to reporting all workplace injuries, near misses and illnesses caused by work immediately to the manager and also ensuring that all accidents, hazards and near misses are recorded and reported, and an investigation is carried out to determine possible causes in line with Incident Management Policy and Procedure.
- ✓ **H&H Care** shall do a WHS inspection at least once a year for the office using **Form63. HSE Inspection Checklist.**
- ✓ Will do a risk assessment during the onboarding process for the client and their home to

prevent any damage to their property and themselves using **Form33. Participant Disaster and Risk Assessment** and **Form32. Home Risk Assessment.** This will be reviewed once a year at least or upon any changes to their home.

- ✓ Each participant can easily identify workers who provide support to them.
- ✓ Work is undertaken with each participant, and others, in settings where supports are provided (including their home), to ensure a safe support delivery environment for them.
- ✓ Where relevant, work is undertaken with other providers (including health care and allied health providers and providers of other services) to identify and manage risks to participants and to correctly interpret their needs and preferences.
- ✓ For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to understand their communication needs and how they express emerging health concerns.
- ✓ To avoid delays in treatments for participants:
    - (a) protocols are in place for each participant about how to respond to medical emergencies for them; and
    - (b) each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).

21.5.2. Management Team Responsibilities

- ✓ Risk assessment has been done and safety risks have been identified and managed using **Form01.Risk Register.** If there is any chemical kept on the premises, Form35. The Hazardous Chemical Register must be completed.
- ✓ It is the **management team**'s responsibility to:
    - Ensure that all incidents and hazed are reported to the **management team**
    - Ensure that **H&H Care**'s operations comply with WHS legislation
    - Ensure that any issues affecting participants, workers as well as any other

stakeholder identified and described to them

- Review WHS functions and activities
- Ensure that there are emergency plans and drills in place.
- Create a safe workplace for all workers and participants
- Provide Personal Protective Equipment to workers if required
- Ensure substances are handled safely
- Ensure that there is a list of hazardous chemicals in place and Safety Datasheets are accessible
- Ensure that all workers are insured under workers compensation insurance
- Ensure that all workers are trained in emergency response plans and drills.
- Ensure that there is a risk assessment is conducted to identify and mitigate hazards in the workplace.
- Communicate this document to the staff and workers including volunteers, full-time, part-time etc.
- Ensure that the Emergency evacuation plan is reviewed every year and define assembly area in the case of evacuation
- Ensure that Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.
- Ensure that each worker who provides support directly to participants is trained, and has refresher training, in the use of PPE.
- Ensure that Systems for escalation are established for each participant in urgent health situations.
- Ensure that Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants.
- Ensure that Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently-touched surfaces.
- Ensure that PPE is available to each worker, and each participant, who requires it.

21.5.3. Staff and Worker's responsibilities

✓ It is staff and worker's responsibility to:

- Ensure that their actions don't put other people at risk and take care of their health and safety.
- Report any incident and hazard to the manager
- Ensure that all rules and guidelines outlined by the management are followed
- Participate in incident investigations if required
- Practice emergency plan and drill
- Ensure that their work environment is safe and free from hazards
- Participate in relevant training conducted by **H&H Care** related to the WHS and how to use PPEs.
- Any equipment provided by a participant may have a risk assessment in place.
- Workers should know the evacuation plan and assembly area
- All staff must use the identification provided by the **H&H Care** upon entering the participant's environment.
- Support Partners must greet the participant and introduce themselves at the beginning of the service.
- The physical identification must be worn and in the form of a uniform or identification tags.
- Staff must inform the participant when they are leaving the environment

21.5.4. Participants' responsibilities

✓ It is the participants' responsibility to:

- Ensure that their action doesn't expose others to risk
- Follow all guidelines and rules

✓ Service provision to the participants who behave unsafely may be terminated.

21.5.5. Emergency Response Plan

✓ The emergency response plan covers the following items:

- Contact details for staff and workers who have a responsibility under emergency plan including first aiders and fire wardens
- Contact details for nearest hospital and medical service centre
- An alarm system to inform people of a fire emergency including an airhorn or fire

alarm
- Methods of test emergency procedures/ drills which to be conducted annually

✓ It is the **management team**'s responsibility to ensure that the Emergency response plan is reviewed every year and assembly area(s) are defined in case of evacuation.

✓ All **H&H Care** staff will be trained in supporting the participant and their family to utilise non-verbal expressions of pain to express concern or discomfort in the easiest manner possible.

✓ If a participant is non-verbal, the participants support worker will be trained on how to deal with that participant. If there is a change in the participant's situation, support workers should get approval from the operations manager or their supervisor before taking any action (this may change if it is an emergency, and the participant is unable to consent.)

21.5.6. Smoke-free environment.

✓ Providing a smoke-free environment for participants and workers is a primary commitment of the **H&H Care**. We will ensure that:

- The public areas are free from smoke. Smoking in those places will not be tolerated by **H&H Care.**
- Smoking in company cars as well as in meetings is prohibited.
- Everyone should know about this policy and guideline related to a smoke-free environment and follow it
- Smoking is only allowed in a designated area and should be away from participants

21.5.7. Manual Handling

✓ Manual handling covers a wide range of activities including lifting, pushing, pulling, holding, throwing, and carrying. It includes repetitive tasks such as packing, typing, assembling, cleaning, sorting, using hand tools, and operating machinery and equipment.

✓ The Management Team identifies work activities that involve manual handling, and which may pose a risk to employees. Risks are evaluated and treated.

Copyright © ISO Professionals E-mail: info@isop.com.au

21.5.8. Provision of service and support to participants subject to section 73G of NDIS Act

✓ The provider has a responsibility to create a safe and healthy environment for every NDIS participant. However, for those participants who are living alone and receiving daily personal activities (registration group 0107) providers must take some additional steps to ensure their health and wellbeing. These activities are as follows:

- It is the provider's responsibility to document the assessment of the participant's risk factor using **Form27. Initial Assessment and Support Plan, Form33. Participant Disaster and Risk Assessment, and Form 32. Participant Home Risk assessment.**
- A copy of the assessment will be provided to the participant and another copy should be kept in their file. If the participant wishes not to receive a copy of the assessment and Service agreement this will be recorded on the service agreement.
- The assessment will be reviewed every year or when the participant's circumstances change. If there is any update on the assessment, a copy of the new assessment will be provided to the client and a copy will be kept in their folder.
- It is the provider's responsibility to mention the rights and responsibilities of the participant and the provider on the service agreement.
- Using the Human resource management process will assist the provider to ensure that the participant's support worker has been screened.
- Participants who are subject to this requirement will be registered on **Form56. High-Risk Participant Register and some** specific support workers will be delegated to those who are registered on this form. The level of risk for each participant will be determined using the consequence rating table from the participant risk assessment. The plan to communicate with each participant who is either identified as a low, medium or high risk is as of the following table:

Participant Risk Level	Communication with the Participant		
	Feedback	In-person Welfare Check (Minimum)	Welfare Check via Phone

Low Risk	Quarterly survey	3 months to 4 months	Monthly
Medium Risk	Quarterly survey	1 month to 3 months	Fortnightly
High Risk	Quarterly survey	2 weeks to 1 month	Weekly

- For participants who are subject to this requirement, the implementation of the services mentioned in their services will be reviewed every three months by the Operations Manager and should be by someone other than the support workers.
- The Operations Manager will supervise and monitor the performance of the support workers through a face-to-face interview at the participant's home when the support worker is not at home to ensure their performance is consistent with the agreement and the participant's safety and wellbeing at least every 3 months or when suspicious of any harm to the participant.
- The Operations Manager will provide a report to every key personnel regarding the care and skill with which personal support is being provided to the participant by the support worker after every visit to the participants home or if there is any complication in service provision.

Copyright © ISO Professionals E-mail: info@isop.com.au

22- Participant Money and Property Policy & Procedure

22.1. Purpose

✓ The purpose of this policy & procedure is to ensure Participant's money and property is secure and each participant uses their own money and property as they determine.

22.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants receiving services and support.

22.3. Definitions

N/A

22.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**

- **Disability Services and Inclusion Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Form37.Money reconciliation record**
- **Form36. Client Money and Property consent**

22.5. Policy & Procedures

22.5.1. Participant Money and Property Policy

✓ Where the provider has access to a participant's money or other property, processes to ensure that it is managed, protected, and accounted for are developed, applied, reviewed, and communicated. Participants' money or other property is only used with the consent of the participant and for the purposes intended by the participant.

✓ Participants are not given financial advice or information other than that which would reasonably be required under the participant's plan.

✓ Participants funds and property can only be used by a person who:

- Has been assigned by the participant to manage their money and property by completing **Form36. Client Money and Property consent**
- The court, tribunal, or guardianship board has ordered the worker to do so.
- The person has been assigned as a Centrelink nominee to manage and receive the social security payments on behalf of the participant.

✓ The management of **H&H Care** shall approve or consult the worker about the informal management of the participant's fund if the participant is deemed as incapable of managing their fund. For every payment **Form37.Money reconciliation records** must be completed by the support worker.

✓ A secure space shall be assigned to the onsite participant.

✓ It is the workers' responsibility to ensure that participants have received the purchased items.

✓ In the case of making decisions about expenditures or investments, legal guardians or family members shall be involved.

- ✓ If required, each participant is supported to access and spend their own money as the participant determines.

22.5.2. Participant Accounts

- ✓ The participants who are over eighteen, shall have an account in a bank under their name. All income and payments should be through this account, if applicable.
- ✓ The participant's account that is managed by a staff and workers member shall have at least two approved signatures for any withdrawal and receipts for each transaction should be available for further checks.
- ✓ It is always recommended to implement direct debit for transactions, if possible.

22.5.3. Unwanted or Incidental Payment or Withdrawal

- ✓ Participants' amount of money kept on-premises should be the minimum.
- ✓ Signatories shall be able to identify whether the transaction is genuine or not and is for benefit of participants.
- ✓ Signatories are encouraged not to sign any blank withdrawal forms under any circumstances.

22.5.4. Roles and Responsibilities of Workers and Staff

- ✓ If workers are directly involved in participant's fund management, they must always follow the following guidelines:
  - ✓ Support Partners are at NO TIME allowed access to a participant's identification number (PIN) or use an ATM on the participant's behalf.
  - ✓ Financial assistance may only be offered if it is documented in the participant's care plan.
  - ✓ If a participant requests financial assistance, and it is not documented in their care plan, staff 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.

✓ The staff member must be sure to count the money in front of the participant on receipt and return.

✓ Staff must record all financial transactions conducted for participants in **Form37.Money reconciliation record** (if in use). Records must be documented clearly, accurately, and immediately.

✓ Staff must not accept money or gifts from participants.

- Assisting participants with their money handling as well their purchases in a way that does not involve any advantages for themselves and is all for the participant's benefit.
- Money withdrawal: in emergency cases, money withdrawal should be requested, and all receipts shall be available for further information and check.
- Ensuring that money withdrawal is within the stated limit if they are a signatory.
- Ensuring that funds are kept safely in a safe area to always be accessible.
- Any discrepancy in the participant's account shall be reported to the relevant manager.
- Creating a report on participants' funds and presenting it to the relevant managers using **Form37. Money reconciliation record**, regularly.

✓ If workers are in any role that is related to monitoring participants funds, are responsible for:

- Checking participant's funds regularly
- Providing reports to the participant's families, if required
- Ensuring that participant's income is deposited correctly into their account.
- Prepare managerial reports for the **Managing Director** related to all audits.
- Keeping records of all current and previously checked receipts.
- Checking whether the received funds and withdrawal funds are even.
- Checking the payments to see whether those are appropriate or not.

23- Medication Management Policy & Procedure

23.1. Purpose

✓ The purpose of this policy & procedure is to ensure that each participant requiring medication is confident their provider administers, stores, and monitors the effects of their medication and works to prevent errors or incidents.

23.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants receiving services and support.

23.3. Definitions

N/A

23.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Disability Services and Inclusion Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Form24.Medication Management Form**
- **Form04.Incident Report**
- **Form09.Training Matrix**
- **Form33. Participant Disaster and Risk Assessment**

23.5. Policy and Procedure

23.5.1. Management of Medication Policy

✓ **H&H Care** shall undertake actions to ensure:

- Using **Form24.Medication Management Form** clearly identifies the medication dosage, how it is to be administered and stored for each participant requiring management of medication
- All workers responsible for administering medication understand the side effects of the medication and the steps to take in the event of an incident involving medication.
- All medications are stored safely and securely, can be easily identified, differentiated, and are only accessed by appropriately trained workers.
- The management and administration of medication to participants is important to **H&H Care** as this ensures to promote duty of care for participants from staff when administering medication

- Any staff participating in the prescription of medications will be suitably qualified and will adhere to all applicable laws and regulations. Prior to performing any medication function, staff involved in the storage, transportation, administration, or urging of medication will be taught and assessed as competent. All medications must be taken exactly as prescribed by the prescribing physician or according to the manufacturer's instructions.

23.5.2. Medication Administration

- ✓ Medications will be administered in a hygienic way including washing hands before administration.
- ✓ Should any abnormal reaction occur from the participants to the medications such as any side effects or reactions including, allergies, loss of consciousness, hypoxia or any kind of abnormal reaction will be documented on **Form24.Medication Management Form** and the worker should notify a health professional or call 000.
- ✓ Participants' allergies and sensitivity should always be checked before the administration of medications.
- ✓ Workers shall ensure that the medications are not contaminated or expired.
- ✓ Prescribed doctors should be contacted if the workers are not sure about the effects or side effects of medications.
- ✓ Ensure that medications are provided from the right container that belongs to the participant.
- ✓ If any error occurred during the process of medication administration including missed or incorrect medication, the worker should immediately contact the Registered Nurse, if not possible to talk to the Nurse, they will contact 000 immediately.
- ✓ Regardless of the level of medication assistance required, all participants who require medication will need to be documented with a list of current medications on **Form24.Medication Management Form,** this also includes any medication prescribed by a Health Practitioner or over the counter medications.

Self-administering (participant administers and mangers their own medications)

- ✓ A participant who can administer medication on their own where appropriate is considered self-administering
- ✓ The Director may require written information regarding the participant's competency to self-administer medication around their skills, knowledge and understanding is adequate to be done on their own, this written information can be by the participant, guardian or medical practitioner
- ✓ Participants who self-administer medication H&H Care will have appropriate supervision for these participants, adequately recorded and documented through **Form24.Medication Management Form**

Assistant required for participants who are unable to self-administer their medication

- ✓ Staff who are required to provide medication administration will have the right training to ensure skills, knowledge and understanding is sufficient
- ✓ Unless the participant rejects assistance, staff members must provide whatever physical or other support is required and appropriate to enable the participant to take their own prescription.
- ✓ Disability support workers, while they cannot administer medication directly, can prompt participants to take their medication when trained in the management of medication.

Medicines associated with an increased risk of respiratory depression

- ✓ Benzodiazepines such as midazolam, diazepam (Valium), and lorazepam
- ✓ Opioids such as oxycodone, codeine, and fentanyl
- ✓ Polypharmacy with medicines that compromise kidney or liver function
- ✓ Psychotropic polypharmacy (two or more medicines that affect the CNS (antipsychotics, antidepressants, sedatives, and anticonvulsants)
- ✓ Combinations of any of the above increase the risk further and increase the risk of drug-to-drug interactions

Copyright © ISO Professionals E-mail: info@isop.com.au

23.5.3. Medication Records

✓ All medications should have and follow a prescription including the following information:

- Name address and DOB
- Medication's name
- Prescribed dosage
- Any directions for use
- Name and contact number of the prescribed doctor
- Medication's commencement date
- The period that medication shall be taken
- Date of medication review

✓ **H&H Care**'s staff and workers shall ensure that there are detailed instructions of the medication by the prescribing doctor. All workers shall adhere to this information and no staff should be involved in a management of medication if it is outside of their skills and qualifications

✓ **H&H Care** staff and workers shall ensure that all the participants have a copy of the medication sheet including all information related to their prescription

✓ In case if any of the participants have a history of **respiratory depression**, they should have current health and medical records that are ready to be taken to hospital should a participant require emergency treatment. This allows doctors and hospital staff to identify current medicines and potential medicine-related adverse events. The participant can obtain their medication history from their regular pharmacy and request a new copy when there is a medication change.

23.5.4. Storage of Medication

✓ All medications are stored based on the manufacturer's instructions.

✓ All medications shall be stored securely.

✓ Medications that require to be stored in the fridge shall be in a lockable container in the fridge.

✓ Medications shall not be opened if not necessary because they might become ineffective if they are exposed to air or light.

Copyright © ISO Professionals E-mail: info@isop.com.au

23.5.5. Medication Disposal

- ✓ Any medication that is expired or no longer required shall be returned to the pharmacy
- ✓ Disposal medications shall not be washed down the sink, flushed down the toilet or thrown away in the rubbish bin.
- ✓ Sharp disposables should be placed in a locked area, either a room or a drawer.

23.5.6. Administering Medication

- ✓ When medication assistance is provided, staff will check medication script labels to ensure the following principles are adhered to:
    - Right client
    - Right medication
    - Right dose
    - Right time
    - Right route
    - Right documentation/record keeping.
    - Right to refuse
- ✓ After each session of medication management, staff will sign the medication chart, which will contain information regarding the client's name, date, time, medication name, dosage and person administering.
- ✓ Where staff note that previous dosages have not been given or that there has been tampering with the dosage packaging then the prescribing doctor should be consulted, and an incident report should be completed.

23.5.7. Reporting

- ✓ Medication-related incidents, such as misuse, missed doses, overdose, and medication missing, should be reported through the incident management policies and procedures. A medication incident report must be completed, and the director, family/guardian, pharmacy,

Copyright © ISO Professionals E-mail: info@isop.com.au

and the general practitioner must be notified.

- ✓ In the event of a medication-related incident, all support staff must follow the following guidelines when administering medication. An incident report must be completed and submitted to **H&H Care**
- ✓ In the event a participant refuses to take their prescribed medication, staff will report this to **H&H Care** and complete an incident report using **Form04.Incident Report**.
- ✓ In the event a staff member has not administered medication to a participant, this will be classed as missed medication and an incident report will be completed using **Form04.Incident Report**, this also includes if medication is incorrectly given, labelled or is past its expiry date.
- ✓ If there's a blunder or unfavourable response to the prescribed medication, staff are to contact crisis administrations in the event and follow the advice of emergency services and wait until they arrive if required.

23.5.8. Medication Prompting

- ✓ In cases where a participant is self-administering and managing their own medication, the participant is supervised accordingly and documented by **H&H Care** staff Should a participant require medication prompting to self-administer, this is documented on **Form33. Participant Disaster and Risk Assessment &** then documented on **Form24.Medication Management Form** when prompted at the specific times.

23.5.9. Strictly Forbidden Practices

- ✓ At no time should medication be left unattended where it is freely accessible to a participant or unauthorized persons
- ✓ At no time will staff administer medications to participants in a way that is for **H&H Care** convenience and does not address the preference and/or needs of the participant
- ✓ At no time will staff administer medication if a participant is objecting informally. This will only be relevant unless there is an approved protocol in place.
- ✓ Should no medication not be prescribed to a participant, staff will not administer any medications outside of this such as over-the-counter medication e.g Panadol.

Copyright © ISO Professionals E-mail: info@isop.com.au

23.5.10. Monitoring and Review

- ✓ At **H&H Care** Management Team will ensure to review the management of medication policy and procedure annually.
- ✓ This review will consist of an evaluation of the current practices in place taking into consideration staff, participants, and any other relevant personnel feedback during this process.

23.5.11. Responsibility of Management Team Against Medication

- ✓ **The management team** shall ensure that all workers have attended the required training related to medication handling.
- ✓ **The management team** shall ensure that all workers have enough resources for training and assessment related to the medication. For this, **Form09. Training Matrix** is used to record the provided training related to medication management. If a support worker is not trained in this area **H&H Care** will provide the required training to them either internally or externally.
- ✓ Address the concerns of workers related to the medication.
- ✓ All incidents involving medication are reported, recorded, investigated, and reviewed through **Form04.Incident Report**.
- ✓ At no time should medication be given or administered by a participant to another participant

24- Infection Management Policy

24.1. Purpose

- ✓ The purpose of this Policy and Procedure is to prevent, control or stop the spread of infections.
- ✓ Infections can spread in any environment. Infection prevention and control is an essential part of care and the responsibility of all workers to provide care to participants.

- ✓ Infection is a disease or illness caused when an organism inside a person multiplies to levels where it causes harm.
- ✓ Organisms that cause infections are called infectious agents and are sometimes referred to as germs. Most are microorganisms (bacteria, viruses, fungi, and parasites).
- ✓ Infection requires these fundamental items:
    - a source of the infectious agent
    - a mode of transmission and
    - a susceptible host.
- ✓ There are various kinds of infectious agents, but they are spread in several ways:
    - Contact 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).
    - Droplets made by coughs or sneezes transfer to someone's eyes, nose, or mouth.
    - Airborne tiny particles containing infectious agents travel through air currents (e.g., air conditioning) and are breathed in.
- ✓ Standard precautions are practices applicable to all people which include:
    - Hand Hygiene
    - Respiratory Hygiene/Cough Etiquette
    - Personal Protective Equipment
    - Handling of Medical Devices
    - Cleaning and Managing Spills
    - Handling of Food, Waste and Linen.

24.2. Scope

- ✓ This document applies to:
    - All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
    - All participants receiving services and support.

24.3Definitions

N/A

24.4. Relevant Documents, Legislations, Regulations, and Standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Disability Services and Inclusion Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Form04.Incident Report.**
- **Form09.Training Matrix**
- **COVID-19 Response Plan**
- **Workers Handbook**

24.5. Policy and Procedure

✓ Using **Form04.Incident Report** clearly identifies what type of incident is being reported, and the corrective actions that will be taken to manage and control such incident

✓ All workers providing a service to participants will have had the applicable training that refers to Infection Management which is reflected on the **Workers Handbook**

✓ All staff who receive this training will be recorded through **Form09.Training Matrix**

✓ In times a participant is COVID-19 positive, it will need to be reported to NDIS as a reportable incident and **H&H Care** will follow the procedure from the COVID-19 Response Plan

24.5.1. Hand hygiene

✓ Hand hygiene is the single most important factor in reducing the spread of infections. It must be done at the right time.

✓ When hand hygiene must be performed:

- Before touching a participant or their surroundings
- Before a procedure or where there is a risk of being exposed to body fluids (e.g., changing a drainage bag)
- After a procedure or body fluid exposure risk
- After touching a participant
- After touching the participant's surroundings (e.g., over bed table, linen)

✓ In addition, you ought to do hand hygiene:

- Before putting on gloves
- After removing gloves
- Before touching food and eating
- After going to the toilet
- After your lunch or other breaks
- After blowing your nose or coughing
- After handling rubbish
- After handling unwashed linen or clothing
- After handling animals
- When your hands are visibly dirty.

24.5.2. Respiratory Hygiene/Cough Etiquette

✓ Covering sneezes and coughs prevents people who are infected from dispersing droplets into the air where they can spread to others.

✓ You can assist participants by:

- Encouraging them to use tissues when they sneeze or cough
- Putting a plastic bag near them so used tissues can be disposed of straight away
- Encouraging hand hygiene
- Making sure alcohol-based hand rub is within reach

24.5.3. Personal Protective Equipment -Gloves

✓ In the below situations gloves shall be worn:

- 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 come
- Contact blood or body substances
- Blood glucose monitoring
- You have broken skin
- Preparing food

✓ Applicable rules for using gloves:

- Gloves are not used instead of hand hygiene
- Perform hand hygiene before and after using gloves
- Remove gloves when a care activity is finished
- Change gloves before starting a different care activity
- Dispose of used gloves immediately.
- Do not use multiple gloves at the same time.

24.5.4. 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 hazard/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).

Copyright © ISO Professionals E-mail: info@isop.com.au

✓ Applicable rules for using masks:

- Check manufacturer's instructions before use.
- Don't touch the front of the mask with your hands once the mask is in place.
- Use each mask for the care of one person only and change if a care activity is taking a long period.
- Don't leave the mask dangling around your neck.
- Discard after use and perform hand hygiene after discarding.

24.5.5. 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 hazard/risk of:

- Droplets or aerosols (e.g., from oral suctioning)
- Splashes or sprays of blood or body fluids (e.g., when emptying catheter bags).

✓ Applicable rules for using eyewear:

- Remember that the outside of the eyewear is contaminated.
- Remove headbands or earpieces.
- Clean the eye shield after each use with detergent and water and allow it to dry.
- If the eyewear is single use, dispose of it after the care activity.

24.5.6. Medical devices handling

- Perform hand hygiene before any contact with the device or where the device enters the body.
- Select personal protective equipment (e.g., wear gloves, 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 greater the risk of infection.
- Medical devices that are designed for single use shall not be used multiple times and

the manufacturer's instructions should be followed.

24.5.7. Cleaning

✓ The level of cleaning required to eliminate the spread of infection depends on the objects involved and the risk of contamination.

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

24.5.8. Managing Spills

✓ Promptly managing spills of blood or body substances (e.g., vomit or diarrhea) helps to stop infectious agents from spreading from the environment to people.

- Select the appropriate personal protective equipment (e.g., gloves and other equipment, depending on the size of the spill).
- Immediately wipe up spots and spills smaller than 10cm or cover larger spills with absorbent material.
- Discard contaminated materials.
- Clean with detergent solution. Consider following with disinfectant for infectious or larger spills.
- Perform hand hygiene.

24.5.9. Food Handling

✓ Safe food handling is important for some participants:

- Tell your supervisor if you are suffering from diarrhoea, vomiting, fever, sore throat with fever or jaundice and seek medical advice.
- Do not return to work until you are free of symptoms for 48 hours.
- Tell your supervisor if you have any infected skin lesions (e.g., an infected skin sore, boil,

acne, cut or abrasion, or any discharges from the ears, nose, or eyes) and seek medical advice.

- Tell your supervisor if you know or think any food is unsafe to eat. Perform hand hygiene before handling food or putting on gloves.
- Perform hand hygiene after using the toilet, smoking, coughing, sneezing, blowing nose, touching face, nose, ears or mouth, handling rubbish or after cleaning.
- Avoid unnecessary contact with ready to eat meals.
- Cover hair and tie back long hair.
- Secure hair clips, hairpins, buttons on clothes, jewellery, bandages.
- Make sure bandages or dressings on any exposed parts of the body are covered with a waterproof covering.
- Do not sneeze, blow, cough over unprotected food or surfaces likely to meet food.
- Do not eat over unprotected food or surfaces likely to meet food. Do not spit, smoke, or use tobacco or similar preparations in areas where food is handled.
- Do not touch food after touching earrings, body parts (hair, nose, ear, eye), skin lesions, saliva, mucus, sweat, blood, money without first performing hand hygiene.
- Do not wear gel, acrylic or false fingernails, or jewellery that will meet food.
- Remember, Lanyards may also transmit bacteria.

24.5.10. Handling Linen

✓ Used linen should be managed carefully, to avoid spreading infectious agents into the environment or onto your clothes.

- Wear gloves and disposable gown/apron when handling linen
- Take the laundry basket to the bedside and put linen directly in the basket.
- Place linen soiled with blood, urine, or other body fluids into leak-proof laundry bags. Do not carry soiled linen.
- Don’t sort or rinse used linen in resident care areas.
- Perform hand hygiene after handling linen.
- Clean linen should be stored in a clean dry place, separate from used linen.

Copyright © ISO Professionals E-mail: info@isop.com.au

24.5.11. Transporting Participant

✓ If a resident is being transferred within or between facilities or a participant is being transported, care shall be taken to reduce the risk of spreading infection.

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

25- Mealtime Management Policy & Procedure

25.1. Purpose

✓ The purpose of this policy & procedure is to ensure that each participant requiring mealtime management receives nutritious meals, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.

25.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants receiving services and support.

25.3. Definitions

N/A

25.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Disability Services and Inclusion Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- ***Australian Meals and Wheels Association (2016). National Meal Guidelines: A Guide for Service Providers, Caterers and Health Professionals Providing Home Delivered and Centre Based Meal Programs for Older Australians***

- ***Beyondblue (2014). What works to promote emotional well-being in older people: A guide for aged care staff working in community or participant settings***
- ***New South Wales Government, Eating Well – A nutrition resource for older people and their carers***
- ***Victorian Government, Department of Health, well for life***
- ***Tasmanian Government, Department of Health, Malnutrition in older people online training***
- ***Well for Life Improving emotional wellbeing for older people in participants aged care (State of Victoria)***
- **Form80. Food Diary**

25.5. Policy & Procedures

25.5.1. Our Commitment

✓ Meals and the dining experience are a very significant part of day-to-day life. They play an important role in connecting participants socially and supporting a sense of belonging.

✓ Food can be a powerful social symbol for connecting participants with moods, emotions and rituals related to their identity. Mealtime habits built over time can inspire feelings of comfort and familiarity for the participants. Therefore, an organisation needs to consider a participant's preferences, religious and cultural backgrounds when providing food and drinks or hosting meals.

✓ **H&H Care** is committed to identifying each participant requiring mealtime management.

✓ **H&H Care** is committed to making sure that participants have enough nutrition and hydration to maintain life and good health and reduce the risks of malnutrition and dehydration.

✓ **H&H Care** is committed to making sure that participants have enough to eat and drink to meet their nutrition and hydration needs and to provide the participants with the support they need to eat and drink.

✓ **H&H Care** is committed to making sure that each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:

(a) undertaking comprehensive assessments of their nutrition and swallowing; and
(b) assessing their seating and positioning requirements for eating and drinking; and
(c) providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating, and drinking; and
(d) reviewing assessments and plans annually or by the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.

✓ **H&H Care** assesses needs of all participants and addresses:

- what is needed to sustain life and support ongoing good health
- any dietary intolerances, allergies, or medication contraindications
- the level of support or help the participant needs
- participant's preferences, and religious and cultural considerations
- timing of meals.

✓ **H&H Care** monitors nutritional and hydration intake to prevent dehydration, weight loss or weight gain.

✓ **H&H Care** is committed to making sure that participants can choose from suitable and healthy meals, snacks, and drinks. They can also take part in planning their menu.

✓ **H&H Care** is committed to making sure that with their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.

✓ **H&H Care** is committed to making sure that each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.

✓ **H&H Care** is committed to making sure that **H&H Care** consistently provides participants' meal and drink preferences and menu selections. They say the menu also meets their medical, cultural, religious, or other needs.

✓ **H&H Care** is committed to making sure that participants feel their dining experience is comfortable and not rushed. They also feel that any help they need to eat, and drink is readily available and provided in a dignified way.

- ✓ **H&H Care** is committed to making sure that each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.

- ✓ **H&H Care** is committed to making sure that mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them.

- ✓ **H&H Care** is committed to making sure that participants are satisfied that they receive, or are helped to prepare, a variety of well proportioned, quality meals. They say the dining experience supports their quality of life.

- ✓ **H&H Care** is committed to making sure that if a participant is hungry or thirsty a member of the workforce will get them something to eat or drink.

- ✓ **H&H Care** is committed to making sure that Observations that food and drink are put within the reach of the participants and given in a way that the participant can eat and drink. This may include finger food, cut up or modified meals or thickened drinks, where appropriate.

- ✓ **H&H Care** is committed to making sure that effective planning is in place to develop menus with each participant requiring mealtime management to support them to:

  (a) be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and
  (b) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight)—proactively manage those risks.

- ✓ **H&H Care** is committed to making sure that procedures are in place for workers to prepare and provide texture-modified foods and fluids by mealtime management plans for participants and to checking that meals for participants are of the correct texture, as identified in the plans.

- ✓ **H&H Care** is committed to making sure that Meals that may be provided to participants

requiring mealtime management are stored safely and by health standards, can be easily identified as meals to be provided to participants and can be differentiated from meals not to be provided to participants.

25.5.2. Nutritious Food Supports

- ✓ Nutritious food supports healthy ageing and is essential for optimal participant treatment and recovery. Food also provides a sense of wellbeing and emotional comfort and is an important expression of cultural identity.
- ✓ Poor nutrition is common and significantly contributes to the burden of disease.
- ✓ The Better, Safer Care report identified nutrition standards as important to minimise harm and prevent complications, such as malnutrition and dehydration.
- ✓ Food is more than a vital component to supporting health. Providing food that meets preferences for taste and variety is particularly important for aged care participants.
- ✓ Sourcing of local and Victorian grown and produced food, where possible, will contribute to the provision of healthy and high-quality food and support local economies.
- ✓ The result of the annual review is expected to inform new standards to ensure procurement arrangements treat produce favourably, and that general hospital and aged care menus are nutritious, varied and culturally diverse.

25.5.3. Meals Management

- ✓ When a new participant joins, **H&H Care** gather information about their food and drink likes and dislikes and their dietary and hydration needs using **Form77. Mealtime Management Plan Form** and **Form78. Nutrition Assessment.** This includes any assistance they may require eating or drinking, food allergies and intolerances, medical or clinical requirements relating to food or drink, preferences in terms of when the participant would like their meals served and any religious or cultural needs.
- ✓ Assessments and plans for mealtime management for each participant must be reviewed annually or by the professional advice of the participant's practitioner, or more frequently if

needs change or difficulty is observed.

- ✓ **H&H Care** will not disclose any Confidential Information to any persons who are not employed by **H&H Care** or Participant unless consent has been obtained.
- ✓ With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.
- ✓ Staff collaborate with the participant and/or their representative/s to deliver great-tasting, great-quality meals.
- ✓ Participants' food and drink preferences are recorded and given or made easily accessible to staff and other relevant parties.
- ✓ Systems ensure that any alterations to a participant's dietary choices or needs are recorded and quickly passed on to staff.
- ✓ **Form77. Mealtime Management Plan Forms** are updated whenever there is any change in a participant' dietary requirements or requests. When a change arises, the staff member on shift will update the participant's care plan.
- ✓ Participants are invited to participate in planning lunch and dinner menus and **H&H Care** is flexible about the food **H&H Care** provides. For example, **H&H Care** can provide snacks and drinks in between mealtimes for the participants with dementia or other challenges.
- ✓ If required and with the participant's consent, an assessment will be conducted for each participant to develop a **Form77. Mealtime Management Plan Form** by a qualified health practitioner.
- ✓ A qualified health practitioner will assess the participants if they require meal management.
- ✓ A **Mealtime Management Plan** using **Form77. Mealtime Management Plan** will be developed by the health practitioner in consultation with the participant to guide and utilise the support provided by the **H&H Care**.
- ✓ Before healthcare professionals examine, treat or care for any participant, **H&H Care** must obtain their valid consent using **Form18. Participant Information Consent Form** through

Participant **Information Consent** section of **Information Management Policy & Procedure.**

- ✓ An individualised **Form77. Mealtime Management Plan** for each participant enables **H&H Care** to manage the specific meal management.
- ✓ The participants will be provided with the support of required meal management by one of **H&H Care**'s workers. In the **Form77. Mealtime Management Plan**, the requirements of meal management will be documented and checked qualified with a health practitioner.
- ✓ Any incident or emergency related to the meal including required actions for participant e.g., during meals, such as coughing or choking on food or fluids, is addressed in the **Form77. Mealtime Management Plan**. In addition, the escalation of any incident or emergency promptly will be identified in **Form77. Mealtime Management Plan**.
- ✓ The **Form77. Mealtime Management Plan** will include the identification of risks including actions and escalations. This will include both **H&H Care** internal reporting and identified reporting requirements within the service users' treating team.
- ✓ The health status of participants will be checked and reviewed regularly by a qualified health practitioner.
- ✓ All incidents will be recorded and reported as per **Incident Management Policy & Procedure**.
- ✓ All complaints will be recorded and reported as per **Feedback and Complaints Management Policy & Procedure**.
- ✓ It is **H&H Care**'s commitment to providing the required equipment as well as appropriate training for the relevant staff to know how to use it.
- ✓ **H&H Care** works to increase the appetite of the participant by providing food that is attractively presented and smells and tastes great.
- ✓ Older adults are at an increased risk of malnutrition if they also live with one of the following:
    - Inflammation – associated with disease injury or illness.
    - Eating dependency – requiring assistance with eating, such as those with cognitive impairment.

- Eating restrictions – a person is unable to consume enough food.
- Food intake – food intake is limited for various reasons, such as a person having difficulty in obtaining ingredients and preparing meals.

✓ The following three methods are advised for preventing and treating malnutrition

- **Dietary approaches:**
  Ensure that sufficient energy and nutrient quality is met through meals and food between meals.
- **Food fortification:**
  Improves the nutritional density in meals.
  Can be used as a vehicle for nutrients, for example adding Vitamin D to foods.
- **Oral nutritional supplements (protein supplements):**
  Found to be particularly effective in hospital settings.
  Potentially less effective in aged care settings.

✓ Foods to Avoid

- Limit consumption of salt-rich foods such as cured meats, snack foods, and sauces such as soy sauce.
- Avoid or limit intake of foods containing saturated or trans fats, including pastries, chips, and chocolate.
- Limit foods and drinks high in sugar, such as confectionery, sugar-sweetened soft drinks, cordials, and fruit drinks.
- Limit consumption of alcohol to no more than two standard drinks per day.
- Keep 'extras' such as lollies, cakes, biscuits, fried foods, and pizza to a minimum, they should not feature regularly and are not part of a healthy diet.

✓ To achieve this, **H&H Care** determines the participant's dietary needs and their preferences as soon as they join us. This information is then shared among staff and with relevant others to ensure the participant receives the appropriate food and drink.

✓ If necessary, the participant's hydration and dietary needs are discussed with other practitioners in a manner that always maintains the participant's privacy

✓ All information received from speech pathologists, dietitians, healthcare workers and others are promptly recorded and acted upon by staff.

Copyright © ISO Professionals E-mail: info@isop.com.au

- ✓ The system can accommodate all participants' meal requirements.
- ✓ Participants are encouraged to take their lunch and dinner in the dining rooms. However, this choice remains with the participant, and it is understood that they may wish to dine elsewhere.
- ✓ **H&H Care** believes that the dining experience is important to the participant and their appetites, which is why dining rooms are designed to enrich a participant's dining experience socially and otherwise. Dining rooms are thus free from clutter and televisions are turned off during mealtimes.
- ✓ The medical indications, food allergies and dietary intolerances of each participant are recorded on **Form77. Mealtime Management Plan Form and Form78. Nutrition Assessment** and considered in the planning of all meals.
- ✓ Wherever necessary, **H&H Care** speedily refer to the participant's specialists for nutritional advice.
- ✓ Staff receive training about participants' food and drink needs when they begin with organisation and throughout their time with us.
- ✓ Finger food, thickened drinks and modified meals are all available should this type of meal be more suitable for a participant's needs.
- ✓ Food storage, preparation and ordering systems all operate in full compliance with food safety legislation.
- ✓ Menus are reviewed to ensure they offer meals of high nutritional value.
- ✓ When **H&H Care the** first welcome a participant, **H&H Care** weigh them. **H&H Care** then weigh them once a month thereafter. Should a participant gain or lose 2% of their initial weight, a senior member of staff or registered nurse will take the necessary steps based on the participant's condition and requirements.
- ✓ Staff apply strategies to prevent malnutrition and dehydration and participant are continuously tested for these conditions.
- ✓ Staff always endeavour to provide the participant with a meal that is as close to their

Copyright © ISO Professionals E-mail: info@isop.com.au

preferences as possible and work alongside participants to find a suitable solution wherever cultural or religious needs cannot be fully satisfied.

✓ As well as involving the individual participant in the development of their care plan, the plan must incorporate all cultural preferences if the participant is from a diverse background and/or has differing requirements/preferences to another participant, e.g., due to participant's cultural background, a participant may wish to be given a diet that is not on the standard menu: this should be recorded in the care plan and the staff and workers should be informed. It should then be checked that the participant receives thier preferred diet at mealtimes.

25.5.4. Managing hydration and nutrition

✓ This is important for a participant's quality of life. It helps to minimise the risk of infections, pressure injuries, anaemia, hypotension, confusion, impaired cognition, decreased wound healing and fractures.

25.5.5. How do you detect undernutrition?

✓ The onset of nutritional problems is often gradual and therefore hard to detect. However, features found in the history and examination may help identify those at risk. People can present with a variety of problems that may be vague or non-specific.

✓ A malnourished state is defined as any of the following:

- BMI < 18.5 kg/m2
- Unintentional weight loss > 10% within the last three to six months
- BMI < 20 kg/m2 and unintentional weight loss > 5% within the last three to six months

✓ Implications of poor nutrition

- Weight loss
- Deficiency of vitamins and nutrients
- Poor wound healing and increased likelihood of pressure sores
- Lethargy and sluggishness
- Poor recovery from illness
- Muscle weakness and wastage

Copyright © ISO Professionals E-mail: info@isop.com.au

- Increased hospital admissions

25.5.6. Hydration

✓ Adults need an average of 6 to 8 cups (1.5 to 2.0 litres) of fluid per day.

✓ Implications of poor hydration

- Constipation
- Urinary tract infections
- Low BP
- Increased falls
- Worsened cognitive impairment
- Increased likelihood of pressure sores
- Frail, dry skin

✓ **H&H Care** can ensure the health and nourishment of their participant:

- Urge participants to eat regularly and in the right quantities
- Do not give them too much food, so they are not overwhelmed.
- Make sure your meals are pleasing to the eye as much as they are to the throat. Garnish your food, put some chilled ice in their glass of water, and a lemon slice on top.
- Use menus that are easy for anyone. Dementia participants may need pictures in their menus to help them make a choice.
- There should be no shortage of the accessories required, such as plate guards, cutlery, and two-handed cups. Make sure participants always have these available.
- Help participants with their posture so they can eat and drink with comfort.
- Dental health should be a priority. Ensure their dentures fit well and that they have good oral health, so they don't have difficulty eating.
- Monitor their food intake by keeping track of their eating habits and notify their dietician if you detect any deviations. Employees to utilise **Form80. Food Diary** to effortlessly record and track these behaviours.
- Pay attention to urinary problems. Participants might stop drinking enough water if they are having problems in the bathroom.
- Ensure that participants have fluids always on hand, especially for people who have lost their ability to feel thirsty.
- For participants who are growing lean due to low intake, feed them with food that is rich in nutrients, especially fats and oils.

Copyright © ISO Professionals E-mail: info@isop.com.au

- Make mealtimes fun for them. Create an environment where they feel good and want to socialise.
- For better health, older people need to eat food containing nutrients from the five food groups, especially fats and oils. Research shows that a low-fat diet is not ideal for older people - for people over the age of 70 with a BMI around 30, a diet rich in fat will significantly improve their health.
- Healthy nutrition and hydration are taken very seriously to prevent negative conditions like anaemia, hypotension, infections, fractures, etc.
- Some diet options for healthy weight are the following:
    a. Highly nutritious food fortified with protein and high calories - especially in the early part of the evening.
    b. If a participant has lost appetite, maintain an appropriate calorie level by giving small regular meals.
    c. Add supplements like protein shakes and desserts like custard to their meals.
    d. Urge participants to step outside, maybe walk around in the garden or have an afternoon drink to get the right amount of Vitamin D every day.
    e. 25 micrograms or 1000 international units every day is the endorsed amount of Vitamin D needed by the older participants.
    f. In any case, where a participant has a nutrition-related health risk, a qualified nutrition consultant will perform a short form Mini Nutritional Assessment (MNA SF) and a Malnutritional Screening Tool (MST). The Malnutritional Screening Tool and the Mini Nutritional Assessment are the best ways to detect malnourishment among older people. The MST is known to give more accurate results.

✓ The following procedure is to be followed to make sure the Nutritional and Hydration needs of participants are met:

- Within 24 hours of admission, the Admission, Dietary/Nutrition Assessment should be completed. Nutritional and Hydration needs are established and recorded on admission documents using information from medical records, ACCR, hospital discharge documents, and doctor's health directions. All of this is done with input from the participant or representative.

- Dietary/Nutrition Assessment is printed and sent to the Head Chef at the catering department in the space of 24 hours.
- A list is printed by the Manager.
- **H&H Care** then formulate a Detailed Care Plan about 30 days after admission, which contains information on a participant's nutritional and hydration needs. The care plan should be studied every two months or even a little early on when needed to help staff with a particular participant's needs and preferences.
- In any case, where changes need to be made to a participant's nutrition, the Dietary Details Assessment is to be updated. A Nutrition and Hydration Changes Form is filled and sent to the Head Chef.
- Participant who needs their food in different texture because of some chewing or swallowing difficulty will need an assessment by a qualified health professional like a Speech Therapist.
- If any staff observe unusual behaviour from participants like a persistent cough or inability to ingest food or drink water, an RN will be needed to do a review. The affected participant will have to pause eating or drinking until the review is done.
- At least once a month, the participant is to be weighed, and their food intake is reviewed on applicable charts like Food Chart, Fluid Balance Chart, Observation Record.
- During the admission process, the Nutrition Risk Screening Tool is done, concluded, and evaluated later.
- In months where the weather is slightly hotter, participants' nutrition and hydration are closely examined. Participants will need more hydration except for people who have a special constraint.

25.5.7. Posture and positioning Correct.

Positioning is one of the simplest yet most effective forms of management for people who have swallowing problems. Correct positioning helps to protect the airway from aspiration and helps improve swallowing and breathing efficiency. An Occupational Therapist or Physiotherapist may be involved in helping a person achieve good positioning. Some general principles include:

- Ensure the person is sitting up as straight as possible with shoulders level.
- The person should be comfortable with their head tilted slightly forward when eating or drinking
- If food feels like it is sticking in the food passage/chest area, for even a short time, getting up and stretching may help the food to slip down into the stomach. Other changes to head position may be recommended as part of an individual management

Copyright © ISO Professionals E-mail: info@isop.com.au

plan. For this reason, it is important to follow any professional guidelines provided.

25.5.8. Managing risks of choking

- ✓ Swallowing difficulties are common among participants. If a service doesn't manage
- ✓ Swallowing problems can lead to death from choking.
- ✓ Normal age-related changes place older people at risk of experiencing swallowing problems. The risk is increased by pathological changes such as dementia, stroke, functional decline, and the use of medicines. Choking is a medical emergency and can lead to death. Staff initiating appropriate responses to choking can improve outcomes for the participants.

25.5.9. Standardised care process

1. Recognition

- ✓ Establish choking risk for participants who have:
    - a swallowing disorder
    - a previous history of choking
    - impulsive behaviours. Identify participants who are with acute airway obstruction.
- ✓ Symptoms in conscious participants include:
    - extreme anxiety
    - agitation
    - gasping sounds
    - coughing
    - loss of voice
    - clutching the neck.

2. Assessment

- ✓ Participants identified with a choking risk is referred for the specialist assessment using **Form79. Nutrition and Swallowing Risk Checklist** (for example, a speech pathologist, dietician, and dentist).

✓ Assessment findings and recommendations are documented, communicated across the care team, and implemented.

✓ When a participant presents with acute airway obstruction:

- Assess the severity of the airway obstruction. The obstruction may be partial or complete and the participant may be conscious or unconscious.
- Determine if the participant can cough effectively or if the cough is not effective.
- Partial obstruction is indicated if:
  – breathing is laboured
  – breathing is noisy (stridor)
  – air can be felt from the mouth.

✓ The participant should be continually observed because the airway obstruction may progress to complete obstruction within a few seconds. A complete obstruction is indicated if:

- the participant is attempting to breathe
- there is no sound of breathing
- no air can be felt coming from the mouth or nose
- there is cyanosis due to lack of oxygen.

3. Interventions

✓ Respond immediately to the choking episode as per below order:

- Immediate response to a choking episode and inform the RN.
- If the participant is coughing (effective cough):
  - encourage the participant to keep coughing to force out the foreign body
  - provide reassurance.

- If the obstruction is not relieved, call triple zero (000) and request an emergency ambulance.
- If the participant is not coughing and is conscious:
  - Call triple zero (000) and request an emergency ambulance.
  - Position the participant in a sitting or standing position.

- Give up to five blows in the centre of the back, between the shoulder blades, using the heel of the hand.
- After each blow check whether the obstruction has been relieved.
- If back blows are not effective, identify the CPR cardiac compression point and give up to five chest thrusts. Chest thrusts are like cardiac compressions but sharper and delivered at a slower rate.
- After each chest thrust check whether the obstruction has been relieved.
- If the obstruction is not relieved and the participant remains conscious, continue to alternate back blows and chest thrusts until the ambulance arrives.
- If chest thrusts cannot be applied, continue with back blows.

✓ Following a choking incident, the relevant Manager or the associated RN will:

- Inform the participant's GP.
- Inform the participant's family.
- Identify the possible cause and maintain a high awareness of the signs and symptoms of dysphagia.
- Refer to a speech pathologist, if available, for a swallowing assessment and recommendations.
- For participants on modified diet and fluids, monitor food and fluid intake to ascertain whether these are adequate (refer to a dietician if intake is not adequate).

✓ Implement an individualised risk reduction and prevention plan.

✓ Risk minimisation strategies for the participant at risk of choking may include:

- systems to ensure at-risk participants are identified to staff involved in food preparation, serving, feeding or supervision during mealtimes
- systems to ensure the right food reaches the right participant
  – a modified textured diet includes avoiding mixed-texture foods (for example, solid and liquid foods together such as vegetable soups, food with seeds, sticky foods, and dry, crumbly foods)
- supervision when eating and drinking

– modify how assistance with meals is provided (for example, encourage coughing after swallowing, allowing adequate time for chewing and swallowing, ensure swallowing has occurred before offering more food and drink, alternate mouthfuls of food with fluid, check the mouth for residual food after each meal)
– seating modification to help maintain an upright position
– postural adjustments and positioning – the participant should be seated upright with their chin tucked or turned to facilitate safe and efficient swallowing
– swallow manoeuvre (such as supraglottic and super supraglottic swallow, effortful swallow, Mendelsohn manoeuvre)
– introduction of eating and feeding aids such as adapted cups, shallow spoons, non-slip table mats, angled utensils
– environmental modifications to minimise distractions
– regularly attend to dental hygiene and provide oral hygiene before and after each meal

- medication review to identify
  – drugs that can impair the cough reflex and swallow
  – drugs that dry up oral secretions
  – alternative forms of preparations and routes of administration.

Communicate changes related to:

- choking risk
- eating plans
- dietary and fluid requirements

4. Referral

- Ambulance services for emergency assistance
- GP for post-episode assessment and recommendations
- Speech pathologist for post-episode swallowing assessment and recommendations
- Physiotherapist for seating modification
- Dietitian
- Consume oral Medication Management Review if indicated
- Oral hygienist or dental review if professional oral care is indicated

5. Evaluation and reassessment

- Monitor the participants:
  – swallowing status
  – adequacy of food and fluid intake
  – chest for signs of chest infection.
- Evaluate choking risk every six months.

6. Participant involvement

- Education regarding risk factors
- Discussion regarding modified diets and safe swallowing methods
- Advance care planning

7. Staff knowledge and education

- Recognition and response to a choking incident
- Identification of participants at risk of choking
- Identification and reporting of swallowing difficulties
- Interventions to reduce the risk of choking once swallowing difficulties have been identified
- Food and fluid texture modification
- Supervision, safe feeding assistance and positioning techniques at mealtimes

8. These will also help reduce incidences of choking:

- Don’t drink fluids while you’re eating. People do this to make the food go down and it can lead to choking.
- Don’t talk while you eat.
- Don’t eat lying down.
- Don’t drink alcohol while eating.
- Do learn to eat more slowly.
- Do put less on your plate so you can’t eat too much too fast. Have a second helping afterwards instead.
- Do julienne the food.

Copyright © ISO Professionals E-mail: info@isop.com.au

- Do peel apples before serving or, better yet, serve applesauce

25.5.10. How to reduce risks of choking

✓ Always make sure the Mealtime management intervention plan recommended by a speech pathologist is used to guide older participants so they can eat, drink, and take their medicine without any risk.

✓ If you observe any unusual behaviour like coughing, choking, wet throat, or an inability to swallow, that participant must temporarily stop eating and drinking until a speech pathologist is consulted.

✓ Participants, their families, and all staff should be aware of any risks and interventions involved. Let them know about the type of diet prescribed for a participant and the reason behind it.

✓ Unless there is a medical reason not to give participants water with their food. Staying hydrated will help their recovery and will make it easier to swallow food.

✓ Urge participants to have their diet recommended by the speech pathologist or dietician.

✓ Make sure that every participant gets the right meal for them.

✓ Help participant to:

a. Eat their food when it's time for them

b. Take food in small portions

c. takes in little sips of water to help in swallowing.

d. Sit up straight while they eat and continue sitting in that posture 30 minutes after meals

e. Minimise external distractions

✓ Work with families and carers and teach them how to assist participants during their meals to reduce complications when swallowing food.

✓ Support participant who doesn't feel like eating to eat frequent small meals and urge them to

stay healthy.

✓ Taste is essential to the swallowing reflex. Inquire and find out if the participant is enjoying their food and whether they have lost taste in their mouths. If a participant has lost taste, they should still be encouraged to eat their food.

25.5.11. Food Safety

✓ Food poisoning is frequently caused by bacteria from foods that have been incorrectly stored, prepared, handled or cooked. Food contaminated with food poisoning bacteria may look, smell, and taste normal. If food is not stored properly, the bacteria in it can multiply to dangerous levels.

✓ Food poisoning bacteria grow and multiply fastest in the temperature danger zone between 5 °C and 60 °C. It is important to keep high-risk food out of this temperature zone.

25.5.11.1. Take special care with high-risk foods.

✓ Food poisoning bacteria can grow and multiply on some types of food more easily than others. High-risk foods include:

- raw and cooked meat - such as chicken and minced meat, and foods containing them, such as casseroles, curries, and lasagne
- dairy products - such as custard and dairy-based desserts like custard tarts and cheesecake
- eggs and egg products - such as mousse
- smallgoods - such as ham and salami
- seafood - such as seafood salad, patties, fish balls, stews containing seafood and fish stock
- cooked rice and pasta
- prepared salads - such as coleslaws, pasta salads and rice salads
- prepared fruit salads
- ready-to-eat foods - such as sandwiches, rolls, and pizzas that contain any of the food above.

✓ Food that comes in packages, cans and jars can become high-risk foods once opened, and should be handled and stored correctly.

Copyright © ISO Professionals E-mail: info@isop.com.au

25.5.11.2. Storing food in the fridge

✓ Your fridge temperature should be at 5 °C or below. The freezer temperature should be below -15 °C. Use a thermometer to check the temperature in your fridge.

25.5.11.3. Freezing food safely

✓ When shopping, buy chilled and frozen foods at the end of your trip and take them home to the store as quickly as possible. On hot days or for trips longer than 30 minutes, try to take an insulated cooler bag or ice pack to keep frozen foods cold. Keep hot and cold foods separate while you take them home.

25.5.11.4. Storing cooked food safely

✓ When you arrive home, put chilled and frozen foods into the fridge or freezer immediately. Make sure foods stored in the freezer are frozen hard.

✓ When you have cooked food and want to cool it:

- Put hot food into shallow dishes or separate into smaller portions to help cool the food as quickly as possible.
- Don't put very hot food into the refrigerator. Wait until steam has stopped rising from the food before putting it in the fridge.

25.5.11.5. Avoid refreezing thawed food

✓ Food poisoning bacteria can grow in frozen food while it is thawing, so avoid thawing frozen food in the temperature danger zone. Keep defrosted food in the fridge until it is ready to be cooked. If using a microwave oven to defrost food, cook it immediately after defrosting.

✓ As a rule, avoid refreezing thawed food. Food that is frozen a second time is likely to have higher levels of food poisoning bacteria. The risk depends on the condition of the food when frozen, and how the food is handled between thawing and refreezing. Raw food should never be refrozen once thawed.

Copyright © ISO Professionals E-mail: info@isop.com.au

25.5.11.6. Store raw food separately from cooked food

- ✓ Raw food and cooked food should be stored separately in the fridge. Bacteria from raw food can contaminate cold cooked food, and the bacteria can multiply to dangerous levels if the food is not cooked thoroughly again.
- ✓ Always store raw food in sealed or covered containers at the bottom of the fridge. Keep raw foods below cooked foods, to avoid liquid such as meat juices dripping down and contaminating the cooked food.

25.5.11.7. Choose strong, non-toxic food storage containers

- ✓ Make sure your food storage containers are clean and in good condition, and only use them for storing food. Cover them with tight-fitting lids, foil, or plastic film to minimise potential contamination. Transfer the contents of opened cans into suitable containers.

25.5.11.8. If in doubt, throw it out!

- ✓ Throw out high-risk food left in the temperature danger zone for more than 4 hours - don't put it in the fridge and don't keep it for later. Check the use-by dates on food products and discard out-of-date food. If you are uncertain of the use-by date, throw it out.

25.5.12. Food Handling

- ✓ Safe food handling is very important for some participants:

1. Tell your supervisor if you are suffering from diarrhoea, vomiting, fever, sore throat with fever or jaundice and seek medical advice.
2. Do not return to work until you are free of symptoms for 48 hours.
3. Tell your supervisor if you have any infected skin lesions (e.g., an infected skin sore, boil, acne, cut or abrasion, or any discharges from the ears, nose, or eyes) and seek medical advice.
4. Tell your supervisor if you know or think any food is unsafe to eat. Perform hand hygiene before handling food or putting on gloves.
5. Perform hand hygiene after using the toilet, smoking, coughing, sneezing, blowing nose, touching face, nose, ears or mouth, handling rubbish or after cleaning.

Copyright © ISO Professionals E-mail: info@isop.com.au

6. Avoid unnecessary contact with Ready Eat meals.
7. Cover hair and tie back long hair.
8. Secure hair clips, hairpins, buttons on clothes, jewellery, bandages.
9. Make sure bandages or dressings on any exposed parts of the body are covered with a waterproof covering.
10. Do not sneeze, blow, cough over unprotected food or surfaces likely to meet food.
11. Do not eat over unprotected food or surfaces likely to meet food. Do not spit, smoke, or use tobacco or similar preparations in areas where food is handled.
12. Do not touch food after touching earrings, body parts (hair, nose, ear, eye), skin lesions, saliva, mucus, sweat, blood, money without first performing hand hygiene.
13. Do not wear gel, acrylic or false fingernails, or jewellery that will meet food.
14. Remember, Lanyards may also transmit bacteria.

25.5.13. Monitoring and Review

- ✓ A health practitioner and workers will monitor, review, update and oversee **Form77. Mealtime Management Plan** regularly. The health professional will decide about the regularity of **Form77. Mealtime Management Plan** revision and **H&H Care** will support it.

- ✓ **Form77. Mealtime Management Plan** will be reviewed if there is any change in the participants' needs like any incidents or emergencies.

- ✓ Reports will be provided about **Form77. Mealtime Management Plan** based on a regular monitor by the workers as the following:

  - Track any changes in the meal habits of the participants with learning their usual meal habits
  - If there are any changes in the participant's habits the workers will discuss them with the participant to address the variations and reasons for the changes, for example, new medication, different diet, or recent illness.
  - Any changes will be reported to the health practitioner and the action plan will be agreed upon.
  - If an ongoing concern is reported the workers will report it to the health practitioner for assessment of the changes.

Copyright © ISO Professionals E-mail: info@isop.com.au

25.5.14. Training of Staff (Health Practitioner and Workers)

- ✓ For the provision of **Mealtime Management Plan** services to the participants, stored safely of food, **H&H Care** will provide all workers with the specifically required training.
- ✓ Training plans will be developed and delivered by an appropriately qualified health practitioner or person that meets the high-intensity support skills descriptor for meal management using **Form09. Training Matrix** and through **Human Resource Management Policy & Procedure.**
- ✓ A qualified trainer will train the support workers with all clients specific **Mealtime Management Plan management** training.
- ✓ The service users' needs and expectations, as well as the type of meal management, will be addressed in the training to cover any support requirements of the participant.
- ✓ Training and management support plans will detail how to manage any incidents or emergencies including the development of an emergency management plan covering emergencies such as constipation, rectal bleeding, perforation, infections or autonomic dysreflexia.
- ✓ Also, the training plan will include the identification of risks including actions and escalations such as coughing or choking on food or fluids or chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight)—
- ✓ Records of induction, Mandatory Checks, training, and organisational and professional development provided to all workers will be kept on each worker's record and on **Form09. Training Matrix** or the **Worker's file.**
- ✓ The workers will be notified by the **Management Team** to complete their refresher training in these areas regularly and keep track of the workers training currency through **Form09. Training Matrix form.**
- ✓ **Meal management** training will be provided by the Annual Training Schedule, maintained by the **Management Team**.

Copyright © ISO Professionals E-mail: info@isop.com.au

- ✓ An ongoing opportunity for **meal management** training and development of workers will be provided by **H&H Care** that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.
- ✓ Every worker and **Management Team** member would be able to have the opportunity to participate in **meal management** training and development activities.
- ✓ On-the-job training, internal or external courses, support for research and fieldwork, conference and seminar attendance, networking, and mentoring programs relevant to **meal management** are available to workers as a part of training and development methods.
- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager using **Form10. Worker Performance Assessment**.
- ✓ A health practitioner who has been deemed competent will undertake the competency assessment for all workers.
- ✓ Training will relate specifically to the service users' needs, type of meal management and cover any specific support requirements the service user may require.
- ✓ All practitioners will have a working knowledge of relevant current legislation, national guidelines, organisational policies, and procedures via using the Participant Handbook.

✓ Communication with each participant and the provision of support that is responsive to their needs is provided in the language, mode of communication and terms that the participant is most likely to understand. Where necessary, staff members should provide participants with advocates or interpreters. Interpreters would be available as below:

✓ The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. https://www.tisnational.gov.au/

26- Waste Management Policy & Procedure

8.1. Purpose

✓ The purpose of this policy & procedure is to ensure that each participant, worker, and any other person in the home is protected from harm because of exposure to the waste, infectious or hazardous substances generated during the delivery of supports.

8.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants receiving services and supports

8.3. Definitions

N/A

8.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Disability Services and Inclusion Act 2023**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**

Copyright © ISO Professionals E-mail: info@isop.com.au

8.5. Policy & Procedures

8.5.1. Type of Waste and Management

✓ Management of waste has several benefits as follows:

- Enhancing organisation's reputation
- Benefit the environment and society.
- Decrease infection or disease.
- Reduction in waste disposal cost

✓ **H&H Care** shall ensure to cut the waste and take measures to separate different types of wastes.

✓ Wastes could be divided into different types as follows:

Types of waste	Description
Clinical waste	Any kind of waste that is stained by blood is like bandages. ➢ As these kinds of waste have the risk of infection shall be placed in a separate bin and be stored for collection by a service provider which manages clinical waste. ➢ This kind of waste should be emptied with specific PPE like eyewear and gloves. ➢ The clinical waste bags should be filled with less than two-thirds of the bag. ➢ The area dedicated to clinical waste shall be restricted.
Sharps	Sharps waste is classified as biohazardous waste and shall be carefully managed. Common medical materials treated as sharps waste are hypodermic needles, disposable scalpels and blades, contaminated glass and certain plastics, and guidewires used in surgery. ➢ Incorrect disposing of sharp waste may put the workers at risk of injury. ➢ The sharp waste shall be disposed of in a specific container to be managed by a qualified service provider of sharp waste. ➢ Sharp waste should never be disposed of, in general waste or any

Types of waste	Description
	other non-approved waste. ➢ Sharp items should always be immediately disposed of. ➢ Never use or retrieve any items from a sharp container. ➢ Sharp containers shall be placed in a specific cupboard.
Pharmaceutical Waste	Pharmaceutical waste is drugs, remedies or medicine that have expired or are no longer required to treat a patient. ➢ Any pharmaceutical waste that is out of date. ➢ These could be harmful to the environment. ➢ May be returned to pharmacies for safe disposals. ➢ Shall never be placed in general waste.
Recyclable	Waste items that are usually recycled include: • Paper waste: Paper waste items include books, newspapers, magazines, cardboard boxes, and envelopes. • Plastic waste: Items include plastic bags, water bottles, rubber bags and plastic wrappers. • Glass waste: All glass products like bottles can be recycled. • Aluminum waste: Cans from soda drinks, tomatoes, fruit cans and all other cans can be recycled. ➢ Recyclable items shall be disposed of properly as follows: ▪ Toners could be collected by toner collection services. ▪ Supermarkets might recycle soft plastics. ▪ Councils collect the recyclable items.
Sensitive Waste	➢ Papers containing sensitive information shall be shredded. ➢ Sensitive waste should not be placed in a general waste bin. ➢ Hard drives and USB disks should be placed in an area to be managed by an E-waste service provider.
E-waste	➢ E-waste collection services could collect electronic waste. ➢ Shall not be placed in general waste or any other waste containers.
General Waste	➢ Any other kind of waste apart from the abovementioned is general waste and should be collected by the local council or government.

8.5.2. Workers Responsibility

✓ **Responsibility of Workers against Waste Management:**

- Ensure that wastes are disposed of correctly
- Ensure that all guidelines provided by management and regulations are used in the waste disposal copyright © ISO Professionals
- Ensure that all wastes are separated correctly
- Do not dispose of any of the sharp, clinical, or pharmaceutical wastes in general waste

8.5.3. Management Team Responsibility

✓ **Responsibility of Management Team against Waste disposal:**

- All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated, and reviewed through **Form04.Incident Report.**
- An emergency plan is in place to respond to clinical waste or hazardous substance management issues and/or accidents. Where the plan is implemented, its effectiveness is evaluated, and revisions are made if required.
- Workers involved in the management of waste and hazardous substances receive training to ensure safe and appropriate handling. This includes training on any protective equipment and clothing required when handling waste or hazardous substances. This training will be recorded on **Form09. Training Matrix** to ensure that everyone is trained in this area (if they are dealing with waste disposal). **H&H Care** will provide this training to the workers externally.
- Provide staff and workers with training about waste disposal.
- Ensure that wastes including sensitive information are not disposed of in general waste and are handled correctly (e.g., shredded or placed in a safe area).
- Ensure that all workers abide by this policy & procedure.
- Ensure that relevant waste management service providers will service all sites and offices regularly on a scheduled basis.

- Ensure that all bins are signed correctly to avoid any mistake in waste disposal.
- Review this Policy & procedure every year.
- In the process of waste removal **Form58.Waste Removal Register** will be filled out.

8.5.4. Waste Management Contractors

✓ Will manage the waste by engaging contractors to provide storage containers, audit their waste management plan and transport waste safely for disposal.

✓ Cleanaway Waste Management Limited, and Suez Company has been contracted by **H&H Care** as a licensed contractor for all medical and hazardous substances disposal. The contact details of these two companies are as of the following:

Cleanaway Waste Management:

- **Address:** Level 4, 441 St Kilda Road, Melbourne, VIC, 3004
- **Phone:** 1300 66 77 87
- Emergency Spills Response: 1800 774 557

Suez:

- **Address:** Level 4. 3 Rider Boulevard, Rhodes, NSW 2138
- **Phone:** 131335, 1300651116
- Emergency Spills Response: 1800 368737

8.5.5. Waste Management Plan

8.5.5.1. Training and Waste Management

✓ **H&H Care** has strategies in place for training staff in Waste Management including clinical waste management. The training programs are as of the following:

- All areas of Waste Management Plan
- Waste Management Policy and Procedure
- Work Health and Safety Policy and Procedure
- Infection Control Policy and Procedure

8.5.5.2. Measuring Waste Management Performance

- Quarterly Waste Management Meeting
- Feedback from participants support workers, and other stakeholders
- Internal audit
- **Form58.Waste Removal Register**

8.5.6. Waste Handling

8.5.6.1. Waste Segregation

✓ There are some waste separation processes in place for:

- Training all staff who are dealing with any types of waste
- Ensure that waste components are handled safely including storage and disposal through following Safety Data Sheets for hazardous wastes.
- Ensure that wastes are identifiable through colour coding and labelling
- All wastes are disposed of in a suitable container in an appropriate location, for example, a container for sharps
- Ensure that all waste is separated at once generated.

✓ **H&H Care** will provide suitable bins for general and medical waste. **H&H Care** has contracted with the companies mentioned in section 23.5.4 to remove and dispose of wastes of all types from each site.

✓ All sharps are placed in the sharp containers. When the sharps container reaches the manufacturers full capacity line, the lid is closed and secured. The full sharp container is removed and replaced by the cleaning contractor immediately. Cleanaway will remove

sharps from this site.

✓ The medical waste bin is lined with a biohazard bag, which is impervious to moisture and has strength sufficient to preclude ripping, tearing, or bursting under normal use and handling. The biohazard bags are removed when 2/3rd full by the cleaning contractor and each bag is tied and placed into the lockable biohazard bin located in the storage room.

8.5.7. Incident Prevention and Management

✓ It is our commitment to provide a safe workplace for all staff, participants, and any other stakeholders. For this, we have established a formal process to report and investigate all workplace accidents, incidents and near misses. This includes providing corrective and preventive actions.

✓ Any waste-related incidents will be handled immediately, and medical access will be provided to those involved in the incident. **H&H Care** will ensure to meet the WHS and incident management responsibilities including the following:

- Complying with all relevant OH&S legislation, regulations, codes of practice, and guidelines.
- Documenting, implementing, and communicating OH&S policy to all employees.
- Regularly monitoring and revising our policy per legislative and organisational changes or as appropriate.
- Establishing measurable objectives and targets aimed at eliminating work-related injury and illnesses.
- Provide adequate training, information, instruction and supervision to all employees and visitors to ensure work is carried out safely
- Ensure all accidents, hazards and near misses are recorded and reported and an investigation is carried out to determine possible causes.
- Maintain a safe working environment by reporting hazards or unsafe work practices promptly to their manager or supervisor.
- Report all workplace injuries, near misses and illnesses caused by work immediately to your manager.

Copyright © ISO Professionals E-mail: info@isop.com.au

8.5.8. Standard Precautions

- Staff must wear suitable gloves and other PPE appropriate for the task. Protective eyewear must be worn where there is the risk of splashing any hazardous chemical.
- To maintain a safe environment, Surfaces should be cleaned regularly using only cleaning procedures that minimise dispersal of micro-organisms into the air. Toilets, sinks, washbasins, baths, shower areas, and surrounding areas should be cleaned regularly or as required. Cleaning methods for these items should avoid the generation of aerosols.
- Floors should be cleaned daily or as necessary with a vacuum cleaner.
- Routine surface cleaning should be undertaken as follows:
- clean and dry work surfaces before and after usage or when visibly soiled.
- spills should be dealt with immediately.
- use detergent and warm water for routine cleaning.
- where surface disinfection is required, use by MSDS
- before and after applying disinfectants, clean and dry surfaces.
- empty buckets after use, wash with detergent and warm water and store dry; and
- mops should be cleaned in detergent and warm water then stored dry.
- Standard precautions to protect against infectious diseases include:
- wash hands for 30 seconds before and after contact with participants, eating, using gloves and after using the toilet, contact with used equipment and contact with body substances or equipment, materials (including linen) or contaminated surfaces.
- wear disposable latex gloves when handling food or any item which may be contaminated by bodily fluids.
- cover cuts or scratches with waterproof, breathable dressing.
- wear personal protective equipment (PPE) such as protective eyewear, an apron, enclosed footwear and/or a face mask if splashing or direct contact with body fluids is likely.
- use sharps containers at the point of use. Do not re-sheath sharps; and
- clean up spills with water and bleach.

8.5.9. Cough Etiquette

✓ Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should

follow or be instructed to follow respiratory hygiene and cough etiquette as follows:

- Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping, and blowing noses.
- Use tissues to contain respiratory secretions.
- Dispose of tissues in the nearest waste receptacle or bin after use.
- If no tissues are available, cough or sneeze into the inner elbow rather than the hand.
- Practice hand hygiene after contact with respiratory secretions and contaminated objects/materials; and
- Keep contaminated hands away from the mucous membranes of the eyes and nose.

8.5.10. Reporting incidents

✓ Every staff must report any incident to the Director of the H&H Care using Form04.Incident Report in less than 24 hours. If there is any injury or death of staff involved in the incident, Director should report the Safe work/Work safe immediately.

✓ All the incidents should be recorded on **Form11.Incident Register.**

✓ If there is any exposure to body fluids or blood due to an incident or injury, the report should be handled according to the "AUSTRALIAN NATIONAL GUIDELINES FOR THE MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH BLOODBORNE VIRUSES AND HEALTHCARE WORKERS WHO PERFORM EXPOSURE PRONE PROCEDURES AT RISK OF EXPOSURE TO BLOODBORNE VIRUSES".

✓ In any of the following circumstances, the Director should report the incident to the safety authorities (Safe work/ Work safe).

A worker who has been exposed to blood or body substances and
- has never been vaccinated against hepatitis B; or
- is a non-responder to previous hepatitis B vaccination courses; and,
- following the exposure incident requires a:
  - hepatitis B vaccination; and
  - hepatitis B immunoglobulin.

1. A worker requires post-exposure prophylaxis against HIV infection.

8.5.11. Chemical Incidents

- ✓ If an injury occurred due to exposure to hazardous chemicals the emergency response plan should be followed as well as the First Aid instructions on the Safety Data Sheets. A copy of the Safety Data Sheets must be available in any sites where there is a chance of exposure to a chemical.

8.5.12. Continuous Improvement

- ✓ **H&H Care** is committed to quality, innovation and promoting a culture of continuous improvement in its governance, management, and service delivery.
- ✓ Continuous improvement is incorporated into all areas of **H&H Care**'s operations.
- ✓ **H&H Care** includes its staff, participants, and other relevant stakeholders in its continuous improvement activities to ensure services are of high quality and meet participants' needs.

27- Financial Management Policy & Procedure

27.1. Purpose

- ✓ **H&H Care** pays staff salaries and wages by the National Employment Standards, the Modern Award, and the current Staff contracts.

27.2. Scope

- ✓ This document applies to:
  - All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
  - All participants receiving services and supports

27.3. Definitions

N/A

27.4. Relevant Documents, Legislations, regulations, and standards

- Fairwork.gov.au
- Superannuation Guarantee

27.5. Policy & Procedures

27.5.1. Superannuation

The Company's "Superannuation Guarantee Charge" contribution is currently in line with the legislative requirements of individual staff wages. The plan is available from the Accounts Clerk.

27.5.2. Procedures

- Wages are reviewed annually and may increase depending on any further educational qualifications beneficial to the staff's role in the company.

- Wages are paid weekly commencing on the first day (at present Monday) after the first week worked.

- Staff will continue to be paid each week for the hours worked. Staff timesheets must be completed by 3.00 pm each Sunday to be available for the Accounts Clerks to process Monday mornings. All timesheets must be delivered to and approved by the office accounts manager. Timesheets delivered after 3.00 pm on Sunday will not be paid until the following pay week. Staff faxing their timesheets must mark them "Attention Accounts Manager".

27.5.3. Salary/Wages Date Entry Procedure

- Opens email containing subcontractors and any other staff who have emailed their timesheets and prints same. Emailed timesheets are saved to a folder in the email program under the heading "Staff", in a subfolder with the heading "Timesheet".
- Account clerk collects all staff members "Yearly Time and Pay Books". In each staff member, Yearly Time and Pay Books ensure that the following is completed.

Copyright © ISO Professionals E-mail: info@isop.com.au

- Date, Starting and Finishing times and Total Hours worked with employee signature.
- Payroll files are titled by the current financial year e.g., Payroll Jul 19 to Jun 20.
- Open the last file used (determined by date) and save it as the week ending for the payroll period to the Sunday date.
- Enter hours worked for each day for each staff member.
- Total amounts will be automatically adjusted by the program (formulas).
- Refer to the Australian Taxation Office "Weekly tax table" to calculate the tax payable (whole dollars only).

27.5.4. Payment Through Bank

- Log onto the internet and access the internet banking system
- Click on sign in and log in with username and password
- Click on Transfers
- Click on multiple transfers
- Enter amount for Employees only next to each employee name
- Click Transfer
- Print page once confirmed
- Repeat Process as above for Contractors only
- Then sign off/log off

27.5.5. NDIS Claiming

- Time Sheets to be filled out
- All data regarding timesheets to be loaded into the online claiming platform
- Spreadsheet will be generated for bulk billing
- Spreadsheet needs to be manually verified
- Spreadsheet needs to be uploaded in the PRODA portal bulk billing section and submitted
- Any rejected claims to be reviewed, corrected and resubmitted

Copyright © ISO Professionals E-mail: info@isop.com.au

28- Emergency and Disaster Management Policy & Procedure

28.1. Purpose

✓ The purpose of this policy & procedure is to ensure that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated and ensures the continuity of support critical to the health, safety, and wellbeing of participants in an emergency or disaster.

28.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.

- All participants receiving services and support.

28.3. Definitions

Word/Term	Definition
Emergency	A sudden unexpected event or condition which has caused or is causing or has the potential to cause major property damage, and/or serious injury to personnel.
Emergency Plans	Documented procedures to control site operations in the event of all anticipated-on site and off-site emergencies affecting the organisation concerned.

28.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **National Disability Strategy 2021-2031**
- **Disability Services and Inclusion Act 2023**

28.5. Policy & Procedures

28.5.1. Our Commitment

✓ This Emergency Preparedness & Response Plan is provided to enable **H&H Care** Developments to manage most emergencies.
✓ An emergency i.e., an unexpected event of a serious nature, which demands immediate action, can arise as either an incident such as an accident or dangerous event in the workplace, the result of severe climatic conditions or natural disaster or as a security threat.
✓ The scope of this Emergency Preparedness & Response Plan covers such events as they may affect **H&H Care** employees, subcontractors, clients, and the public.
✓ **H&H Care** is committed to complying with the NDIS Code of Conduct when providing support

Copyright © ISO Professionals E-mail: info@isop.com.au

or services to participants with dysphagia or swallowing difficulties.

- ✓ **H&H Care** is committed to making sure that identifying each participant requires severe dysphagia management.
- ✓ **H&H Care** provides supports and services safely and competently with care and skill
- ✓ **H&H Care** is committed to making sure that with their consent, their individual severe dysphagia management needs are assessed by appropriately qualified health practitioners, including by practitioners conducting regular and timely reviews if needs change or difficulty is observed.
- ✓ **H&H Care** is committed to making sure that measures are in place to enable continuity of supports that are critical to the safety, health, and wellbeing of each participant before, during and after an emergency or disaster.
- ✓ **H&H Care** is committed to making sure that the measures include planning for each of the following:

  (a)preparing for, and responding to, an emergency or disaster.

  (b)making changes to participant supports.

  (c)adapting, and rapidly responding, to changes to participant supports and other interruptions.

  (d)communicating changes to participant supports to workers and participants and their support networks.

- ✓ **H&H Care** develops emergency and disaster management plans (the plans), consults with participants and their support networks about the plans and puts the plans in place.
- ✓ **H&H Care** is committed to making sure that the plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.
- ✓ **H&H Care** is committed to making sure that mechanisms are in place for the governing body to actively test the plans, and adjust them, in the context of a particular kind of emergency or disaster.
- ✓ **H&H Care** is committed to making sure that the plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.
- ✓ **H&H Care** is committed to making sure that the governing body regularly reviews the plans and consults with participants and their support networks about the reviews of the plans.
- ✓ **H&H Care** is committed to making sure that the governing body communicates the plans to workers, participants, and their support networks.
- ✓ **H&H Care** is committed to making sure that each worker is trained in the implementation of

the plans.

28.5.2. Type of Emergencies

✓ The following, although not exhaustive, illustrates the type of emergencies that may confront **H&H Care** workers and participants:

✓ Accidents caused by a person or because of a person's actions causing injury which may be minor, major, or critical.

Dangerous events include:

- Collapse, overturning, failure or malfunction of or damage to car and equipment
- Implosion, explosion, or fire.
- Hazardous substances or dangerous goods.
- Severe climatic conditions or natural disasters e.g., floods.
- Aggressive behaviour; and
- Security threats e.g., criminal activity, vandalism, bomb threats etc.

28.5.3. Planning for Emergencies

✓ **H&H Care** must establish and maintain site-specific arrangements using the following guidelines.

- Prepare **Form82.Emergency Response Plan** including a site plan indicating assembly point and complete the Emergency Services Contacts and the Emergency Contacts; Site Map
- Include an effective method of ensuring that site visitors are accounted for. Include and maintain an up-to-date daily list(s) of all personnel in the office including visitors.
- Include an effective "Emergency Alert" system (air-horn, alarm, etc.).
- Establish and maintain a safe and effective evacuation route and assembly locations.
- Include appropriate and adequate firefighting equipment (extinguishers, alarms, signage).
- Establish a reliable communications system (radios, mobile phones, etc.).
- Appoint key personnel to take control during an emergency.
- Instruct workplace personnel in these procedures and ensure that they are fully aware of them.
- Maintain training records of all emergency training.

Copyright © ISO Professionals E-mail: info@isop.com.au

- Emergency escape drills must be conducted at least once per quarter and more frequently for higher-risk situations, for example in areas where hot works are ongoing. Where practicable, drills should be conducted in conjunction with local emergency services or a suitably qualified fire contractor.
- Establish and maintain appropriate first aid resources and training
- Identify local Doctors/Medical Centres
- Identify and liaise with the local emergency services.

28.5.4. Emergency Preparedness & Response

✓ The Manager or Supervisor develops an Emergency Response Plan **Form82. Emergency Response Plan**

✓ Each participant will have **Form33.Participant Disaster and Risk Assessment** completed during their onboarding process and will be updated yearly or when there are changes to a participant's circumstances.

✓ An emergency shall be defined as any unplanned event that can cause:

- Deaths; or
- Significant injuries to employees or occupants; and/or
- Shut down the business; and/or
- Disruption to operations; and/or
- Physical or environmental damage.

For example:

- Fire or Explosion
- Chemical Release
- Medical Emergency
- Bomb Threat

✓ When developing the evacuation plan for each separate area, the Manager or Supervisor considers the following:

✓ Contacting the local fire station officer for advice about evacuation

✓ Available effective alarm facilities

✓ The Manager or Supervisor ensures that copies of the Emergency Plan are kept in adequate places and readily accessible.

✓ Emergency Plans for the office and site will be formally reviewed and updated to reflect status,

the effectiveness of risk and to record. This will occur annually.

28.5.5. Emergency Response Training

- ✓ Designated emergency personnel (e.g., first aid personnel, emergency controller) and the worker shall be trained in emergency scenarios appropriate to their responsibilities and degree of risk to respond to site-specific emergencies, which may arise on or near the project as required.
- ✓ Training for emergency personnel shall be defined in **Form09.Training Matrix.**
- ✓ The **H&H Care** communicates the plans to workers, participants and their support networks during induction using the 2-Worker Handbook and 3-Participant Handbook and Form08.Induction Checklist

28.5.6. Testing Emergency Plans

- ✓ Emergency Plans (e.g., evacuations, chemical spill responses, etc.) are evaluated at least once per year. Everyone on the worksite should take part, (including all managers, contractors, visitors etc.).
- ✓ The manager records the result including issues; problems etc. on **Form81. Emergency Drill** Reporting **form** and communicate with the employee at each test or rehearsal and reviews the emergency plan immediately to make improvements if required.

28.5.7. Reviewing Emergency Plans

- ✓ For emergency plans to remain current and effective they must be reviewed and revised (if necessary) annually or when:
    - When there are changes to the workplace such as re-location or refurbishments
    - When there are changes in the number or composition of staff including an increase in the use of temporary contractors
    - When new activities have been introduced, and
    - after the plan has been tested.

Copyright © ISO Professionals E-mail: info@isop.com.au

29- Child Safety Policy and Procedure

29.1. PURPOSE

- ✓ **H&H Care** understands that participants have the right to feel safe and live in an environment where they are protected from assault, neglect, exploitation, and/or any other form of abuse.
- ✓ This policy takes into consideration the requirements for child safety for those participants under the age of 18 years.

29.2. SCOPE

- ✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants receiving services and support under the age of 18 years.

29.3. Definitions

N/A

29.4. Relevant Documents, Legislations, Regulations and Standards

- **Commission for Children and Young People Act 2012**
- **Child Wellbeing and Safety Act 2005**
- **Child Wellbeing and Safety Regulations 2017**
- **Human Services (Complex Needs) Act 2009**
- **Children, Youth and Families Act 2005**
- **Working with Children**
- **Form04.Incident Report**
- **Form11.Incident Register**

29.5. Policy & Procedures

✓ At **H&H Care** will energize and uphold any individual who has seen the maltreatment of a member or who thinks that misuse has happened to make a report and be sure of doing so without any fear of retaliation.

✓ At **H&H Care,** it is compulsory to report any indicators, ensuring to be committed to child safety.

✓ **H&H Care** recognises that avoidance is the best security from misuse and disregard and perceives their obligation of care commitments to execute anticipation methodologies.

✓ All staff of **H&H Care** will undergo a "Risk Assessed Role" and recorded on **Form61. Risk Assessed Role Register** which must have the required state specific checks.

✓ Staff must undergo and have a NDIS worker Screening clearance prior to employment. This is recorded in their staff folder.

✓ **H&H Care** is committed to the safety, participation, and empowerment of all children.

Copyright © ISO Professionals E-mail: info@isop.com.au

- ✓ Regardless of a child's disability diagnosis, they have the same rights and freedoms as all other children and **H&H Care** will take each child's best interests into account when providing services.
- ✓ **H&H Care** has zero tolerance of child abuse, and all allegations and safety concerns receive priority response for the safety and protection of the child.
- ✓ **H&H Care** has legal obligations to notify relevant authorities where concerns about a child's safety are identified.
- ✓ **H&H Care** is focused on forestalling child abuse to identify risks early, to minimise and eliminate risks.
- ✓ **H&H Care** is committed to regularly training and professional development of its staff and volunteers on child abuse risks.
- ✓ At **H&H Care** we are focused on the social well-being of Aboriginal and Torres Straits Islander children, the social security of kids from socially and additionally etymologically different foundations and giving a protected climate to those children with a disability.

29.6. PROCEDURE

Abusive Situations: When to Report

- ✓ It is critical to continuously rummage around for the cause of a alter in a participant's behaviour or unexplained physical side effects. On the off chance that a member appears one or more of the conceivable signs (as recorded underneath), it does not consequently mean the child is being abused, but it must be detailed. The Director will at that point report to Child Security Administrations (numbers recorded).

    - A participant shows a change in behaviour or mood that may indicate they are being abused.
    - You observe someone behaving towards a participant in a way that makes you feel uncomfortable.
    - A participant tells you that they are being abused by another person.
    - A person tells you that they are abusing a participant.
    - A participant or visitor tells you that they have observed abusive acts.

- You observe an action or inaction that may be considered abusive.
- You suspect or have any reason to believe a participant is being abused.

✓ Failure to report an abusive situation may result in a Criminal Offence.

Who to report to:

✓ The Director will use their professional understanding and knowledge of child protection to determine when to contact the required reporting body.

✓ To make a report, the Director will contact the child protection intake service covering the local government area (LGA) where the child normally resides. Telephone numbers to make a report during business hours (8.45am-5.00pm), Monday to Friday is listed below:

- North Division intake: 1300 664 977
- South Division intake: 1300 655 795
- East Division intake: 1300 360 391
- West Division intake - metropolitan: 1300 664 977
- West Division intake - Rural and regional: 1800 075 599.

✓ To report concerns about the immediate safety of a child outside of normal business hours, the service supervisor will contact the After-Hours Child Protection Emergency Service on 13 12 78.

Details to Provide

✓ The Director will be required to provide the following information to the child abuse report line, including current information:

1. Child's name, age, date of birth, address
2. Description of injury, abuse, and/or neglect (current and previous)
3. The child's current situation
4. The location of the child, parent or caregiver and alleged perpetrator
5. When and how did you find out about the abuse

Child Identification Details and Context

✓ **H&H Care** will need to provide enough detail to identify the child or young person and give context to your report, including:

- The 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)
- Parents and/or guardians
- Living situations: who do they live with, family members, siblings ect.
- The alleged perpetrator's name, age, address, relationships to the child or children, and current whereabouts.
- Current whereabouts of the child or children of concern
- Details of when the next expected contact with the alleged perpetrator will occur.
- Family court orders, apprehended violence orders and/or domestic violence orders, if in place.

✓ Staff will be provided with training and professional development on child protection.

✓ **H&H Care** will train its staff and volunteers to identify, assess, and minimise risks of child abuse and to detect potential signs of child abuse.

✓ **H&H Care** will report inappropriate behaviour through appropriate channels and if required notify the regulatory authorities.

✓ Everyone who interacts with children through work, including volunteers, will be required to hold a Working with Children Check or equivalent depending on the state in which they live in.

✓ **H&H Care** will document any allegations of abuse and safety concerns as per its incident management policies and procedures.

✓ **H&H Care** takes all allegations seriously and has practices in place to investigate thoroughly and quickly.

✓ **H&H Care** staff and volunteers are trained to deal appropriately with allegations.

✓ **H&H Care** works to ensure all children, families, staff and volunteers know what to do and

who to tell if they observe abuse or are a victim and if they notice inappropriate behaviour. This can be reported to **H&H Care** by completing **Form04.Incident Report** and recorded on **Form11.Incident Register** from the company.

- ✓ **H&H Care** has a responsibility to report any allegation of abuse if there is reasonable belief that an incident taken place.

30- Assist Travel and Transport Policy and Procedure

30.1. Purpose

- ✓ For a participant who requires transportation, **H&H Care** will arrange or supply the best mode of transportation while considering their needs, safety, comfort, and any risks to **H&H Care.**

Copyright © ISO Professionals E-mail: info@isop.com.au

30.2. Scope

✓ At **H&H Care** we ensure to help our participants maintain their connections to their communities by enabling them to take part in social activities and events and by helping them complete daily tasks.

✓ **H&H Care** will be required to ensure all staff member present during any transportation activity, **H&H Care** staff always holds the primary responsibility of duty of care for the participant.

30.3. Definitions

N/A

30.4. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme Act 2023**
- **Disability Services and Inclusion Act 2023**
- **The Australian Participant Law**
- **NDIS Guide to Suitability**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **NDIS (Complaints Management and Resolution) Rules 2018**
- **NDIS (Incident Management and Reportable Incidents) Rules 2018**
- **NDIS (Code of Conduct) Rules 2018**
- **NDIS (Practice Standards - Worker Screening) Rules 2018**
- **Work Health and Safety Act 2011 (Commonwealth)**
- **Form18. Participant Information Consent Form**
- **Form22.Service Agreement**

30.5. Policy & Procedure

✓ All vehicles used for the transportation of participants, whether owned by **H&H Care** or **H&H Care**, will be:

- Roadworthy
- Currently registered
- Insured
- Clean and safe
- Hold a current and valid driver's licence

✓ As such, **H&H Care** will ensure to maintain information of employees' vehicles to ensure compliance with the travel and transport policy and procedure.

- Vehicle registration expiry date
- Insurance expiry date
- Driver's licence renewal date

30.5.1. Transport in participant's private vehicle.

✓ Prior to staff using the participant's vehicle to transport the participant, consent will be recorded on **Form18. Participant Information Consent Form** and the below details will be gathered and recorded. This provides the participants with an option should they wish to use their own private vehicle for transportation arrangement with **H&H Care** staff to drive it

- Vehicle registration papers, that include:
- Vehicle registration number
- Vehicle registration expiry date
- Type of vehicle
- Third-party insurance
- Comprehensive insurance

30.5.2. Assessment and planning of transportation needs

✓ **H&H Care** will discuss the options with the participant for each activity involving transportation. The primary considerations for transport options should be:

- the specific goal of the activity
- participant safety and comfort
- participant's ability to travel
- skills required of staff to accompany the participant (if any)

- available resources.

✓ **H&H Care** will ensure to cater to a range of different transport options, this may include but not limited to:

✓ **H&H Care** transportation in our vehicles

- staff provide transportation in the staff member's private vehicle
- participant provided transportation in participant's private vehicle
- use of community-based transport, e.g. council buses, community services buses sponsored by local clubs or transportation from other community groups or services
- public transport including buses, trains or ferries
- transport sponsored by local hospitals or health services
- taxis.
- Uber

- Should a participant be eligible for a disabled parking permit, or a subsidised taxi scheme, the participant or their guardian is encouraged to apply through the appropriate means.
- Should a participant require a wheelchair taxi, that cannot be transported in a normal vehicle, a wheelchair taxi will be arranged. This will be arranged should transporting the participant in a regular vehicle be unsafe or pose a risk to themselves and those around.

✓ To ensure that the participant can be transported safely, **H&H Care** will conduct a risk assessment for the transportation service event through **Form33. Participant Disaster and Risk Assessment**, which will include an assessment of:

- the participant's capacity to enter and exit the vehicle
- parking conditions at the pickup and drop-off points
- risks at the destination
- weather conditions
- the participant's overall health, including any behaviour that could potentially cause risk to themselves, other participants, staff or volunteers.

✓ When risks are identified, strategies to reduce them to acceptable levels will be incorporated

Copyright © ISO Professionals E-mail: info@isop.com.au

into the participant's support plan.

30.5.3. Transporting Participants in a vehicle or bus

✓ **H&H Care** will liaise with the participants and/or their guardians to agree on the travel and transport service, this will be reflected on **Form22.Service Agreement.**

- When completing **Form33. Participant Disaster and Risk Assessment**, incorporate the participants transfer aids if any when completing the assessment
- The participant is using seatbelt restraints or any other alternatives such as a highchair
- Child safety will always be in place to ensure doors are always locked and the driver can unlock these at any time including from the outside, but the participant cannot exist on their own
- Should the participant be required to be dropped off at a destination, ensure the participant is inside safety before leaving
- At no time should the driver or participant be smoking in the vehicle or bus
- Seating will be assigned to individual members as per their requirements and to amplify all travellers' security and solace
- 000 will be contacted in the event of an incident, accident or emergency, this will be done if it can be done (e.g. physically able)
- All vehicles will have a first aid kit

Copyright © ISO Professionals E-mail: info@isop.com.au