Integration & Empowerment Services

Specialising in matters of empowerment because empowerment matters

Policy and Procedure Manual
April 2024, Version 4.0

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ABOUT INTEGRATION AND EMPOWERMENT SERVICES

Integration and Empowerment Services (IES) is a not-for-profit organisation whose main purpose is to help relieve the negative impacts of illness, suffering and disability in the local community. The organisation promotes inclusion and independence through inclusive, innovative, sustainable programs and wrap-around services, which cultivate physical, cognitive, psychological, and emotional well-being. Consumers are treated with dignity and respect, with their identity, culture and diversity valued. The organisation offers a combination of unique community-based social services and premium in-home health services, including domestic, allied, and other health services directly to people with disability, their carer and families in Ellenbrook, within the City of Swan.

Services Provided

Case Management
Counselling and information, and the assessment, development, and implementation of Support/Action Plans, which coordinate the services the organisation provides.

Personal assistance
Individual supervision and physical assistance with bathing/showering; personal hygiene and grooming; dressing, undressing and using dressing aids; toileting; mobility; transfers (including in/out of bed and toileting); and medication management.

Support with Activities of Daily Living
Individual supervision and physical support with communication (including support that addresses difficulties arising from impaired hearing, sight or speech, or lack of common language); assistance with referrals for sensory communication aids; checking hearing aid batteries; cleaning spectacles; and supporting telephone use.

Nutrition, Hydration, Meal Preparation and Diet
Individual supervision and physical assistance with preparing meals; implementing special diets for health, religious, cultural or other reasons; using eating utensils and aids; feeding and enteral feeding.

Management of Skin Integrity
Individual supervision and physical assistance with providing and applying bandages, dressings and skin emollient.

Continence Management
Assessment for, and if required, the provision of disposable pads/absorbent aids; commode chairs; bedpans and urinals; as well as assistance using incontinence aids and managing continence.

Mobility and Dexterity
Assessment for, provision of and assistance with using crutches; quadruped walkers and walking frames; walking sticks and wheelchairs; hydraulic devices for lifting; bed rails/slide sheets/tri-pillows; and pressure relieving mattresses.

Home Care

Individual attention, empowerment and physical assistance with cleaning; domestic laundry; ironing; arranging for dry-cleaning of items that cannot be machine-washed; home and garden maintenance; and home modifications; as well as supporting access to technical advice on major home modifications; providing advice on areas of concern in the home that pose safety risks.

Capacity Building

Rehabilitative support and assistance to access and meet a professionally determined therapeutic need; emotional support including ongoing support adjusting to a lifestyle involving increasing dependency; and support for consumers with cognitive impairment, including individual therapy, activities and access to specific programs designed to prevent or manage a condition or behaviour, and enhance quality of life and provide ongoing support.

Community Access

Transport and personal assistance to shop, visit health practitioners or attend social activities; arranging social activities and providing or coordinating transport to social functions, entertainment activities and other out-of-home community services, assistance to access support services to maintain personal affairs; leisure activities including encouragement to participate in social and community activities and programs that promote and protect the consumers' lifestyle, culture, interests, wellbeing; and respite care.

Clinical Care

Physical assessment and assistance with nursing, allied health and therapy services such as podiatry, nutrition, occupational therapy or physiotherapy services; referral other clinical services such as hearing and vision services; and supporting access to other health and related services, including referral to health practitioners or other service providers.

Centre Based Programs and Activities

Delivered from Integration and Empowerments main office, in its Activity Rooms, centre-based programs and activities

Head Office Location

IES operates out of its head office at Tenancy 13, 80 Maffina Parade, Ellenbrook and staff travel to consumers' homes as required.

Mission, Vision, and Values

Integration & Empowerment Services' (IES) mission is to empower vulnerable individuals by promoting inclusivity, independence, and access to high-quality, person-centred support and community services. Our vision is a community where everyone can thrive, without limitations or barriers to achieving their goals. A community where individuals are appreciated for their unique and diverse perspectives, skills, abilities, strengths, and contributions.

All IES's operations and activities are built upon the *Values* of:

Honesty and Transperancy | Visionary Thinking | Individuality, Diversity and Equlaity | Community, Connection, Cooperation, Coordination and Collaboration | Independence and Professionalism
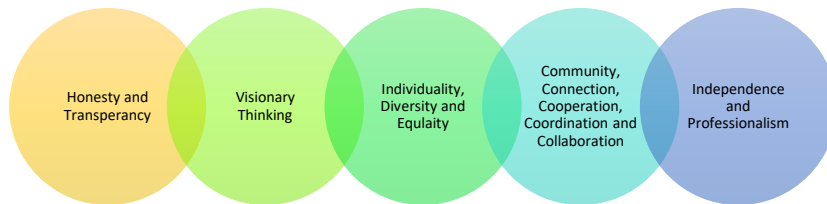
IES and Commonwealth, State, NDIS Compliance

IES is a Registered NDIS Provider and complies with the Commonwealth Government requirements for the delivery of quality and safe disability support services.

ABOUT THIS MANUAL

To deliver its services in Western Australia to NDIS participants, IES must comply with the NDIS Rules 2018.

- meet the mandatory requirements of the NDIS Commission
- accept the *NDIS Registration groups and Price Framework for Disability Services*; and
  - complete a self-assessment and participate in an independent quality evaluation against the *National Standards for Disability Services* every three years.

National Standards for Disability Services

The *National Standards for Disability Services* are quality standards that govern how Western Australian disability service providers deliver services. The Standards are:

STANDARD 1: RIGHTS
The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
Indicators of Practice include:

1. The service, its employee and its volunteers treat individuals with dignity and respect,
2. The service, its employee and its volunteers recognise and promote individual freedom of expression,
3. The service supports active decision-making and individual choices including timely provision of information in appropriate formats to support individuals, families,

friends and carers to make informed decisions and understand their rights and responsibilities,

4. The service provides support strategies that are based minimally restrictive options are contemporary, evidence-based, transparent and capable of review,
5. The service has preventative measures in place ensuring that individuals are free from discrimination, exploitation, neglect, abuse, harm and violence,
6. The service addresses any/all breach of rights promptly and systemically to ensure opportunities for improvement are captured,
7. The service supports individuals with information and, if needed, access to legal advice and/or advocacy,
8. The service recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of individuals with disability,
9. The service keeps personal information confidential and private.

STANDARD 2: PARTICIPATION AND INCLUSION

The service works with individuals and families, carers and friends to promote opportunities for meaningful participation and active inclusion in their chosen community.

Indicators of Practice include:

1. The service actively promotes the valued role for individuals with disability, of their choosing,
2. The service works together with individuals to connect to family, friends and their chosen communities,
3. Employees understand, respect and facilitate individual interests and preferences, regarding working, learning, social activities and community connection over time,
4. Where appropriate, the service works with an individual's family, friends, carer or advocate to promote their chosen community connection, inclusion and participation,
5. The service works in partnership with other organisations and community members to support individuals to actively participate in their chosen community,
6. The service uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.

STANDARD 3: INDIVIDUAL OUTCOMES

Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.

Indicators of Practice include:

1. The service works together with an individual and, with the consent of their family, carer, friends, or advocate to identify their strengths, needs and life goals,
2. Service planning, provision and review is based on individual choice and is undertaken together with the individual and, with the consent of their family, friends, carer or advocate,
3. The service plans, deliver and regularly reviews services or supports against measurable life outcomes,

4. Service planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and all other relevant factors,
5. The service collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.

STANDARD 4: FEEDBACK AND COMPLAINTS

Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.

Indicators of Practice include:
1. Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences,
2. Feedback mechanisms, including complaints resolution, how to access independent support and advice and representation are clearly communicated to individuals, families, carers friends and advocates,
3. Complaints are resolved with the individual, family, carer, friends or advocate in a proactive and timely manner,
4. The service seeks and, in conjunction with individuals, families, carers, friends and advocates reviews feedback on service provision and supports on a regular basis as a part of continuous improvement,
5. The service develops a culture of continuous improvement using compliments, feedback, and complaints to plan, deliver and review services for individuals and the community,
6. The service effectively manages disputes.

STANDARD 5: SERVICE ACCESS

The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.

Indicators of Practice include:
1. The service systematically seeks and uses input from individuals with disability, their families, carers and friends to ensure access is fair, equal and transparent,
2. The service provides accessible information in a range of formats regarding the types and quality of services available,
3. The service develops, applies, reviews and communicates the commencement and leaving of a service process,
4. The service develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists,
5. The service monitors and addresses potential barriers to access,
6. The service provides clear explanations when a service is not available including information and referral support for alternative access,
7. The service collaborates with other relevant organisations and community members to establish and maintain a referral network.

STANDARD 6: SERVICE MANAGEMENT

The service has effective and accountable service management and leadership to maximise outcomes for individuals.

Indicators of Practice include:
1. Frontline employee, management and governing bodies are suitably qualified, skilled and supported,
2. Practice is based on evidence and minimal restrictive options, complies with legislative, regulatory and contractual requirements,
3. The service documents, monitors and effectively uses management systems including occupational Health Safety, human resource management and financial management,
4. The service has monitoring feedback, learning and reflection processes which support continuous improvement,
5. The service has a clearly communicated organisational vision, mission and values consistent with contemporary practice,
6. The service has systems to strengthen and maintain organisational capabilities to support the achievement of individual goals and outcomes,
7. The service uses person-centred approaches including the active involvement of individuals with disability, families, carers, friends and advocates to review policies, practices, procedures and service provision.

This Policy and Procedure Manual sets out the policies and procedures that govern IES's NDIS operations and service delivery. All policies and procedures comply with relevant Commonwealth and State Government legislation, regulations and standards applicable to IES's service delivery. This manual is intended to complement all State and Commonwealth legislation and does not override any Acts of Parliament or other legal requirements.

All IES's staff are required to comply with the policies and procedures in this manual. Failure to follow IES's policies and procedures will be treated seriously and may result in disciplinary action. A hard copy of this manual is available at the Hub and on Employment Hero for staff to access as needed.

The policies and procedures within the manual are reviewed regularly by the Board based on a risk management approach to review timeframes. Any changes to the manual are communicated to staff. Staff are expected to refer to the manual on a regular basis and keep up to date with any changes.

NOTE: For simplicity, where the term 'staff' is used throughout this Manual, it refers to the employees, volunteers, contractors and any other person undertaking work on behalf of IES. Both written and verbally communicated information about consumer rights inform the consumer that they can access/be provided a copy of this policy and procedure at any time upon request.

Supporting Documents

Organisational documents relevant to this policy and procedure:
- *IES's Information Pack*
- *Feedback and Complaints Policy and Procedure*

- *Privacy and Confidentiality Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least two-yearly by the Board and incorporate consumer and other stakeholder feedback.

IES's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified.

Annual service delivery and satisfaction surveys will assess consumer:
- awareness of their rights and the extent to which they feel able and supported to exercise them.
- satisfaction with the support they are provided to exercise their rights.
- awareness of what to do if their rights are violated.
- satisfaction with the quality of services they receive.
- satisfaction that their privacy and confidentiality are maintained.
- views on how easy it is to access the feedback, compliments and complaints system.
- satisfaction with how complaints and feedback are managed.
- awareness of their responsibilities and satisfaction with any support needed to meet them; and
- satisfaction with the management of reviews and appeals.

DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
1	May 2021	CEOs
Version History		
Version No.	Review Date	Revision Description
2	November 2023	NDIS Operations Policy and Procedure Manual

Policy

IES is committed to ensuring all consumers are the leaders in making decisions and exercising choice and control over all aspects of the support services they receive from the organisation.

In the first instance, consumers are the person making informed decisions and choices regarding themselves and the services they receive.

All people have the right to maintain their personal, gender, sexual, cultural, religious, and spiritual identity, and the right to dignity of risk. They also have the right to maintain their independence in physical, intellectual, emotional, cultural, social, civic and financial matters.

IES recognises that a person's decision-making capacity can be lost, temporarily or permanently, or regained and that even if a person lacks capacity regarding some decisions, this does not mean that they lack decision-making ability in all situations.

Principles

IES provides support and services based on the understanding that no two consumers' lived experiences are the same. It is expected that individuality and diversity is to be acknowledged and addressed regardless of whether it has been disclosed.

IES's Managers will ensure all staff are familiar with the following principles:
- In the first instance, as much as possible the consumer is to make their own decisions.
- Consumer's may choose to involve others as representatives in making decisions.
- Consumer's may legally be deemed unable to make their own decisions however remain involved in their choices and preference as much as possible/appropriate.
- Culturally and spiritually safe care and services mean IES, and its staff recognise and respect each consumer's cultural and spiritual identities and individual preferences.
- All consumers have the right to receive support to maintain relationships of choice, including intimate relationships.
- All consumers have the right to maintain their independence and self-determination which can often include making decisions that involve an element risk.

IES staff will support consumers/representatives/family members to access any information they reasonably require enabling them to participate in decisions affecting consumers' lives. This includes supporting them to access technology, aids, equipment, and services that increase and enhance their decision-making and independence.

Staff will ensure to acknowledge and respect the cognitive, communication, sensory, mobility, dexterity and environmental needs of consumers (during all service access and delivery activities), and utilise the required equipment, devices and technology to provide support in a way that maintains and promotes independence and choice.

Staff will regularly engage in open dialogue with consumers about their lifestyle, care and other preferences and encourage and support the inclusion of consumer's previous life experiences when planning care services and goals.

Staff will be responsive to the changing needs, goals, aspirations, and choices of consumers and will communicate in appropriate format/s to facilitate their informed decision-making and choice.

As per IES's *Consumer Rights and Responsibilities, Privacy and Confidentiality*, and *Service Access and Intake Policies and Procedures*, information about consumers' rights, services and processes that impact them will be provided in a variety of formats to assist understanding, to support decision-making and choice.

Supported Decision Making

A representative or person responsible for decision making is not necessarily the consumer's next of kin. A representative or person responsible can be:

- a guardian or administrator appointed by the WA State Administrative Tribunal (SAT); or
- a spouse, carer or close relative or friend (informal guardian).

If a person is unable to make decisions because of disability or impairment, a guardian or administrator can be appointed to make decisions for them.

A *guardian* can make personal and lifestyle decisions on another's behalf. In WA, an *administrator* can make financial and legal decisions about a person's estate.

An **advocate** can be a family member, friend or an independent person from a community organisation. Advocates assist consumers to express their needs or speak on behalf of a consumer. They are not substitute decision makers but are there to ensure the consumers' needs and wants are listened to.

Open Disclosure

IES promotes and practices an open disclosure approach to communication with consumers and their representatives, as a way of further recognising each consumer's right to be treated with dignity and respect. When an event or incident occurs that causes harm or risked harm to a consumer, IES is responsible for communicating this to the consumer to allow them to understand how it affects them and provide them with the opportunity to contribute towards addressing the issue/preventing it from occurring again.

Communication with consumers using an open disclosure approach remains like IES's usual communication approach, ensuring consumer diversity and any other needs are provided for (e.g. information in alternative formats and languages).

See IES's *Open Disclosure Policy and Procedure* for further details.

Dignity of Risk

IES respects each consumer's right to make choices for themselves that may involve risks.

Where a consumer has the capacity for decision making, all options, risks and possible consequences must be discussed with them, and all relevant stakeholders involved in the decision-making process. This ensures IES identifies and educates each consumer and/or their representative about any assessed risks to ensure they understand them clearly.

It is the Case Manager/Support Coordinators responsibility to use a problem-solving approach when working with a consumer to manage or minimise an identified risk. Where possible, IES aims to continue meeting each consumer's needs, goals and preferences where a risk has been identified.

Where there is disagreement about a decision based on a different view of the risk involved or the potential for harm, the emphasis should be on assisting the consumer to understand and obtain information about the risks and any mitigation.

If a decision doesn't place anyone at risk of harm, staff are to comply with the decision. Any staff member who believes they cannot agree with a consumer's decision because of their own values should refer the matter to the Case Manager/Support Coordinator. The staff member may need to withdraw from supporting the consumer in the activity.

All staff will be trained in responding to the needs of consumers, maintaining and promoting consumer's independence, decision making, dignity of risk and assisting consumers to make informed choices in the least restrictive way, through formal induction and training processes as well as regular team meetings.

Provision of Information
Advice, notice or information given to a consumer must be explained by the person giving it to the maximum extent possible in the language, mode of communication and terms that person is most likely to understand. Where possible, explanations should be given verbally and in writing.

If it is assessed that a consumer requires assistance with understanding the information provided, staff must use reasonable endeavours to convey the information to the person in the language, mode of communication or terms which the person is most likely to understand. staff may give a copy of the information to:

- a family member, representative, advocate or other person chosen by the consumer; or
- if no person is chosen by the consumer, a person whom staff consider can assist the consumer and who is not employed by IES.

Supporting Documents

Organisational documents relevant to this policy and procedure:

- *Consumer Information Pack*
- *Consumer Rights and Responsibilities Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Service Access and Intake Policy and Procedure*

- *Open Disclosure Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board and incorporate consumer and other stakeholder feedback as pivotal for creating change. consumers and stakeholders will be informed of any changes made and further feedback sought.

IES *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified.

Service delivery and satisfaction surveys will assess:
- whether consumers feel Integration and Empowerment (IES) and its services are inclusive to support them to express their culture, diversity and identity
- whether consumers feel IES supports a workplace culture that allows them to share their identity and health and support needs with staff.
- whether consumers feel supported to make decisions about the way they live and understand their service options available to them.
- whether consumers feel comfortable to discuss with staff their desires to pursue intimate or sexual relationships and receive support to do so.
- whether consumers understand risks they choose to take and IES supports them.
- consumer and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them.
- whether consumers feel IES supports their right to make choices and decisions about their services.
- consumers satisfaction with IESs processes to communicate information with them using methods and languages to suit their needs.
- whether consumers are satisfied with the choices they are provided regarding their service delivery and that their information is kept private and confidential.

Definitions

Compliment - an expression of praise, encouragement or gratitude about an individual staff member, a team or a service.

Complainant - a person who makes a complaint, or has a complaint made on their behalf**.**

Complaint - an expression of dissatisfaction made to or about an organization, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected.

Feedback – a person's thoughts, reactions or feelings in relation to a service or product received that is often used as a basis for improvement.

Open Disclosure – open discussions and communication with each consumer/their

representative when something goes wrong within the service that has caused harm or may potentially cause harm to a consumer. This harm may be physical, psychological or social resulting in loss of quality of life, impairment, suffering, injury, disability or death.

Procedural Fairness – a principle that requires a fair and proper procedure to be used when deciding.

Policy

IES respects each person's right to feel safe and comfortable to provide feedback or make complaints about the organisation.

Feedback and complaints are taken seriously as they provide IES with valuable information about consumers and others satisfaction and an opportunity to improve upon all aspects of its service.

IES promotes a workplace culture that values complaints to ensure consumers and other persons are encouraged to raise any feedback or concerns they may have.

IES's complaints management and resolution system ensures people can easily make a complaint and have it dealt with fairly and quickly.

IES makes information available to consumers and other stakeholders about how to make a complaint to the NDIS Quality and Safeguards Commission, Australian Human Rights Commission, or any other relevant body and keeps adequate records about complaints received.

Procedures

General

IES Procedure applies to all stakeholders of the organisation, including consumers, families, carers, advocates, staff, other service providers, government agencies and members of the community. Procedure meets relevant *NDIS Rules 2018*; current legislation, regulations and Standards, and assists IES to meet its obligations in relation to incident management systems and reportable incidents that may apply to a complaint, which is addressed by our Incident Management policies and procedures.

IES utilises the five (5) guiding elements of effective complaint handling as outlined in the Commonwealth Ombudsman, Better Practice Guide to Complaint Handling. The five (5) elements are**:**

- Culture - all IES staff must value complaints as a means of strengthening its administration and improving relationships with consumers and all other relevant persons.
- Principles - IES's complaint handling system must be modelled on the principles of fairness, accessibility, responsiveness, efficiency and integration.
- People - IES staff responsible for managing and addressing feedback and

complaints must be skilled and professional.

- Process - the seven (7) stages of complaints handling/management must be clearly outlined and followed – acknowledgement, assessment, planning, investigation, response, review, and consideration of systemic issues.
- Analysis = information about complaints must be examined as part of a continuous process of organisational review and improvement.

IES's Board must promote best practice, continuous improvement and an open, respectful culture that encourages and supports staff, consumers and other stakeholders to provide feedback or make complaints without fear of retribution. The effectiveness of this workplace culture, staff knowledge and application of this policy is assessed day-to-day in staff informal and formal supervision, analysing the source and context of feedback and complaints received and in yearly Performance Reviews of IES staff. Additional formal and on-the-job training is provided to staff where required.

As per IES's *Human Resources Policy and Procedure*, all staff must undergo Induction, which includes training in IES's feedback and complaints processes and NDIS incident management requirements.

Agendas for team meetings include a standing item on Continuous Improvement, including a review of feedback and complaints. This includes IES's Board seeking improvement ideas and feedback from staff and consumers in relation to the resolution of feedback and complaints to further encourage a welcoming and safe culture to raise concerns.

Staff must provide consumers and their supporters with information about IES's feedback and complaints processes when they first access the service. Throughout service delivery, staff must remind consumers and their representatives of their right to make a complaint and the positive improvements their feedback and complaints can make towards their care and the organisation. staff must ensure consumers and/or their representatives understand all complaints are addressed professionally and do not affect their service. Any external stakeholder or relevant person wishing to lodge feedback, or a complaint must also be provided with this information.

To ensure consumers understand their right to make a complaint and how to make a complaint, staff must provide information to them and their representatives in ways that suit their individual communication needs. Written information can be provided in different languages and Easy English or explained verbally by staff. staff can also help consumers access interpreters or advocates where required.

The CEOs must track and review feedback and complaints to identify ongoing issues using IES's *Complaints Register* and report feedback and complaints data to the Board at its quarterly meetings.

Privacy and Information Management
All personal information IES collects to manage feed back or complaints must be handled following IES's *Privacy and Confidentiality Policy and Procedure*.

Staff must keep information about complaints confidential. They may only disclose necessary detail if they are required to do so by law, or if not disclosing is likely to place the safety, health or wellbeing of any person at risk. staff must take all reasonable steps to notify the complainant before deciding not to keep personal information confidential.

IES's *Complaints Register* must be used to record information about feedback and complaints; any action taken to resolve complaints and the outcome of any action taken. All information regarding feedback and complaints is kept securely in accordance with IES's *Records and Information Management Policy and Procedure*. All records regarding complaints must be retained for at least 7 years from the date they are created.

Feedback

Providing feedback to IES is voluntary.

Feedback can be provided at any time, in any way, by any stakeholder, through:

- a staff member.
- email, mail or phone.
- IES's *Feedback and Complaints Form*.
- IES's website.
- service delivery planning days (involving consumers and other stakeholders).
- Board meetings (involving consumers and other stakeholders);
- staff collection of feedback after a person interacts with the service (e.g. initial assessment and planning; reviews; exit, etc.).
- annual consumer satisfaction surveys. All consumers or their representatives or families will be asked to complete these surveys; and
- annual staff and stakeholder satisfaction surveys. All staff will be asked to complete these surveys and stakeholders will be selected on a random basis.

Where feedback is provided verbally, the receiving staff member will transcribe it onto a IES *Feedback and Complaints Form.*

Complaints

People can make a complaint about any aspects of IES's services, including breaches of policies and procedures or the *Code of Conduct*.

 IES's complaints management process can be simplified into five steps:

1. Complaint Lodgment and Record

To lodge a complaint, people are encouraged to speak directly to a staff member first, to resolve the matter where possible, however respecting the person's right to escalate formally should they wish.

Formal complaints can be lodged:

- directly with a staff member, either verbally or by providing a completed *Feedback and Complaints Form*.
- by email to: hello@myies.org.au
- by phone 0862970737
- in writing to: Tenancy 13 80 Maffina Parade,

Ellenbrook; or

- if the business has a premises that consumers visit by placing a written complaint in a Suggestion Box in IES's head office.

Mail and phone submissions as well as the *Feedback and Complaints Form* and/or Suggestion Box can be used to make anonymous complaints.

Complaints and feedback can be lodged by a third party on behalf of another person, if their consent or the consent of their legal representative has been provided.

People making or impacted by a complaint must be encouraged to use an advocate of their choice to act on their behalf if they wish. The advocate may be a family member or friend, or sourced (with assistance from staff if required).

If a complaint alleges actual or possible criminal activity or abuse or neglect, it must be referred to the CEOs immediately. The CEOs must report and action the complaint as per IES's *Incident Management Policy and Procedure*.

Staff must take all reasonable steps to ensure complainants or people affected by complaints are not adversely affected or are in fear of retribution because a complaint has been made by them or on their behalf.

External Complaints Bodies
Outside IES, complaints can be made to the following bodies.
NDIS Quality and Safeguards Commission
Online: www.ndiscommission.gov.au
Phone: 1800 035 544.

Consumers of IES can also contact the Australian Securities and Investments Commission (ASIC) if they have concerns regarding consumer protection in relation to finances.
The WA Ombudsman (relating to Western Australian Government departments and agencies):

- by email to mail@ombudsman.wa.gov.au;
- by phone on 08 9220 7555; and
- online at www.ombudsman.wa.gov.au.

Consumers also have rights and protections under the Australian Consumer Law (ACL), including provisions on customer guarantees and unfair contract terms. The WA Department of Mines, Industry Regulation and Safety (www.commerce.wa.gov.au) provides information and advice about customer disputes under the ACL.

Privacy Complaints
Complaints about privacy or the handling of personal or health information can be reported to the regulatory bodies listed in IES's *Privacy and Confidentiality Policy and Procedure*. The CEOs and COO must record all information relevant to complaints, in its original and simplest form, in IES's *Complaints Register*. The *Complaints Register* must be stored in a

secure file, accessible only to the CEOs and Directors.

2. Acknowledgement
Staff must acknowledge receipt of complaints within 24 hours/2 working days. However, where a person has requested to remain anonymous, contact may not be possible or expected.

In their acknowledgement, the staff member must:
- listen openly to the concerns being raised by the complainant.
- reassure the complainant that their complaint is being addressed.
- ask the complainant what outcome they are seeking and set realistic expectations regarding the complaint resolution.
- be empathic towards the person and action all commitments made.
- action situations that pose an immediate threat or danger or require a specialised response.
- provide information about the complaint process and who will be addressing/resolving their complaint (including contact details).
- discuss timeframes for the process and establish the next point of communication/contact; and
- discuss any need to refer the matter to other organisations where they are identified as being more suitable to address. Acknowledgements must provide timeframes for resolution where possible.

If the complaint is resolved from initial discussions and acknowledgement, it must be reported to the CEOs for inclusion in IES's *Complaints Register*.

3. Assess, Plan and Investigate
The assessment of planning and investigation of complaints will not be conducted by a person about whom a complaint has been made, or a person with a conflict of interest in the matter. If required, the CEOs will determine the appropriate person to undertake the investigation.

IES staff responsible for managing complaints must be skilled in and have authority to resolve straightforward feedback/complaints however also be able to escalate complaints that require Board's consideration.

IES acknowledges all complaints are different therefore require different methods for investigation, for example, the subject, cause and resolution for some complaints may be clear, however others may need further/lengthy investigation.

In the first instance, as per IES's *Open Disclosure Policy and Procedure*, CEOs must acknowledge the concerns of the person making the complaint and provide a sincere and unprompted expression of regret and/or apology, for example "I am sorry this has occurred" or "I am sorry this has happened". Often this response can assist with resolving the complaint (but not always).

Initial and further preliminary assessments determine:
- the priority given to addressing the varied elements of the complaint.
- all persons involved in the complaint.
- the context including history and current circumstances surrounding the complaint.
- any additional relevant information and persons; and
- the requirement of escalation or involvement of another body to manage the complaint.

Following the above CEOs are responsible for developing a written plan that:
- defines what is to be investigated.
- lists the steps involved in investigating the complaint and states whether further information is required, either from the complainant or from another person or organisation.
- provides an estimate of the time it will take to resolve the complaint.
- identifies the remedy the complainant is seeking, whether the complainant's expectations are realistic or need to be managed, and other possible remedies; and
- notes any special considerations that apply to the complaint for example, if the complainant has asked for their identity to be withheld from others or if there is sensitive or confidential information that needs to be safeguarded.

Complaint investigation must focus on the identified complaint matters only. All parties involved in a complaint must be provided with procedural fairness and with the support and information necessary to participate in the complaints process.

During the investigation where disputes are noted, any evidence collected must be relevant and logical, not based on preconceptions, suspicion or assumptions. A written record of all evidence must be kept and stored as per IES's R*ecords and Information Management and Privacy and Confidentiality Policies and Procedures*.

The CEOs (or staff member investigating the complaint) is responsible for asking the complainant for as much information as possible; however, noting it is not the responsibility of the complainant to substantiate the facts within their complaint.
Where contrary information is gathered during the investigation, the CEOs must discuss any disparities identified with the complainant and may request additional information when required. A timeframe within which further information is to be provided should be clearly communicated with the complainant. The CEOs should consider granting extensions where necessary and always communicate any additional time requirements to the complainant with an explanation of the need.

IES understands it is not always possible to resolve every complaint received; however, comprehensive assessment, planning, and investigations must be conducted regardless. The CEOs must record all decisions or actions regarding complaint investigation in IES's *Complaints Register*.

4. Resolve/Respond

In resolving and responding to a complaint, the CEOs must involve the complainant and keep them informed of the progress of the complaint (regardless of the stage of the investigation).

IES will respond to all complaints as soon as possible and within 28 days from acknowledgement (or sooner where possible).

If a complaint cannot be responded to in full within 28 days of acknowledgement, an update must be issued to the complainant. The update must provide the date by which a full response can be expected. The update should be provided verbally in the first instance then confirmed in writing.

The CEOs should discuss the outcome of a complaint investigation verbally with the complainant, where possible. This must be followed by written advice that provides the complainant an opportunity to make further contact with the CEOs if required.

The written advice must also include information on what further action may be available to the complainant at the conclusion of the complaint investigation. This may include escalating the matter further with an external agency or seeking a further review within the business. Written advice should also seek feedback from the complainant regarding their experience of the complaints process.

Support must be provided to assist complainants' understanding of correspondence regarding complaints, where this is required (e.g. interpreters, referral to advocates, etc.).

Options for responding to a complaint may include, but are not limited to:
- explaining processes.
- details of the investigation.
- full explanations of findings and decisions reached.
- rectifying an issue.
- providing an apology.
- changing or reconsidering a decision made (that caused the complaint).
- ongoing monitoring; and
- training or educating staff.

If a complainant is dissatisfied with the outcome of their complaint (or if the complaint was not investigated/investigation was ceased), they will be provided with the details of other agencies they can use to assist them. If required, and requested, IES will help consumers to access an external complaints process of their choosing. This includes the complainant being offered an opportunity to speak with the investigating staff member further.

Escalated complaints will be tracked in the *Complaints Register* in the same manner as other complaints and the same communication processes as outlined above will be applied.

consumers of IES can also contact the Australian Securities and Investments Commission (ASIC) if they have concerns regarding consumer protection in relation to finances.

5. Follow Up

Regardless of whether a complaint was resolved or not, complaint outcomes must be relayed to the appropriate area within IES to improve service delivery.

CEOs are responsible for following up with the complainant about their thoughts and feelings in relation to how IES managed and resolved their complaint. Remaining in communication with the complainant allows for opportunities to be identified that may assist IES to address systemic or operational issues from a consumer/stakeholder perspective.

Systemic Review

The CEOs are responsible for identifying, monitoring and acting upon trends and system issues identified through the analysis of feedback and complaint information.

The purpose of analysing feedback and complaint data is to learn from patterns to safeguard the safety and wellbeing of individual consumers, as well as improve the quality of supports.

The *Complaints Register* must be reviewed at quarterly Board meetings. The CEOs are responsible for monitoring the *Complaints Register* to analyse and report on trends.
Reviews should consider:

- the number of complaints about a specific matter.
- increases in complaint.
- the causes/characteristics, handling and outcomes of feedback and complaints.
- processes, timeframes, and record keeping practices associated with feedback and complaint management; and
- feedback provided by staff and consumers about IES's feedback and complaint management.

Where preventative or improvement measures are identified, these must be tracked in the *Continuous Improvement Register*.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Disputes and Grievances Policy and Procedure*
- *Consumer Incident Management Policies and Procedures*
- *Human Resources Policy and Procedure*
- *Consumer Information Pack*
- *Feedback and Complaints Form*
- *Complaints Register*
- *Privacy and Confidentiality Policy and Procedure*
- *Information Management Policy and Procedure*

- *Continuous Improvement Register*
- *Open Disclosure Policy and Procedure*

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's feedback collection mechanisms, such as staff and consumer satisfaction surveys, will assess:
- satisfaction with IES's feedback and complaints processes.
- whether stakeholders have received adequate information about making complaints and their awareness of complaints mechanisms.
- the extent to which consumers and their supporters feel they have been included in the review of feedback and their satisfaction with this process.
- whether stakeholders have received adequate information about how the organisation will use feedback, complaints and appeals information; and
- any barriers to lodging complaints and feedback.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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1	May 2021	CEOs
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Version No.	Review Date	Revision Description
2	April 2024	NDIS Operations Policy and Procedure Manual

Responding to Incidents/Reports

IES respects each consumer's right to dignity, independence and safety. Based on this, IES staff will respond to any instance of actual or suspected elder abuse immediately by following the below *Response Framework*[1]

Response Framework				
Emergency - Life Threatening Situation (No Consent Required)	**Has Capacity** • Is an interpreter or cultural advisor required • Discuss situation and options with consumer • Assess risk, existing support etc • Document • Request consumers consent to provide further assistance		**Impaired Capacity** • Is an interpreter or cultural advisor required • Discuss situation and options with consumer • Assess risk, existing support etc • Document • Determine who can provide consent • Include consumer in decisions where possible	
• Contact 000 (police and ambulance) • Liaise with emergency service • Follow organisation procedures for reporting incidents • Once safety is address/emergency resolved, returning 'Has Capacity' or 'Impaired Capacity' pathway as appropriate	<u>Consent</u> • Document consumer's consent • Explore interventions and safety • Implement interventions • Make referrals • Arrange assistance • Advocate as required	<u>No Consent</u> • Document consumers non consent • Provide referral options and contacts • Provide safety information/plan • Consider whether duty of care is met	<u>Consent</u> • Document consumers and/or decision maker's consent • Explore safety and interventions • Implement interventions • If no decision maker or the decision maker is the abuser, refer to SAT	<u>No Consent</u> • Document consumers and/or decision makers non consent • Address emergency if present • Refer to SAT • Consider whether duty of care is met
	Follow Up As Required		Follow Up As Required	

In the first instance, if the situation is an emergency and the consumer is in imminent danger of

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[1] Elder Abuse Protocols. (2012). *A Guide for Elder Abuse Protocols*. [Internet]. Elder Abuse Prevention Unit. Brisbane, QLD. Available from: https://www.eapu.com.au/uploads/EAPU_general_resources/EA_Protocols_FEB_2012-EAPU.pdf [accessed 10 January 2021]

harm or death, staff must:

- Ensure their own safety prior to assisting the consumer,
- Support (contact police, fire brigade or ambulance services),
- Liaise with emergency services and contact IESs CEOs immediately,
- Arrange medical treatment (for example: transport to local doctor or hospital emergency department), and once the emergency has been addressed, or if the situation is not deemed an emergency, staff must:
- Provide the consumer with an advocate, interpreter or any other assistance required to communicate,
- Determine the consumers capacity and ability to provide consent,
- Assess the immediate and future risks, level of existing support the consumer has and document all the above,
- Obtain consent (where possible),
- Arrange follow up actions as per the *Response Framework* (dependant on the consumers consent and capacity).

All incidents must be reported to the CEOs as soon as possible

Follow Up (following an Incident/Report)
IES CEOs are responsible for ensuring the following after an incident or report is made:

- Depending on consumers consent, interventions and safety plans are explored and implemented/information provided,
- Information for or direct referrals made to additional support services or advocates such as (as per IESs *Referral Policy and Procedure*), and

Supporting Documents
Organisational documents relevant to this policy and procedure:

- *Protecting consumers from Harm Policy and Procedure*
- *Equity, Anti-discrimination and Workplace Harassment Policy and Procedure*

Monitoring and Review
This policy and procedure will be reviewed at least annually by the Board and incorporate staff, consumer and other stakeholder feedback.

IES's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant will be incorporated into service planning and delivery processes.

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CONSUMER INCIDENT MANAGEMENT POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure set out IES's system for identifying, responding to, managing and resolving incidents that happen in connection with providing services to consumers.

It applies to all IES staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Incidents involving staff or other stakeholders should be dealt with in accordance with relevant *NDIS Rules (Incident Management and Reportable Incidents) 2018 and set out in* IES's *Workplace Incident Management Policy and Procedure*. IES has additional obligations if an incident is the subject of a complaint (see the *Feedback and Complaints Policy and Procedure*).

Failure to comply with the incident management requirements of the *NDIS Rules 2018* may lead to the NDIS Commission taking compliance and enforcement action against IES.

Definitions

Abuse (in the context of this policy) – verbal, physical and/or emotional mistreatment and/or lack of care of a person. Abuse can include bullying, physical abuse, sexual abuse, emotional and psychological abuse, racial, cultural and religious abuse and domestic violence.

Financial abuse - any act which involves misusing the money or property of a consumer without their full knowledge and consent. This includes theft of money, pension cheques or property as well as misuse of a power of attorney.

Incident – for the purpose of this Policy and Procedure
- an act, omission, event or circumstance that has, or could have, caused harm to a consumer receiving services.
- an act by a consumer that happened in connection with the provision of services and that caused serious harm, or a risk of serious harm, to another person; or
- a reportable incident that is alleged to have occurred in connection with the provision of services.

Neglect - the failure to provide a person with the necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that their health and development is, or is likely to be, significantly harmed.

Negligence - doing, or failing to do, something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result.

Offender or *Perpetrator* - a person who mistreats and/or harms another person.

Open Disclosure – open discussions and communication with each consumer/their representative when something goes wrong within the service that has caused harm or may potentially cause harm to a consumer. This harm may be physical, psychological or social resulting in loss of quality of life, impairment, suffering, injury, disability or death.

Procedural Fairness – a principle that requires a fair and proper procedure to be used when making decisions.

Restrictive practice - any practice or intervention that has the effect of restricting the rights or freedom of movement of a consumer.

Policy

IES has a moral, ethical and legal responsibility to ensure all consumers are safe and takes proactive steps to protect them from harm.

IES's incident management system identifies, assesses, manages and resolves incidents that occur in connection with providing support or services to a consumer and have, or could have, caused harm to them.

IES will provide support and assistance to consumers affected by an incident (including information about access to advocates such as independent advocates), to ensure their health, safety and wellbeing.

Procedures

IES's CEOs must promote best practice, continuous improvement and a service delivery culture that promotes and supports consumer safety. This will be assessed in yearly Performance Reviews of Board staff.

As per IES's *Human Resources Policy and Procedure*, all staff must undergo Induction, which includes training in IES's incident management processes such as mitigating, responding and reporting incidents.

Staff knowledge and application of this policy and procedure, IES's incident management system is monitored on a day-to-day basis and through annual Performance Reviews. Additional formal and on-the-job training is provided to staff where required.

Agendas for Board meetings include a standing item on Continuous Improvement, including with respect to consumer safety. This must consider the Board's regular review of IES's *Risk Management Plans*, *Risk Register* and *Complaints Register*.

IES uses its *Consumer Information Pack* and our website to provide consumers, families, carers and all other stakeholders with information about this policy and procedure, in an

easy-to-understand format.

To ensure consumers understand this information, staff must provide information to them and their supporters in ways that suit their individual communication needs. Written information can be provided in different languages and Easy English or explained verbally by staff. staff can also help consumers access interpreters or advocates where required.

Privacy and Information Management

All personal information IES collects to manage incidents must be handled in accordance with IES's *Privacy and Confidentiality Policy and Procedure*.

Staff must keep information about incidents confidential. They may only disclose necessary detail if they are required to do so by law, or if not disclosing is likely to place the safety, health or wellbeing of any person at risk.

IES's *Incident Register* must be used to record information about incidents and their management. All information regarding incidents is kept securely in accordance with IES's *Records and Information Management Policy and Procedure*. All records regarding incidents must be retained for at least 7 years from the date they were created.

Incident Identification and Response - *First Response*

Assess the Situation
- Remove the consumer from danger if it is safe to do so. Ensure the consumer's immediate safety needs are met.

Call Emergency Services
- If the consumer requires immediate medical attention, a medical practitioner or ambulance must be called (call Emergency Services on **000**), or the consumer conveyed to the nearest hospital Emergency Department.

Preserve the Scene
- Preserve any physical or documentary evidence that may be critical to an investigation by the Police or IES.
- In the case of alleged sexual abuse that has just occurred, to preserve any forensic evidence, the person should not be showered or bathed or offered drinks or food until after the Police have been contacted and provide further instruction.

Call a Medical Practitioner
- If Emergency Services are not required but the consumer requires medical attention (including for psychological trauma), call their treating GP to make an appointment. If the GP is not available (for example, after hours), with the consumer's consent make an appointment with an alternative local GP or after hours home visiting service, or take them to the nearest local Emergency Department.
- Where a staff member is accused or suspected of harming the consumer, any medical practitioner called must be independent to IES.

Remove Alleged Perpetrators
- Where a staff member is accused or suspected of harming the consumer, they must be removed from contact with all consumers pending an investigation.
- If another consumer is accused or suspected of harming the consumer, where possible, they must be removed from contact with other consumers pending an investigation.

Notify Next of Kin
- Where the consumer consents, or does not have the capacity to consent, contact the consumer's next of kin.

Contact other Services
- Consider contacting specialist victim support services including crisis care, counselling, advocacy, legal and advice services.
- Notify other service providers known to be working with that consumer, if appropriate.

Provide Support
- Consider the impact of the incident on other consumers within the setting and provide them with appropriate support.
- Provide ongoing support to all affected consumers and staff, taking into consideration that their ongoing needs may change.

Strategies to respond appropriately to incidents include:
- recognising and acknowledging the impact of the incident on the consumer.
- utilising IESs open disclosure framework and provide a sincere and unprompted apology or expression of regret
- assuring the consumer the incident will be taken seriously and dealt with in a fair and equitable manner.
- clearly educating the consumer about their rights and considering their wishes.
- keeping the consumer informed of the progress, outcome and any follow-up of incidents.
- if appropriate, identifying an advocate or support person and helping the consumer to contact them.
- involving the consumer in the process of reviewing or investigating the incident, including the taking their account of what happened, with communication support if required; and
- ensuring the consumer can provide feedback on the response to the incident.

Notifying Next of Kin or Appointed Decision Maker
IES must notify the consumer's next of kin or appointed legal decision maker where the consumer:
- consents to their next of kin/legal decision maker being contacted. If the consumer is unable to make an informed decision regarding contact and does not have an appointed legal decision maker, staff should contact the next of kin/legal decision maker if they believe it is appropriate; or
- has a legal decision maker.

The Chief of Operations (COO) must explain to the legal decision maker:
- the nature of the allegation; the standard procedure for reporting allegations to the police.
- that the consumer may choose whether to participate in the police investigation; and
- any action taken by staff since reporting the allegation.

The CEOs and COO must also utilise IESs open disclosure framework and provide a sincere and unprompted apology or expression of regret to the legal decision maker as well.

If the alleged perpetrator is the consumer's legal decision maker, all staff must ensure the immediate needs of the consumer are protected. They should work with the police or other relevant support agencies to ensure an appropriate, planned response is undertaken.

Incident Reporting
The staff member who first becomes aware of an incident must report it as soon as practicable to the most senior staff member in the work area. The most senior staff member in the work area is responsible for reporting relevant incidents to the Police. The report must be made as soon as practicable, once immediate safety and medical needs are met.

Details of all incidents, their investigation and review must be recorded in IES's *Incident Register*. The register must include:

- a description of the incident, including the impact on, or harm caused to, any consumer affected by the incident.
- the time, date and place at which the incident occurred (if known) or the time and date the incident was first identified.
- the names and contact details of the people involved in the incident.
- the names and contact details of any witnesses to the incident.
- details of the assessment of the incident.
- the actions taken in response to the incident, including actions taken to support or assist the consumer affected by the incident.
- any consultations undertaken with the consumer affected by the incident.
- whether the consumer affected by the incident, or their representative have been provided with any reports or findings regarding the incident.
- if an investigation is undertaken, the details and outcomes of the investigation; and
- the name and contact details of the person making the record of the incident.

Staff and/or Managers must report all consumer incidents to the COOs as soon as practicable. Together with the CEOs incidents must report all reportable incidents to the NDIS Commission within 24 hours of becoming aware of the incident, in accordance with the *National Disability Insurance Scheme Act 2013 and NDIS Rules 2018.*
the *NDIS Quality and Safeguards Commission*
Online: www.ndiscommission.gov.au or
Phoning: 1800 035 544.

For an incident to be deemed a reportable incident it must satisfy the following two requirements:

- The incident must involve an act, event, or omission, as per 16 of the NDIS (Incident Management and Reportable Incidents) Rules 2018.
- The incident must be alleged or have occurred in connection with supports and/or services provided by IES.

IES ensures all staff understand any unlawful sexual contact with a consumer or unreasonable use of force on a consumer is considered reportable. Management takes reasonable measures to protect the identity of any staff member who makes a report and protects them from victimisation.

IES CEOs are also responsible for telephoning the Department of Health on 1800 081 549 or emailing compulsoryreports@health.gov.au

Reportable Incidents Requiring Notification Within 24 Hours
The staff member must report the following incidents to the CEOs **within 24 hours**:

- the death of a consumer
- the serious injury of a consumer
- the abuse or neglect of a consumer

- unlawful sexual or physical contact with, or assault of, a consumer; or
- sexual misconduct committed against, or in the presence of, a consumer, including grooming for sexual activity.

The following information must be provided:
- the organisation's name and contact details
- a description of the reportable incident
- a description of the impact on, or harm caused to, the consumer (this may not be required if the reportable incident was a death)
- the immediate actions taken in response to the reportable incident, including actions taken to ensure the health, safety and wellbeing of the person affected by the incident
- whether the incident has been reported to the Police or any other body
- the name and contact details of the person making the notification
- if known, the time, date and place at which the reportable incident occurred
- the names and contact details of the people involved in the reportable incident.
- any names and contact details of witnesses to the reportable incident; and
- any other information requested by the CEOs.

Information provided within the first 24 hours of an incident must be provided via telephone or email (as previously stated) using the *Incident Notification Form*.

Investigating Incidents
The options for investigating incidents are:

- **No further investigative action** – This may be appropriate where it can be clearly established that the report of the incident is inaccurate or there is no basis for concern about the safety of the consumer or the quality of care the consumer is receiving. If the decision is not to undertake an investigation, the grounds for this decision must be supported and recorded with reasoning backed up by evidence. The incident must then be the subject of a review (detailed below).

- **Monitoring and support required** – Certain information may raise issues that do not necessarily warrant an investigation, but nevertheless require changes in practices. IES may manage these issues by monitoring and supporting affected staff members or consumers, and documenting this on relevant staff and consumer files. The incident must then be the subject of a review (detailed below).

- **Internal investigation** – This option may be selected only where IES has the capability to undertake an investigation independently.

- **External investigation** – In other cases, IES will need to commission an investigation by an external party to ensure the investigation is robust, objective and expert. The Investigation Manager may commission an investigator, or a person from another organisation, with relevant expertise.

Regardless of the type of incident or investigation method used, incident investigation must focus on the incident only. All parties involved in an incident must be provided with procedural fairness and with the support and information necessary to participate in the investigation process.

For every Reportable Incident where there may be a conflict of interest, the CEOs must appoint an Investigation Manager to determine the appropriate investigative action for an incident and oversee the incident's investigation.

The Investigation Manager must determine the appropriate investigative action for all incidents within a maximum of 72 hours of IES becoming aware of the incident. The Investigation Manager may seek advice from other staff members if appropriate.

Investigations must take a person-centred and rights-based approach, considering what is important to the consumer impacted by the incident. The person and their supporters should be invited to participate in the investigation and be provided the support they need to do so. The investigation must, however, always remain impartial and independent.

All investigations must be completed (including report finalisation) within 28 working days.

IES must provide information on investigation progress and outcomes to the consumer involved in the incident (or their supporters) and, with the consent of the consumer or their representative, any other person.

An investigation report must be completed by the Investigation Manager. Investigation reports should include:

- details of any internal or external investigation or assessment that has been undertaken in relation to the incident, including:
  - o the name and position of the person who undertook the investigation.
  - o when the investigation was undertaken.
  - o details of any findings made; and
  - o details of any corrective or other action taken after the investigation.
- a copy of any report of the investigation or assessment; and
- whether the person affected by the incident (or their supporter) has been kept informed of the progress, findings and actions relating to the investigation or assessment.

Once any actions required as a follow-up to the investigation have been implemented, the Investigation Manager can complete the incident investigation.

Communication

IES must provide timely feedback to anyone who reports an incident, raises concerns or makes a complaint about harm to another person. Feedback must be provided as soon as possible and within 7 days from the incident occurring.

If an incident cannot be responded to in full within 7 days, an update must be provided. This should include the date by which a full response can be expected. The update should be provided verbally in the first instance then confirmed in writing.

The CEOs should discuss the outcome of an incident investigation verbally with those involved, where possible. This must be followed by written advice that provides people the opportunity to make further contact with the CEOs if required.

The written advice must also include information on what further action may be available or taken at the conclusion of the incident investigation. This may include escalating the matter further with an external agency or seeking a further review within the business. Written advice should also seek feedback from the person regarding their experience of the incident management process.

Support must be provided to assist people's understanding of correspondence regarding incidents, where this is required (e.g. interpreters, referral to advocates, etc.).

Incident Review
Incident review includes identifying, monitoring and acting upon trends and systemic issues identified through the analysis of incident information. The purpose of analysing incident data is to learn from patterns of incidents to safeguard the safety and wellbeing of individual consumers, as well as improve the quality of supports.

The *Incident Register* must be reviewed at quarterly Board meetings. The CEOs are responsible for monitoring the *Incident Register* to analyse and report on incident trends. Reviews should consider:
- the causes, handling and outcomes of incidents.
- processes, timeframes and record keeping practices associated with incident management.
- feedback provided by staff and consumers about incidents.

Where preventative or improvement measures are identified, these must be tracked in the *Continuous Improvement Register*.

Ongoing Support
After a serious and traumatic incident, it is likely that high levels of stress will be experienced by those connected with the incident.

General arrangements to support consumers may include allocating a safe place for retreat and communicating with and supporting them and their families.

It may also be appropriate to undertake a Quality of Support review. Agreed actions for the consumer's immediate and ongoing needs should be recorded on the consumer's Support Plan. These might include:
- steps being taken to assure the consumer's safety and wellbeing in the future.
- treatment or counselling the consumer may access to address their safety and wellbeing.
- modifications in the way services are provided (for example, same gender carer).
- how best to support the consumer and their family through any action the consumer

takes to seek justice or redress, including making a report to police; and
- any ongoing risk management strategy required.

Consumers have a right to complain about IES's services and should be alerted to IES's *Feedback and Complaints Policy and Procedure*.

General arrangements to support staff may include allocating a safe place for retreat, giving staff the option of being immediately and temporarily relieved of their duties, providing communication with families and offering to organise transport home.

Sexual Abuse

Irrespective of gender, victims of sexual assault frequently experience negative outcomes including dissociation, posttraumatic stress disorder, depression and anxiety. Victims of physical assault also frequently experience shock, numbness, fear, depression and anxiety.

In recognition of this, after an allegation of abuse, additional support and/or a review of supports provided to the consumer may be required.

Indicators of Abuse

Indicators of abuse include but are not limited to:
- a consumer alleges that abuse has occurred, by a staff member, another consumer, or other person.
- a staff member observes or is told about alleged abuse.
- a staff member suspects that abuse has occurred (for example, a consumer may have unexplained injuries, a consumer may be distressed or anxious, or clothes may have been ripped).
- a consumer's behaviour changes significantly (this might include self-destructive behaviour, sleep disturbances, acting-out behaviour, emotional distress, or persistent and inappropriate sexual behaviour); and
- a consumer's complaints of physical symptoms or a staff member observes symptoms (this
- might include bruising, abdominal pain, sexually transmitted disease or pregnancy).

Responding to Allegations of Sexual Abuse

Suspicions and allegations of abuse should always be treated seriously. The person's feelings about themselves may be influenced by initial reactions to their suspicion and/or allegation.

If abuse is disclosed, or a staff member is suspicious of abuse, or becomes aware of abuse, a helpful response may include:
- ensuring their immediate safety, health and wellbeing needs are met
- ensuring their specific support needs are addressed including access to communication aides and resources
- listening carefully to them
- reassuring them they did the right thing by telling someone

- asking them what can be done to make them feel safe and explaining the actions you will take next
- with their consent, engaging family, significant others or an advocate to support them and advocate on their behalf; and
- with their consent, notifying other service providers working with them, if appropriate.

Interpreting
For consumers who are from culturally and linguistically diverse or Aboriginal and Torres Strait Islander communities, staff should consider referring them to specialist agencies and interpreters of the same sex as the consumer should be engaged wherever possible.

Some victims may be reluctant to speak to an interpreter because they fear that what they say may be passed on to their local community. In this case, it is possible to request a telephone interpreter from another state, or to not disclose the victim's name to the interpreter.
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Specialist Support
To ensure consumers receive appropriate support, staff should consider contacting specialist victim support services including crisis care, counselling, advocacy, legal and advice services.
Relevant sexual assault support services include:

Sexual Assault Resource Centre
Emergency sexual assault (rape crisis) service for Perth, Western Australia
www.kemh.health.wa.gov.au/Our-services/Statewide-Services/SARC
Phone: Admin 08 6458 1820; 24hr Crisis line: 08 6458 1828

1800RESPECT is the national sexual assault, domestic and family violence counselling service. It can be contacted by phone on 1800 737 732.

Dealing with the Police
While it is acknowledged that some discussion with the consumer may be required to establish safety and a basic understanding of what has occurred, under no circumstances should anyone but the police interview the consumer about an allegation of abuse.

Advising Parties Involved of Police Report
The staff member who first becomes aware of an allegation must advise the person that the allegation will be reported to the police. Staff should check with police whether the alleged perpetrator should be told of the report to police. It is important that any steps taken do not undermine police action.

Assisting the Police
The police should be assisted to conduct their investigation. Where an investigation requires the police to take photographs of any physical injuries, staff may need to explain this to the victim.

Staff must make all reasonable efforts to preserve evidence of sexual assault. This includes:

- encouraging the victim not to shower or change, or, if the victim feels they must shower or change, ask them to put the clothing they were wearing at the time of the assault in bags, which should be sealed, labelled and secured; and
- where possible, lock the door to the room or restrict access to the area where the assault occurred so any physical evidence inside that area remains undisturbed.

It is not necessary for a victim to decide immediately about whether to be involved in a police investigation and/or prosecution. People may be distraught in the immediate aftermath of an assault and sometimes change their minds later.

Some evidence, however, will only be present in the immediate period following assault. Forensic evidence collected at this time will assist police investigation, should the victim wish to proceed at a later stage.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Incident Report*
- *Incident Register*

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's feedback collection mechanisms, such as consumer satisfaction surveys, will assess:

- consumer awareness of their rights and the extent to which they feel able and supported to exercise them.
- consumer satisfaction with IES's complaints processes; and
- the extent to which consumers feel safe and protected in their dealings with IES.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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SERVICE ACCESS AND INTAKE POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure set out IES's service access and intake procedures. These procedures uphold the right of people to access appropriate services that meet their needs and that are provided in a transparent and equitable way.

The policy and procedure apply to all potential and existing consumers, their family members, carers and other representatives and meets relevant legislation, regulations, and Standards as set out in Schedule 1, Legislative References.

IES ensures its service environment is kept clean, hygienic, safe, secure and aesthetically always pleasing, through implementing its *Occupational Safety and Health*, *Risk Management*, *Incident Management*, *Feedback and Complaints, Continuous Improvement and Decision Making, Dignity and Choice* policies and procedures.

IES's physical accessibility is ensured through its *Physical Accessibility Policy and Procedure*. Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and that each consumer's health, privacy, comfort, dignity, quality of life and independence are supported.

IES takes a continuous improvement approach to its physical accessibility and encourages consumers to use its *Feedback and Complaints Policy and Procedure* to assist it to respond to accessibility needs where required.

IES's opening hours are 9.00am to 5.00pm Monday to Friday.

The CEO's and COO track demand, as well as consumer and accessibility needs, by monitoring:

- *Demographic data*: relating to the local community and its needs from Local, State and Federal Government Sources.
- *Unmet need:* demographic data (as above), IES enquiry data and feedback from staff, including those involved in local service networks; and
- *Opportunities for innovation and improvement:* through monthly review of IES's *Complaints Register* and *Continuous Improvement Register* and annual staff and consumer satisfaction surveys.

Service Access

The CLO deal with all enquiries from prospective consumers and/or their representatives about accessing services. Or if they are not available will recontact within 3 days

Should a potential consumer be referred to IES by another service or third party, a CLO should complete the *Consumer Incoming Referral Form* with all relevant details and follow up with the consumer and/or their representative 3 working day or sooner.

In their first contact with the person who has enquired, the CLO will assess whether they require any support to move through the intake process. They will also:

- advise the person of their right to involve a support person in their dealings with IES
- provide information and assist the person to access a support person of their choice, such as an advocate, to help them to interact with the service (see IES *Decision Making, Dignity and Choice Policy and Procedure*)
- where physical access barriers, or other issues such as availability of, or access to, transport, are identified, consider whether IES is accessible for the person, and if not, how it could be made accessible (unless all contact to be had at the consumers home); and
- where a language or cultural barrier is identified, engage an interpreter or an appropriate external agency to support the person. See IES *Service Delivery and Participation Policy and Procedure*.

Initial Intake

The CLO taking the initial enquiry is responsible for gathering all required intake information about the prospective consumer to determine the next steps (usually via telephone however can be face-to-face or via other methods as required). All information will be documented within IESs *referral form*.

The CLO will provide the person enquiring with information about:
- IESs vision, mission and values including the delivery of consumer-directed-care.
- IESs services available.
- IESs procedures for engaging services.

Non-acceptance

Where a person is offered services but chooses not to accept the offer, staff will respect this choice.

The CLO will encourage the person to contact IES should they change their mind.

Appeal

Anyone refused services has the right to appeal the CEOs' decision. Appeals should be directed in writing to IES's CEOs, and a final decision will be made by the Board.

If required, staff will provide support for a person to make an appeal, by either transcribing their feedback for the CEOs review or referring the person to interpreter or advocacy services.

Continuous Improvement

IES will maintain a record of consumers who they have not been able to support and the reasons to track trends and barriers that IES may use to inform continuous improvement activities, for example the expansion of IESs service/catchment area to meet demand and community need.

Supporting Documents

Documents relevant to this policy and procedure include)

- *Feedback and Complaints Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Decision Making, Dignity and Choice Policy and Procedure*
- *Occupational Safety and Health Policies and Procedures*
- *Risk Management Policy and Procedure*
- *Incident Management Policy and Procedure*
- *Continuous Improvement Policy and Procedure*
- *Physical Accessibility Policy and Procedure*
- *Consumer Incoming Referral Form*
- *Service Delivery and Participation Policy and Procedure*
- *Consumer Information Pack*
- *Initial Assessment Policy and Procedure*
- *Care Planning Policy and Procedure*

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback. consumers and service networks will be advised of any changes.

IES's feedback collection mechanisms, such as consumer satisfaction surveys and service delivery planning activities, will assess:
- consumer awareness of IES's access procedures.
- consumer satisfaction with IES's physical access, service access procedures and management of service refusal and appeals regarding access.
- whether consumers are satisfied with the service environment, service delivery and referral and support to access other services.
- whether IES's eligibility criteria are reflected in its consumers; and
- feedback provided by and to consumers and potential consumers around access and refusal and whether the information provided to consumers is appropriate and effective.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

INITIAL ASSESSMENT POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure set out the approach IES takes to consumer assessments that

enables the safe and effective planning services.

This Policy and Procedure applies to all consumers of IES's services, their family members, carers and other supporters, and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

This policy should be read in conjunction with IES's *service Planning and review Policies and Procedures.*

Definitions

Budget – this individualised budget outlines the available funds within a consumer's package and how the funds will be spent.

Service Plan - a plan that is developed with consumers that explores their needs, preferences, goals and care requirements and the ways they want to be supported to achieve these. Planning will have a different focus for each person.

Duty of care – is a legal obligation to avoid causing harm or to prevent harm occurring to another person through any act that is careless or negligent and arises from a relationship between parties.

Dignity of risk - Respecting everyone's autonomy and self-determination (or "dignity") to make choices for themselves.

Open Disclosure - Open discussions and communication with each consumer/their representative when something goes wrong within the service that has caused harm or may potentially cause harm to a consumer. This harm may be physical, psychological or social resulting in loss of quality of life, impairment, suffering, injury, disability or death.

Policy

IES respects and acknowledges consumers as the experts in relation to their needs, goals and preferences.

When completing initial assessments with consumers and their representatives (where applicable), IES ensures to partner with the consumer to identify all areas of support and service needs that aim to improve their health and well-being

Procedures

General

As per IES's *Human Resources Policy and Procedure*, all staff responsible for consumer assessments must undergo Induction, which includes training in IESs assessment processes and procedure.

Staff knowledge and application of this policy and procedure is monitored on a day-to-day basis and through formal supervision and annual Performance Reviews. Additional formal

and on-the-job training is provided to staff where required/requested.

IES uses its, *Consumer Information Pack* and website to provide consumers, representatives, carers and all other stakeholders with information about this policy and procedure, in an easy-to-understand format.

To ensure consumers understand this information, staff must provide information to them and their representatives or families in ways that suit their individual communication needs. Written information can be provided in different languages and Easy English or explained verbally by staff. staff can also help consumers access interpreters or advocates where required.

All documentation relating to assessments must be maintained in consumer files and tracked on Monday.

As part of all assessment activities, staff must discuss consumers' rights as per IESs *Consumer Rights and Responsibilities Policy and Procedure*, staff must ensure each consumer and/or their representative understands their rights by verbally explaining or using an interpreter or advocate where required.

Staff must also advise the person of their right to involve a support person in their dealings with IES including initial assessment meetings/conversations.

Where required, consumers must be provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. For more information see IES's *Decision Making, Dignity and Choice Policy and Procedure*.

In accordance with IES's *Privacy and Confidentiality Policy and Procedure*, respect for and protection of consumers' privacy and confidentiality must be reinforced on an ongoing basis, verbally and in literature provided by staff.

Where a language or cultural need is identified, staff must engage an interpreter or an appropriate external agency to support the person.

If necessary and with the consumer's consent, other parties such as service providers who deliver existing or complementary services will be included in assessment, planning and review activities.

The CEOs will participate in industry forums and keep abreast of industry research and articles to determine if and how any changes to practices can be implemented into IES's service delivery. This is to ensure that IES is adopting current assessment methods and providing the best outcomes for its consumers.
The CEOs will ensure all staff are advised of any updates in IES's processes because of the changes, to ensure consistency throughout service delivery.

Specialist Support Coordination
Specialist Support Coordination is a higher level of support coordination for people who need specialist support for their complex needs. The organisation's Specialist Support Coordinator/s assist consumers to manage challenges in support networks and ensure consistent delivery of

services to assist consumers to meet their goals and plan objectives and aim to reduce barriers to implementing the supports in the Plan.

IES Specialist Support Coordinators are certified, qualified, and experienced health professionals, who have knowledge and understanding of risks and barriers individuals with complex-high-need experience. Assessment data collection and evaluation identify the supports required to respond to or avert situational crisis, or an incident and/or the collapse of the participants support network.

In consultation with the participant, their family and other relevant stakeholders, Specialist Support Coordinations develop and implement a tailored Support Plan and monitor and review it to ensure it is meeting the consumers goals and needs including reducing the complexity and increasing the safety of their situation.

IES Specialist Support Coordinators ensure consumers, and their families are supported to build capacity to manage daily tasks, relationships, live more independently, experience choice and control over their lives, and with options that enable them to be and feel valued and included in their community. They support consumers experiencing complex-high-need to understand and implement supports by linking them to community, mainstream and other services of their choice. They focus on skill building and connecting participants to providers and services that maximise value for money from their supports. Consumers are informed of different providers, services, and activities available and empowered to exercise choice and control in the supports they decide to engage. Consumers and families are also informed of any relevant conflicts with other providers who may have a relationship with IES, where this is relevant. The organisation has an obligation to follow processes that mitigate conflict of interest. By act or omission, our Specialist Support Coordinators must not limit, influence or direct decision-making of a consumer to restrict their access to information, resources and choice and control. Consumers are made aware if the organisation has an interest in any support/care option made available to them.

Dignity of Risk
Staff must accept the consumer's wishes with respect to accepting or rejecting support options.

IES respects each consumer's right to make choices for themselves that may involve risks as per IES's *Decision Making, Dignity and Choice Policy and Procedure* and will identify and educate each consumer and/or their representative about any assessed risks to ensure they understand them
clearly.

It is the Case Manager/Support Coordinator's responsibility to use a problem-solving approach when working with a consumer to manage or minimise a risk identified during initial assessment. Where possible, IES aims to continue meeting each consumer's needs, goals and preferences where a risk has been identified

Documentation

As part of the Initial Assessment meeting, the Case Manager/Support Coordinator is responsible for completing the following with consumers and/or their representation.

- Support Plan, and
- any other legislated or organisation required documentation such as:
    o IES's consent documentation:
    o view/copy Enduring Power of Attorney documentation (where applicable);
    o Medication Plan and Consent (if applicable)
    o Consumer *Charter of Rights* (as per IES's *Consumer Rights and Responsibilities Policy and Procedure*
    o *Home/Consumer Risk Assessments*; and
    o consumer's *In-Home Communication Folder.*

Support Plan
Each consumer is pivotal in the development of their Support Plan to ensure it outlines their specific and individual care needs and how these will be met.

It is the Case Manager/Support Coordinator's responsibility to partner with consumers and/or their representatives to develop the Support Plan together respecting the consumers right to choice and control over their care and services.

When developing each consumer's Support Plan, the Case Manager/Support Coordinator is responsible for ensuring support provided:

- supports them to maintain and strengthen their independence, social connections, and any activities they wish to continue or return to doing.
- respects their right to practice their culture, values and beliefs; and
- helps them remain in control of their choices.

The Case Manager/Support Coordinator is responsible for working with each consumer and/or their representative to ensure services required are achievable within the consumer's specific budget.

The Case Manager/Support Coordinator and consumer and/or their representative signature within the budget demonstrates agreement of both parties to the services to be provided, and any other details within the budget document.

Where changes are made to a consumer's Support Plan, IES's costs change or consumers and/or their representative request a review of the package budget, the Case Manager/Support Coordinator is responsible for developing an updated budget with consumers and/or their representatives. Where the budget is to be updated, the same processes apply as above for initial budget establishment.

Records
Records of all documentation and the outcome of the assessment will be recorded within the consumer's file and electronic record.

A copy of any documents signed and recorded must be provided to the consumer and/or their representative. Where the consumer chooses not to take a copy, staff must include a case note on the consumer's file explaining the reasons why the consumer did not receive a copy of their documentation.

Consumers Transitioning to IES from Other Services

Where a consumer is transferring from another service provider, IES must seek consent from the consumer and/or their representative to contact the previous provider to discuss or obtain the person's support requirements, previous Support Plan and any information about their needs and goals to assist their transition.

Any information pertaining to the consumers package funds (unspent funds) must also be obtained to ensure efficient and correct budget planning as the consumers transfers to IES.

The Case Manager/Support Coordinator is responsible for confirming with the consumer and/or their representative and the previous provider clear timeframes for the transition and who is responsible for managing the steps involved in the transition, with the aim of minimising the impact of change on the consumer. In addition, risks associated with the transition must be identified, documented and responded to.

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's feedback collection mechanisms, such as consumer satisfaction surveys, will assess:

- satisfaction with the competency and thoroughness of staff completing consumer assessments.
- understanding of IES's assessment processes and documentation (clearly described by staff).
- satisfaction with support provided during assessment/plan sign-up processes.
- satisfaction with the choice, relevance and quality of referrals and connections provided by IES staff; and
- awareness of, access to information during the assessment process that allows them to make informed choices and remain in control of their services.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery proceses.

DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
1	26/02/2021	CEOs
Version History		
Version No.	Review Date	Revision Description
2	April 2024	NDIS Operations Policy and Procedure Manual

- *Standard 1. Consumer Dignity and Choice*
- *Standard 2. Ongoing Assessment and Planning with Consumers*
- *Standard 3. Personal Care and Clinical Care*
- *Standard 4. Services and Supports for Daily Living*
- *Standard 7. Human Resources*
- *Standard 8. Governance*
.

A copy of the agreed Support Plan is to be kept on the consumer's file and key elements captured in IES's Monday.

A copy of the agreed Support Plan is also to be readily available for support workers visiting consumers in their home/service environment based on their preference for location etc. This ensures support workers are matched appropriately to each consumer and informed of their needs, preferences, service goals and tasks and any alerts or risks that may be present.

Formal Decision Makers
IES respects consumer's choice to make decisions about when family, friends, carers and others should be involved in their care.

IES acknowledges the involvement of formal decision makers consumers may have in place.

Formal decision makers can include (but are not limited to):
- Enduring Power of Attorney (EPOA); and/or
- Public Advocate (VIC, SA, WA).

In the instance of formal decision makers appointed legally, IES aims to respect each consumers choices whilst also meeting the communication and other requirements as disclosed within formal decision-making documentation (such as enacted EPOA documents).

Any formal decision-making arrangements must be documented within each consumer's Support Plan and copies of any required documentation kept on consumer's records/files.

level they request/feel comfortable with (for example choosing staff, service details etc).

IES's feedback collection mechanisms, such as consumer satisfaction surveys, will assess:
- satisfaction with the competency and thoroughness of staff completing consumer Support Plans.
- understanding of IES's support planning processes and documentation (clearly described by staff).
- satisfaction with support provided during Support Plan processes
- satisfaction with the choice, relevance and quality of referrals and connections

provided by IES staff; and

- awareness of, access to information during the Support Plan process that allows them to make informed choices and remain in control of their care and services.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of

Procedures

General

Consumer review processes directly align with the Initial Assessment processes. All staff must refer to IES's *Initial Assessment Policy and Procedure* for all general details to follow. As per IES's *Human Resources Policy and Procedure*, all staff responsible for consumer review must undergo Induction, which includes training in IESs review processes and procedures.

Staff knowledge and application of this policy and procedure is monitored on a day-to-day basis and through formal supervision and annual Performance Reviews. Additional formal and on-the-job training is provided to staff where required/requested.

All documentation relating to the review will be maintained on consumer files and tracked in the IES's Monday. For all review activities, the Case Manager/Support Coordinator (or delegate) will reconfirm consumers' rights and responsibilities and their understanding of them. This will be performed verbally, using an interpreter or advocate where required and the requirements as set out in IES's *Consumer Rights and Responsibilities Policy and Procedure*.

Staff will advise the person of their right to involve support person/s in their dealings with IES.

Where required, consumers will be provided with information and support to access a person of their choice, such as an advocate, to assist them in accessing the service. See IES's *Decision Making and Choice Policy and Procedure*.

In accordance with IES's *Privacy and Confidentiality Policy and Procedure*, respect for and protection of consumers' privacy and confidentiality will be reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.

Where physical access issues and/or complex care needs are identified, staff will consider whether the service is accessible for the person, and if not, how it could be made accessible and able to meet complex care requirements.

Where a consumer's language or cultural needs are identified in relation to communication needs, the Case Manager/Support Coordinator (or delegate) will engage an interpreter or an appropriate external agency to support the person.

If necessary and with the consumer or their supporter/s consent, other parties such as service providers who deliver existing or complementary services to consumers will be

included in review activities.

Staff will respect the consumer's wishes regarding accepting or rejecting support options.

Review

The Case Manager/Support Coordinator (or delegate with the necessary skills and competence) will conduct all reviews, using appropriate, validated assessment tools-see IES's *Initial Assessment Policy and Procedure*.

The Case Manager/Support Coordinator will undertake reviews with the consumer, their representative/support and relevant stakeholders.

Further information about the consumer and their current needs will be obtained (with consent) via the consumer's family, other stakeholders and relevant medical and health professionals (where appropriate).

The frequency of consumer reviews will be determined based on:

- complexity of their needs (or lack of)
- complexity of their service provision
- involvement of external agencies
- occurrence of an incident in relation to the consumer and/or their and services
- frequency of consumer needs or preferences changing
- request of consumer and/or their representative; and
- minimum legislative requirements.

Flexibility will be provided regarding the timing of reviews, based on consumers' needs and wishes, and in accordance with program guidelines. Where the review period extends past the program's guidelines upon the consumer's request, the reasoning and scheduled review date must be recorded on the consumer's file.

Reviews will focus on:

1. determining the level of satisfaction, the consumer and/or their representative have with their current care and services, including whether they continue to align with their choices and preferences and meet their emotional, cultural, psychological and spiritual needs
2. asking whether the consumer and/or their representative feel they have received sufficient information about services throughout their time receiving IESs support
3. measuring the effectiveness of consumers goals and service aims as set within their Support Plan
4. noting achievements/success and any other positive outcomes from the implementation of the Support Plan
5. reviewing the level of satisfaction, the consumer and/or their representative have with the support workers offering support
6. determining whether the consumer and/or their representative feel communicated with and treated like a partner with IES regarding services (for themselves and planning across the organisation), changes, incidents or issues and staffing

7. asking the consumer and/or their representative whether there are different or additional services that would allow them to achieve their goals
8. feedback and complaint processes and whether the consumer and/or their representative have felt/feel comfortable and confident to raise any concerns or feedback and that it will be welcomed, addressed appropriately and they will be communicated with to ensure processes meet their expectations
9. determining whether the consumer and/or their representative understands the financial management of their plan the fees charged and monthly statements
10. feedback the consumer and/or their representative may have on areas for improvement across the organisation.

The Case Manager/Support Coordinator responsible for partnering with the consumer and/or their representative to re-visit their original services goals as part of the review. This allows for a meaningful dialogue reflecting on the consumer's strengths, coping strategies and the positive outcomes they have (regardless of level or ability). As the services are reviewed goals will be re-established or changed depending on the above. The Case Manager/Support Coordinator will focus on well-being and independence being maximised in a motivational way (aligned with the specific needs and preferences of the consumer).

Risk Review

IES acknowledges a consumer's services may need to be reviewed following an adverse incident or near-miss event. This ensures open communication with consumers and/or their representatives to gather input and update their Support Plan to ensure safe and effective services can be delivered.

A review following an incident will be conducted as above, however will also include processes outlined in IES's *Consumer Incident Management* and *Open Disclosure Policies and Procedures*.

IES also respects each consumer's right to make choices for themselves that may involve risks as per IES's *Decision Making, Dignity and Choice Policy and Procedure* and will identify and educate each consumer and/or their representative about any assessed risks to ensure they understand them clearly.

It is the Case Manager/Support Coordinator's responsibility to use a problem-solving approach when working with a consumer to manage or minimise a risk identified during review. Where possible, IES aims to continue meeting each consumer's needs, goals and preferences where a risk has been identified.

Copies of any reviewed and updated documentation is to be kept on the consumer's file and key elements captured in IES's Monday. Relevant staff involved in the consumer's care must be informed of any changes.

Where it is identified during the review process, that the consumer requires additional assessment, review or support, appropriate referrals should be made within 14 days of the review (or sooner where the situation dictates) as per IES's *Providing Information, Advice and Referrals Policy and Procedure*.

Where this process leads to significant changes in support being provided to a consumer, the Case Manager/Support Coordinator will support the consumer as much as possible, in making any of the changes required (with consent).

If changes to supports or their delivery are required, Case Manager/Support Coordinator is responsible for communicating those to the relevant persons to ensure efficient and seamless transitions occur to meet the new/changed needs and preferences of the consumer.

Supporting Documents

Organisational documents relevant to this policy and procedure:
- *Initial Assessment Policy and Procedure*
- *Human Resources Policy and Procedure*
- *Consumer Rights and Responsibilities Policy and Procedure*
- *Decision Making, Dignity and Choice Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Open Disclosure Policy and Procedure*
- *Consumer Risk Assessment*
- *Home Risk Assessment*
- *Support Plan*
- *Budget*
- *Providing Information, Advice and Referrals Policy and Procedure*

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's feedback collection mechanisms, such as consumer satisfaction surveys, will assess:
- satisfaction with the competency and thoroughness of staff completing consumer reviews.
- understanding of IES's review processes and documentation (clearly described by staff).
- satisfaction with support provided during review processes
- satisfaction with the choice, relevance and quality of referrals and connections provided by IES staff; and
- awareness of and access to information during the review process that allows them to make informed choices and remain in control of their care and services.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery process

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1	February 2021	CEOs
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3	April 2024	NDIS Operations Policy and Procedure Manual

PROVIDING INFORMATION, ADVICE AND REFERRAL POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure IES's consumers access services most appropriate to their needs through timely and responsive service integration and referral.

This policy and procedure apply to all potential and existing consumers, their representatives, carers and other supporters as well as other IES stakeholders,

Types of Referrals

Active referral - IES, with the person's consent, provides the organisation to which it is referring the person with information that it has collected about the person or with its professional assessment of the person's needs.

Cold referral – A caller is transferred to another service, without any immediate communication between IES and the other service.

Warm Referral - A 'live' three-way conversation in the presence of the consumer (whether face to face or by telephone) in which IES introduces the consumer, explains what has already been done to assist the consumer and why the consumer is being referred.

Policy

IES works proactively to build a network of other individuals, organisations, or providers that it can refer or collaborate with so that it can meet the diverse needs of consumers.

IES will inform the community, potential consumers and other services about its services and access requirements through active engagement strategies that encourage and facilitate consumer and stakeholder participation.

Procedures

Service Network Engagement

IES's Directors and CEOs will build strong relationships with local government and non-government providers, agencies, health services and advocacy services and participate in relevant local networks, to increase service and referral options for its consumers and other stakeholders.

IES's Directors and CEOs will build strong relationships with relevant Aboriginal and Torres

Strait Islander and culturally and linguistically diverse (CALD) services to support it to identify and meet consumers' needs and goals, as well as contribute to more coordinated for the person, a non-judgemental attitude and service provision, better use of resources and improved outcomes for consumers and communities. This includes active involvement with Aboriginal and Torres Strait Islander and CALD communities and services, such as participation in community events, collaborative service provision and referrals.

The CEOs will collaborate with local Aboriginal and Torres Strait Islander and CALD service providers to assist culturally safe and sensitive service delivery, ensure staff are adequately trained and sensitive to the specific cultural needs of the service area (including in the development of referral practices) and generally facilitate participation of stakeholders from these backgrounds in the service and community.

Where applicable, IES will develop clear protocols with other service providers (including medical officers and health professionals), such as memorandums of understanding or other forms of agreement such as IES's *Service Provider Agreement*, which outline relationships and delineate the roles and responsibilities of collaborating agencies. The CLO will be responsible for establishing, reviewing, and modifying such agreements.

The CEOs/directors will attend interagency meetings as a means of linking with other service providers and to inform them of consumer service and referral options.

IES will retain records of service network involvement, such as meeting minutes and communications, in accordance with IES *Records and Information Management Policy and Procedure*, to inform continuous improvement.
The Directors will review IES's participation in service and referral networks on an annual basis to ensure the arrangements in place are the best use of IES's resources and are providing the best possible outcomes for IES's stakeholders.

IES will distribute information about its services in appropriate formats to local government and non-government providers and agencies in the organisation's geographical service area.
IES will prominently display information (such as brochures) in its foyer regarding alternative services and local community participation options for consumers and other stakeholders. Where possible (noting that the bulk of this collateral will be provided by other providers) information will be provided in a variety of formats, including staff explanation where necessary. Where consumers are not accessing services at IES premises, staff can provide them with brochures or information that may be of interest to them.

The directors (or delegate) will maintain a comprehensive *Referrals Database*, which will be continuously reviewed and built upon by all delivery staff.

Referral and Information Sharing
The CLO will respond to referrals and requests for its services in accordance with its *Service Access and Intake Policy and Procedure*. Referrals required as part of IES's support of a consumer will be dealt with in accordance with this and other relevant IES

policies and procedures.

IES will work collaboratively with all people refused services or leaving IES, and their representatives, to identify what alternative services and referrals could best meet their needs.

Staff will provide referrals with empathy and respect sensitivity to their needs.

Where required, consumers will be provided with information and support to access a person of their choice, such as an advocate, to assist them to interact with IES's CEOs (or delegate) and other services. See IES's *Decision Making, Dignity and Choice Policy and Procedure*.

When providing referrals, staff will take into consideration:
- the person's most pressing needs (including those relating to health);
- the person's preferences and goals for services
- safety issues and whether a referral will compromise the person's safety
- the level of distress experienced by the person (e.g. it may be necessary to calm the person or seek the support of a more senior staff member before referring them on to other services)
- the needs of vulnerable people and people with complex needs or at high risk
- the person's age, ability, gender, sexual identity, culture, religion, special needs, spirituality and language and communication needs; and
- other services the person is already receiving and where from.

Staff must be aware of possible barriers that a person may experience in using another service and, where feasible and appropriate, work with them to find ways to overcome these barriers. Barriers may include:
- lack of information about services and what is available
- lack of consumer capacity or interest in taking up a referral
- waiting lists that are too long to meet the consumer's needs
- difficulties advocating for their needs and/or preferences
- cost
- cultural or language barriers
- difficulties in contacting consumers (e.g. lack of phone services)
- family ties
- lack of anonymity in small communities
- lack of interpreters
- lack of services particularly in rural and regional areas; and
- lack of transport options.

Staff will be assisted to support individuals with special or complex needs through ongoing formal and on-the-job training and professional development opportunities.

Staff will acknowledge and address any concerns and explain the reasons why a particular referral has been made. Where more than one service may assist a person, it is appropriate

to provide them with information about the range of services available and give them choice
- *Policy and Procedure*

Consumer Information Pack over which service or services they want to use. In doing so, staff may need to provide some guidance on any special conditions for using a service. It is important to refer people to the most appropriate service at the right time and avoid a 'merry-go-round' of referrals.

Staff should use facilitated, warm or active referral processes where feasible, especially for consumers who are likely to have trouble using other services without assistance. Where a referral is a passive or cold referral, staff should provide sufficient information to the person to help make the referral successful. Where appropriate, staff may also follow up with the person to ensure the referral was effective. Where a person is not satisfied with referrals provided or the integration of supports provided by IES with other services, they will be directed to IES's feedback and complaints processes.

Where required, information about alternative services, IES's referral processes and IES's feedback and complaints processes will be provided to people in alternative formats that facilitate their understanding. Information about IES's referral processes and information sharing provisions will be included in its *Consumer Information Pack* and provided where required by staff, including during service delivery.

Service access and refusal and referral information will be tracked in IES's Monday and on consumer files. Records will include the timeframes within which incoming referrals were actioned or outgoing referrals made.

Information Sharing Provisions
When sharing a person's information with another service, staff must:
- give priority to a person's best interests, including the need to maintain a person's health, protect them from harm, protect their rights and promote their development
- only share information as authorised by privacy legislation (see IES's *Privacy and Confidentiality Policy and Procedure*)
- seek consent, where this is possible, before sharing information and where this does not place the person or any other person at risk
- exercise professional judgment and uses their professional skills, knowledge and experience in deciding what action to take regarding a vulnerable person; and
- consult with a senior staff member where they are unsure of what to do.

Ongoing Monitoring
The case worker/support coordinator are responsible for regularly communicating with each additional provider supporting the consumer with care and services. This includes establishing the main contact and maintaining expectations and compliance with those providers. The directors will also be monitoring that the services being delivered externally is culturally safe and appropriate and meets the consumer's needs, goals and preferences. This will be achieved and measured through feedback provided by the consumer and/or their representative.

Supporting Documents

Organisational documents relevant to this policy and procedure:
- *Service Provider Agreement*
- *Records and Information Management Policy and Procedure*
- *Referrals Database*
- *Service Access and Intake*
- *Privacy and Confidentiality Policy and Procedure*
- *Initial Assessment Policy and Procedure*
- *Review Policy and Procedure*
- *Decision Making and Choice Policy and Procedure*
- *Incident Register*
- *Complaints Register*

Monitoring and Review

This policy and procedures will be reviewed at least annually by the Board. This process will include a review and evaluation of current practices, the *Incident Register,* and the *Complaints Register.* It will consider staff, consumers and other stakeholder's feedback and incorporate:
- consumer file audits, to assess alignment between documented processes and actual practice
- service involvement and links with Aboriginal and Torres Strait Islander, CALD and other special needs communities and services
- a review of IES's service network and referral processes to service planning and delivery; and
- a review of feedback from staff, consumers and other stakeholders on their satisfaction with IES's service integration and referral management.

IES's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and will be incorporated into service planning and delivery processes.

Processes and materials for communicating IES's eligibility criteria and priority of access procedures, as well as service entry and exit processes, will be updated upon review and update of IES's *Service Access Policy and Procedure*. Relevant referral networks will also be advised.

Service access and refusal and referral information will be tracked in IES's Client Management System Monday. Information about referral pathways will be used to inform IES's continuous improvement.

On a six-monthly basis, IES will assess its performance against its benchmarks for responding to requests for information and actioning referrals, to ensure they are dealt with in a timely manner that supports the immediate needs of the person enquiring.

While delivery staff are responsible for actively updating IES's *Referral Database* on an ongoing basis, the CEOs will formally review the Database every six months to ensure the currency and relevance of the information it contains.

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SERVICE DELIVERY AND PARTICIPATION POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure set out person-centred principles to guide service delivery to IES's consumers.

Cultural competence – occurs when a business has structures in place to support the flexibility of its staff so they can meet the needs of Aboriginal and Torres Strait Islander and culturally and linguistically diverse consumers.

Cultural safety – delivering services in a way that makes people feel safe and secure in their identity, culture and community. This includes planning and applying policies, strategies, and programs that consider, acknowledge and incorporate the history, traditions, diversity and circumstances of the Aboriginal and Torres Strait Islander and culturally and linguistically diverse groups that the business works with.

Cultural safety and competency are about recognising the centrality of culture, language and country for Aboriginal people and people from culturally and linguistically diverse backgrounds in delivering quality supports. Culture and language are powerful influencers in supporting the positive identity, self-determination and well-being necessary to enhance service access, equity and effectiveness.

Policy

IES promotes a person-centred approach to its service delivery where individuals lead and direct their services and are supported to maintain their independence, choices and personal relationships and connections.

Procedures

To ensure support workers are matched appropriately to each consumer and informed of their needs, preferences, service goals and tasks and any alerts or risks that may be present, a copy of the consumer's Support Plan must be readily available.

workforce and the continuity of the business. IES has developed a *Succession Plan,* that aligns with its *Strategic and Operational Plan*.

IES's *Staffing Policy and Procedure* identifies processes where staff members' normal working hours may require adjustment to ensure continuity support, as well as how IES handles staff absences, shortages and vacancies. This is supported through the ongoing training and development processes outlined in *the Human Resources Policy and Procedure*.

The Staff Training and Development Register tracks staff training and development opportunities. Staff are also provided access to the *Training and Development Calendar*, where opportunities for further skill development can be identified, to encourage further

staff training and development and support continuity of support.

The *Review Policy and Procedure* identifies how IES conducts reviews of Support Plans and ensures continuity of care through identification of any change in the consumers' needs. To support consumers whose needs may have changed, IES ensures *Consumer Risk Assessments* are kept up to date.

In the event a consumer's needs are no longer best supported by IES, a *Referral Database* is maintained (as outlined in *Providing Information, Advice and Referrals Policy and Procedure*). consumers who require transition to another service provider do so with continuity of supports being paramount. The *Service Exit Policy and Procedure* outlines how staff are to work collaboratively with all stakeholders involved in a consumer's service transition and how this will be documented in their *Exit Plan*.

IES also ensures continuity of care to consumers by complying with its Risk Management Model and Practices, as outlined in the *Risk Management Policy and Procedure*. Risk management plans are developed and reviewed quarterly, and any identified risks are followed up by the Case Manager/Support Coordinator and discussed during team meetings.

IES's *Emergency Planning Policy and Procedure* outlines the CEOs responsibilities to ensure IES's operational readiness and that measures are in place to support continuity of care. This includes through identification of alternative plans for consumers where service delivery may be interrupted.

Where changes or interruptions are unavoidable, alternative arrangements must be explained and agreed with the consumer or their representative, with a key focus on minimising the impact to the consumer.

General Service Delivery Principles

IES puts the consumer at the centre of decision-making in all aspects of their life and supports consumers to exercise choice and control over their health and well-being.

Where required/requested, staff will identify and provide referrals and linkages to services and activities that will enhance consumers daily life and provide support and assistance to help consumers access these. See IES's *Providing Information, Advice and Referrals Policy and Procedure*.

IES works collaboratively with mainstream services to provide holistic service delivery to its consumers. Services will be delivered in a way that respects individuals' personal, gender, sexual, cultural, religious and spiritual identity.

Through its recruitment and staffing processes, IES works to develop a diverse workforce so that consumer assessments, planning, service delivery and reviews benefit from expertise from a range of staff with varying life experiences.

Staff must use a strengths-based approach to identifying individual consumer needs and

goals, particularly in relation to recognising individuals' capacity to maintain their independence, manage risks and return to any tasks previously completed. Each consumer will be supported to engage with their family, friends, personal/intimate relationships and chosen community, as directed by the consumer.

Staff must help consumers to access information they need to make decisions when they want to try new things or continue with options that may not have gone well in the past, including considering the benefits and risks, consequences and responsibilities to them and others.

Access to supports required by a consumers will not be withdrawn or denied solely based on a dignity of risk choice that has been made by the consumer.

As per IES's *Service Access and Intake Policy and Procedure*, reasonable adjustments to the support delivery environment will be made and monitored to ensure it is fit for purpose and that each consumer's health, privacy, dignity, quality of life and independence is supported.

Communication
People can communicate their choices, likes and dislikes in many ways, for example, verbal communication, withdrawal, acting out, engagement and disengagement, aggression, excitement, despondency and joyfulness. staff are required to work with consumers in a way that adapts to their individual needs as they change over time, regardless of the frequency or cause.

Staff must provide information to consumers in ways that suit their individual communication needs. Methods include providing written information in Easy English, explaining information either face-to-face or over the phone and using interpreters and advocates.

Working with Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse consumers: IES is committed to supporting consumers from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds to maintain and strengthen their connection to their community, culture, spirituality and language.
IES works collaboratively with consumers from diverse backgrounds to provide holistic service delivery. staff delivering services to consumers from Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds should consider:
- that these communities are extremely diverse
- the cultural context and the potential for significant cultural differences between people in terms of spiritual, ecological, consensual and communal beliefs and values
- the impacts of racism and prejudice.
- translating written, electronic and verbal information or making it available in Easy English for people who are not proficient in the English language
- that some migrants and former humanitarian entrants are not literate in their own

language
- communicating in a community's preferred medium (some communities may prefer printed information rather than verbal)
- allowing sufficient time for cross-cultural input and communication
- incorporating a family-sensitive approach to support and including extended family members and significant others in service delivery by providing a range of flexible, culturally appropriate ways to engage
- providing more flexible appointment times and lengths; and
- providing services in alternative, outreach, home and/or community environments.

Staff should also apply cultural protocols when supporting consumers from diverse backgrounds, including:
- recognising gender, how people are expected to interact with the opposite sex (including married and unmarried people of the opposite sex) and taking this into account when selecting a staff member to support a male or female consumer
- for culturally and linguistically diverse consumers, depending on the period spent in Australia, migration experience, country of origin and pre-migration experience, communities may have mixed attitudes towards government and people of authority
- for Aboriginal and Torres Strait Islander consumers, recognising kinship and the impact this may have on service delivery; and
- understanding the importance of notifying appropriate people in a consumer's community of an intended visit.

Partnerships
Where possible, staff must identify and provide referrals and linkages to community services and activities that are operated by or for a consumer's community.

The Board will work closely with Aboriginal and Torres Strait Islander and culturally and linguistically diverse services in its region to establish partnerships to benefit its consumers and their communities. These partnerships should also inform IES's culturally secure and competent service delivery.

Personal contact with community representatives such as Elders and Community Leaders may also be required for them to maintain an awareness of IES, its entry criteria, how to access it, and commitment to any partnership arrangements.

Staff Support
Through its recruitment and staffing processes, IES endeavours to develop a culturally diverse and competent workforce to support culturally appropriate and safe service delivery.

In line with IES's *Human Resources Policy and Procedure*, staff are regularly provided with training and development opportunities, which includes cross-cultural training and support to develop skills and knowledge about different communities and people from diverse backgrounds. They may also be trained in engagement skills and the use of Interpreters.

IES also endeavours to employ staff from diverse backgrounds and will consider the following strategies to support and retain them:

- hold events that celebrate workplace diversity and encourage employees to share their cultures and experiences.
- set up internal and external mentoring and supervision arrangements with people of the same background; and
- support them to fulfil cultural and social obligations to their family and community.

Environment

Consumers from diverse backgrounds may prefer specific gender workers and may also prefer workers from the same cultural background. staff allocation should be based on staff skills and training, gender, and other cultural factors. If IES is not able to meet these needs/preferences, staff should provide referrals and linkages to other appropriate services and work closely with other services to ensure services are delivered in a way that is holistic, culturally safe and culturally competent. See the *Providing Information, Advice and Referral Policy and Procedure* for more information.

Interpreters

IES recognises that the provision of language services is a matter of quality and safety for consumers. The delivery of safe, high-quality services requires effective communication with consumers and their representatives or families and IES has a duty to provide language services appropriate to a person's needs. Interpreters must be made available at no cost to consumers and, if relevant, their supporters.

Where an interpreter is required, staff must first assess how well the person can understand information in English. An effective method for assessing English proficiency is to conduct a short, informal interview with the person, asking for basic details about their reason for making contact and their background. Stressful or unfamiliar environments may affect a person's ability to communicate effectively, even if they generally have a level of proficiency in English suitable for that type of appointment or meeting.

An interpreter must be engaged if a person requests one.
Where a consumer has limited or no English language skills or uses Auslan, IES must offer them the use of a professionally accredited interpreter to ensure the consumer understands and can communicate in response to the information being provided to them. Every reasonable effort must be made to use an accredited interpreter before a family member or friend of the consumer is asked to assist. They may assist in communicating with a consumer where an interpreter is required but is not available and a matter must be dealt with in a restricted timeframe. The decision to do so, and the circumstances justifying that decision, must be documented in the consumer's file or relevant record. As soon as practicable the services of a professional interpreter must be engaged to ensure the information has been accurately conveyed, especially in the case of medical or complex situations.

Any individual under the age of 18 must never be asked to act in the place of an accredited interpreter.

Unless they are an accredited interpreter or employed for their language skills, staff members who speak a language other than English may only assist with communicating low risk information such as making appointments or obtaining basic personal details such as name and address. Unaccredited bilingual staff cannot be used to communicate information that is legally binding or puts the consumer or IES at risk.

The following are critical points at which people with low English proficiency should have access to information in their preferred language:
- the consumer is being informed of their rights (for example, privacy, confidentiality) and responsibilities (for example, fees);
- the consumer is required to make significant decisions concerning their lives (for example, provision of test results, medication regimes, other interventions, undertaking assessment and conducting assessment outcomes);
- essential information needs to be communicated and understood to inform decision making (for example, procedures and referral options); and
- giving informed consent (for example, to treatment, release of information, power of attorney and guardianship matters).

Staff can access Interpreters and Translators through the Translating and Interpreting Service (TIS). Services provided by TIS include:
- telephone interpreting
- on-site interpreting (spoken languages and Auslan)
- language translations; and
- video remote interpreting.

Interpreting bookings including those for video remote interpreting can be made at https://www.tisnational.gov.au/Agencies/Help-using-TIS-National-services/TIS-Online-for-agencies.

consumers or their supporters can request a preferred interpreter. However, while the use of the consumer's preferred interpreter is recommended, if that interpreter has a qualification lower than a professional level, they can only interpret basic information. A professionally accredited interpreter must be used for the communication of critical or legally binding information.

Information regarding access to interpreters is provided in IES's *Consumer Information Pack* and clearly displayed in IES's foyer, along with other information regarding how IES will deliver culturally competent services. Relevant contact details will be included in IES's *Referral Database*.

Translation
Translated information can supplement interpreting services and provide information that the consumer can later refer to, or provide to family, carers and other support persons to aid understanding. Some people may prefer written information.

Supporting Documentation

Documents relevant to this policy and procedure include:
- *Succession Planning Policy and Procedure*
- *Succession Plan*
- *Strategic and Operational Plan*
- *Staffing Policy and Procedure*
- *Emergency Planning Policy and Procedure*
- *Providing Information, Advice and Referrals Policy and Procedure*
- *Service Access and Intake Policy and Procedure*
- *Review Policy and Procedure*
- *Vehicle Safety Policy and Procedure*
- *Consumer Information Pack*
- *Referral Database*
- *Consumer Risk Assessment*
- *Service Exit Policy and Procedure*
- *Exit Plan*
- *Staff Training and Development Register*
- *Training and Development Calendar*
- *Human Resources Policy and Procedure*
- *Risk Management Policy and Procedure*

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.
Review of this policy and procedure will include:
- feedback from consumers in relation to their care and services being delivered in a way that respects their choices, needs and preferences
- a review of service access and support strategies for people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds
- a review of service involvement and links with Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities and services
- satisfaction with the cultural sensitivity of services provided by IES staff
- satisfaction with the relevance and quality of referrals and connections provided by IES staff to Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities and services
- consumer file audits, to assess alignment between documented processes and actual practice
- feedback from people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds related to the cultural competence of the services provided.
- feedback from people on their satisfaction with supports provided to maintain and strengthen their independence; and
- consumer awareness of access to and experience of supports provided to enable them to maintain and enhance links with other people and organisations.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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CONSUMER CASE NOTES POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure provide staff with guidelines on how to record case notes to ensure consumer information is recorded in a standardised, timely and accountable manner.

Definitions

Case note – a chronological record of interactions, observations, and actions relating to a particular consumer. Case notes are an essential part of a consumer's file, where staff succinctly record details to document the consumer's support services. Case notes are a tool for reflecting on a consumer's progress toward their goals and represent a record of events on each support session, interaction, and event. They also promote efficient communication between staff. Case notes can be written by support workers about progress and updates of consumer's service needs, the Case Manager/Support Coordinator's notes following initial assessment, care or review meetings, and/or notes concerning the investigation and management of complaints (for example).ie).

Policy

IES is committed to the transparent and accountable recording of service delivery to consumers. The recording of accurate and quality case notes is integral to supporting the following functions of the business:
- recording and planning service delivery
- supervising staff
- legal accountability
- risk management planning
- consumer support planning; and
- consumer support reviews.

Procedures

What to Include in Case Notes
When recording case notes, staff must ensure the information recorded is related to the following:
- factual, clear and timely information
- a consumer's progress towards goals identified in their Support Plan (actions taken, progress made, or barriers identified)
- the consumer's significant achievements or changes

- information relevant to any risks (consumer or environment)
- appointments attended
- all communication, including attempts, with other services involved with the consumer
- referrals made
- group activity participation (where relevant)
- any information given to the consumer (e.g. IES information, health information, etc.)
- all informed consent decisions (e.g. "consumer provided consent for staff to discuss low mood with the Case Manager/Support Coordinator.")
- ongoing notes from any subcontracted/brokered providers
- consumer reviews (outcomes, follow up actions, progress); and
- any follow up required.

What to Avoid in Case Notes
When making case notes, staff must avoid the following:
- emotional reactions
- personal opinions
- value judgements
- inappropriate language or terminology
- false information; and
- unfounded speculation.

Guidelines
Staff should be aware that consumer files can be subpoenaed at any time and staff can be subject to cross examination in court in relation to the content of their case notes. staff should also be mindful that consumers and their representatives or families have the right to request to read their own file notes at any time.

All personal information relating to consumers must be maintained within the consumer's file and subject to the security, confidentiality, access and storage requirements detailed in IES's *Records and Information Management Policy and Procedure*. staff must act in accordance with IES's *Privacy and Confidentiality Policy and Procedure* when managing and recording personal and sensitive consumer information.

Staff must make notes as soon as possible after services are provided, consumer and/or their representative interaction with IES, meetings or events and must reflect the consumer's communication and behaviour accurately and fairly.

Managers must ensure appropriate time is allocated for staff to complete case notes at the earliest possible time after any contact with or about a consumer.

If staff find it difficult to complete case notes (due to timing restrictions, access to files, etc.), they should discuss this with their manager.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Privacy and Confidentiality Policy and Procedure*
- *Records and Information Management Policy and Procedure*

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's feedback collection mechanisms, such as satisfaction surveys, will assess:
- satisfaction with IES's records and information management and privacy and confidentiality processes
- whether consumers have received adequate information about privacy and confidentiality including how their records will be stored and disposed of and how they can access and change them; and
- the extent to which consumers and their supporters feel their privacy and confidentiality has been protected.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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CONSUMER MONEY AND PROPERTY POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure provide guidance for staff who assist consumers to manage their financial affairs, or who have access to consumers' personal belongings. It aims to ensure staff do so in an honest, transparent and accountable manner, and in the best interests of consumers.

Definitions

Financial abuse – any act which involves misusing the money or property of a consumer without their full knowledge and consent. This includes theft of money, pension cheques or property as well as misuse of a power of attorney.

Policy

IES recognises that there is a balance between helping consumers to manage their own financial affairs as much as possible and protecting the rights of people who may be vulnerable to exploitation. Direct responsibility for managing a consumer's financial transactions should only be assumed by staff where the consumer is unable to do so themselves.

IES has processes in place to ensure any staff access to a consumer's money or other property is managed, protected, and accounted for. Any assistance provided should promote autonomy, choice and independence and protect the consumer and IES staff.

IES staff do not provide financial advice or information unless it is related to the participants' NDIS Plan funding.

Procedures

Consumer Money

Where a staff member believes a consumer cannot manage their own financial affairs with some assistance from a support worker, they must refer the matter to the Case Manager/Support Coordinator. A substitute decision maker may need to be appointed for the consumer (see IES's *Decision Making, Dignity and Choice Policy and Procedure*).

Staff must maintain confidentiality regarding consumers' funds and accounts. Any inquiries about a consumer's finances by third parties must be directed to the CEOs.

While staff may share, at no cost to themselves, meals and other special occasions that are part of a consumer's activities, they must pay for their own meals when solely accompanying consumers.

The use of an *Australian Government National Companion Card (Companion Card)* is encouraged to cover the cost of entry into venues or entertainment for a staff member

when they are accompanying a consumer as part of their Support Plan. Where a *Companion Card* is not available or accepted, staff must not allow a consumer or their family to pay for their entrance to any venues or entertainment. Such instances should be referred to the Case Manager/Support Coordinator, who will determine who should pay for the entry cost.

Staff must not provide consumers with financial advice or information other than that required under the consumer's Support Plans.

More generally, in managing consumers' Support Plans, the Case Manager/Support Coordinator must:

- assist consumers with budgeting and the purchase of goods and services from IES, ensuring that as far as possible, consumers get value for money and are not taken advantage of.
- ensure invoices and statements are provided to consumers on at least a monthly basis; and
- collate and securely store all current and previous checked and audited accounts and budget information.

Consumer Property

IES does not accept liability for loss or damage to property, or essential consumer equipment, but staff must take all reasonable care in the management of consumer belongings.

Where support is delivered in consumers' homes, reasonable wear and tear to equipment such as vacuum cleaners, toasters, kettles, etc., should be expected, and the consumer is responsible for meeting such costs.

When supporting consumers in the community, staff must ensure the amount of property the consumer has with them is kept to a minimum and is kept securely by the consumer (where possible) or supporting staff members when not in use.

Reporting

Suspected or alleged financial abuse must be reported in line with IES's *Consumer Incident Management Policy and Procedure*. Where loss or damage to a consumer property, including money, may have involved an IES staff member or occurred during service delivery, it must also be reported following the *Consumer Incident Management Policy and Procedure*.

Consumers and their supporters also have access to IES's Feedback and Complaints processes, should they wish to provide feedback or make a complaint regarding the handling of their property.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Financial Management Policy and Procedure*
- *Feedback and Complaints Policy and Procedure*
- *Human Resources Policy and Procedure*
- *staff Code of Conduct Policy and Procedure*
- *Service Access and Intake Policy and Procedure*
- *Compliance Policy and Procedure*
- *Risk Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Consumer Rights and Responsibilities Policy and Procedure*
- *Service Delivery and Participation Policy and Procedure*
- *Records and Information Management Policy and Procedure*

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's Continuous Improvement Register will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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CONSUMERS THAT DO NOT RESPOND TO A SCHEDULED VISIT

Purpose and Scope

The purpose of this policy and procedure is to outline IES's response to consumers who do not respond during a scheduled home visit.

Policy

Services that IES delivers in the community are designed to be flexible and responsive to the individual needs of each consumer. A consumer's autonomy is to be respected and balanced with IES's duty of care to their consumers.

Consumers are required to have a planned response for when they do not respond to a scheduled visit. This response needs to be individualised for each consumer, based on their assessed needs and followed by staff in the event of no response.

Procedures

Developing the Planned Approach
The Case Manager/Support Coordinators are responsible for:
- planning what to do when consumers do not respond to a scheduled visit
- ensuring the *No Response Plan* is developed during the initial care planning meeting and documented in the consumer's Support Plan
- providing a copy of this plan to the consumer, and other relevant stakeholders
- reviewing and updating the *No Response Plan* every 12 months, or sooner in the event of an incident, a change in needs or health status, or a change of emergency contact details; and
- respecting a consumer's wishes not to have a *No Response Plan* and documenting this decision as part of IES's dignity of risk processes.

The *No Response Plan* should include:
- carers and/or emergency contact details
- whether the service has access to a spare key for the consumer's home
- the course of action pending no response during a scheduled visit, including what action should be taken where the emergency contact does not respond, or there are indicators that emergency services should be called first; and
- proactive strategies taken to minimise the impact to a consumer if there is no response during a scheduled visit (e.g. details of the location of a coded key safe at the consumer's home, or the location and contact details of an emergency contact who has a key).

Some consumers, such as those who are assessed as at risk, or with a pattern of not responding to scheduled visits, should have appropriate documentation on how the staff member is to respond in the event they are not home during a scheduled visit. This is to

be developed with consumers and/or their representatives to ensure it respects their choice and control.

Where a key safe is unable to be installed at the consumer's property, and a key is to be held by IES, the consumer's or appointed decision-makers written permission must be obtained. This permission should include details regarding who can access to the key and under what conditions.

Where a consumer receives services from a provider other than IES, the Case Manager/Support Coordinator should endeavour to develop a joint plan that ensures both services know how to respond and notify necessary contacts and services.

Implementing the *No Response Plan*

Should a consumer not respond to a scheduled visit, staff must take the initial steps to implement the consumer's agreed *No Response Plan*. Upon confirmation a consumer is absent at the time of a scheduled visit, it is the responsibility of the Case Manager/Support Coordinator (or delegate) to implement the planned response for that individual as agreed. Where staff (including the Case Manager/Support Coordinator) need to enter a consumer's home in line with the *No Response Plan* they should be accompanied. The person accompanying does not have to be IES personnel but should be someone appropriate to the circumstance (e.g., a neighbour, emergency worker or police officer). Where this is not possible, staff should call the Case Manager/Support Coordinator (or delegate) and remain on the phone whilst entering the property.

Where the Consumer does not want a *No Response Plan*

If a consumer, their carer, family member or other relevant stakeholder determine they do not want a *No Response Plan*, this should be documented and respected.

Where a consumer, their carer, family member or other relevant stakeholder have requested that they do not want a planned response, and staff are carrying out a scheduled visit, and have concerns/there is an indication that something may be wrong, they must raise their concerns with the Case Manager/Support Coordinator (or delegate) immediately for further direction.

Upon confirmation a consumer is absent at the time of a scheduled visit, it is the responsibility of the Case Manager/Support Coordinator (or delegate) to implement the response that has been agreed with the consumer, bearing in mind that this may be a preference to take no action. Any action or inaction must be documented on the consumer's file.

Consumer's Responsibilities

The consumer, their carer, family member or other relevant stakeholder must notify IES if the consumer is not going to be home for the prearranged visit.

The consumer, their carer, family member or other relevant stakeholder will ensure that emergency contacts know they have been nominated as a contact and that IES has their current contact details.

The Human Resources Officer's Responsibilities

The Human Resources Officer (or delegate) is responsible for ensuring staff are familiar with the requirements of this policy and have sufficient skills, knowledge, and ability to meet the requirements.

Consumer feedback and complaints will be addressed in accordance with IES *Feedback and Complaints Policy and Procedure*.

In accordance with IES *Privacy and Confidentiality Policy and Procedure*, respect for and protection of consumers' privacy and confidentiality will be reinforced on an ongoing basis. Where required, consumers will be provided with information and support to access a person of their choice, such as an advocate, to assist them to develop a *No Response Plan*.

Supporting Documents

Documents relevant to this policy and procedure:
- *No Response Plan*
- *Support Plan*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. This process will include a review and evaluation of current practices and service delivery types and locations, the *Incident Register,* policies and procedures, the *Complaints and Grievances Register,* and will incorporate staff, consumers' and other stakeholder's feedback.

IES *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and will be incorporated into service planning and delivery process.

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SERVICE EXIT POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure set out IES's transparent and equitable service exit procedures, which are designed to uphold the rights of consumers and support them to transition to other supports where required.

Policy

Consumers have the right to terminate their service provision and any time, and this decision will not prejudice future access to the service. Exit procedures are fair, transparent, follow due process, uphold the rights of the consumers, and protect the safety and integrity of IES staff, consumers, programs, and services.

Consumer transitions from IES's services are planned and coordinated and undertaken in collaboration with consumers. Transition arrangements are documented, communicated, and effectively managed.

Where consumers are transferring to other services, the transition is collaboratively planned, and the process is documented, communicated, and effectively managed.

Procedures

Should a consumer and/or their representative or IES wish to end service provision before the dates set out in the they must give the other party at least 2 weeks' notice.

Service exit and referral information must be tracked on Monday to inform continuous improvement.

The Human Resources Officer is responsible for ensuring staff are familiar with the requirements of this policy and have sufficient skills, knowledge, and ability to meet the requirements. As per IES's *Human Resources Policy and Procedure*, all relevant staff must undergo Induction, which includes training in IES's exit processes. staff knowledge and application of this policy and procedure is monitored on a day-to-day basis and through annual Performance Reviews. Additional formal and on-the-job training is provided to staff where required.

Consumer feedback and complaints regarding this policy and procedure must be addressed in accordance with IES's *Feedback and Complaints Policy and Procedure*.

In accordance with IES's *Privacy and Confidentiality Policy and Procedure*, respect for and protection of consumers' privacy and confidentiality must be reinforced with consumers on an ongoing basis, verbally and in other information provided by staff.
Where required, consumers must be provided with information and support to access a person of their choice, such as an advocate, to assist them to transition from IES. See the

Decision Making,

Dignity and Choice Policy and Procedure.

To ensure consumers or their representatives or families understand how to transition from IES's services, IES uses its *Consumer Information Pack* and website to provide information about this policy and procedure, in an easy-to-understand format.

To ensure consumers understand this information, staff must provide information to them and their representatives in ways that suit their individual communication needs. Written information can be provided in different languages and Easy English or explained verbally by staff. staff can also help consumers access interpreters or advocates where required.

All consumers exiting the service will have an Exit Interview, where the CLO will ascertain the reason for the consumer's service termination (if applicable), obtain feedback about where IES can improve its processes and communicate and the steps to re-accessing the service should the consumer wish to.

Service Termination

As part of IES's entry processes, consumers must be informed of their rights and responsibilities (see IESs *Consumer Rights and Responsibilities Policy and Procedure for more information*). Where IES makes the decision to terminate a consumer's plan, information regarding the reason must be provided and explained to them. These reasons must also be included in the consumer's *Exit Plan* if required (see below).

See IES's *Initial Assessment Policy and Procedure* **Security of Tenure** definition for further details as to reasons why IES may cease to provide the package.

The service exit must only be actioned after discussion and consultation with the consumer, their representatives and other important stakeholders, and strategies have been implemented to attempt to resolve challenges/barriers. Consumers must be offered support to access interpreters or advocates to assist them through this process if necessary.

Consumer Requested Termination

Consumers have the right to terminate their service provision and any time, and this decision will not prejudice their future access to the service.

Appeal

Consumers who have their services terminated by IES have the right to appeal. Appeals should be directed in writing to the CEOs and a final decision will be made by the Board. People who successfully appeal will be supported to continue accessing IES's services. People who are not successful in their appeal will be provided advice in writing to this effect.

If a person is unhappy with the outcome of their appeal, they will be directed to IES's feedback and complaints processes. As per IES's *Feedback and Complaints Policy and Procedure*, information on IES's complaints process can be provided in a variety of formats if required as well as support to access interpreters or advocates if necessary.

Exit Transition Planning
Where relevant, the CEOs and Coordinators/Case Managers must work collaboratively with consumers and their representatives to identify alternative services and referrals that could best meet their needs. See IES's *Providing Information, Advice and Referrals Policy and Procedure*.

With the consumer's or their supporter's consent, IES must provide relevant information to new service providers to support the consumer's seamless transition to them. Where required, IES staff should introduce the consumer to or meet with staff of alternative providers to facilitate a smooth transition for the consumer. See the Information Sharing Provisions in IES's *Providing Information, Advice and Referrals Policy and Procedure*.

An *Exit Plan* must be agreed with the consumer and with their informed consent, any other stakeholders. The plan must contain identified time frames, outlining actions and those responsible for implementing the actions. In addition, risks associated with the transition must be identified, documented, and responded to.

IES must also ensure a copy of the consumer's most recent *consumer Risk Assessment* and *Home Risk Assessment* (if applicable) are provided to new service providers, with the consumer's consent of this information sharing documented in their *Exit Plan.* In addition, a risk assessment must be completed with any new service providers to ensure any risks of the transition process are captured within the *Exit Plan*, along with actions that will be taken to reduce those risks.

A copy of the *Exit Plan* must be provided to the consumer. A copy must also be kept on the consumer's file and key elements captured on Monday. Where this is not practicable, or the consumer chooses not to have an *Exit Plan*, staff must include a case note on the consumer's file explaining the reasons why the consumer did not receive a copy of their plan.

Files and Documentation
Upon a consumer's exit from IES all documentation and information developed and implemented by IES remains the property of the service. Any documentation provided by other service providers and included in the consumer's file that has been used to facilitate the consumer's support must be returned to the consumer or their representative. IES will retain copies of these documents.

All information in relation to the consumer will be retained, secured, and stored in accordance with IES's *Records and Information Management Policy and Procedure*.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Records and Information Management Policy and Procedure*
- *Human Resources Policy and Procedure*
- *Exit Plan*
- *Feedback and Complaints Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Decision Making, Dignity and Choice Policy and Procedure*
- *Providing Information, Advice and Referrals Policy and Procedure*
- *Consumer Information Pack*
- *Consumer Rights and Responsibilities Policy and Procedure*
- *Initial Assessment*
- *Consumer Risk Assessment*
- *Home Risk Assessment*

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumers and other stakeholder feedback. consumers and service networks will be advised of any changes.

IES's feedback collection mechanisms, such as consumer satisfaction surveys and service delivery planning activities, will assess:
- consumer awareness of IES's exit procedures
- consumer satisfaction with IES's exit procedures and management of appeals regarding exit; and
- feedback provided by and to consumers and potential consumers around access and refusal and whether the information provided to consumers is appropriate and effective.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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PART 2. NDIS CONSUMERS, FAMILIES AND CARERS

These NDIS Consumers, Families and Carers Policies and Procedures describe how IES delivers services and protects the rights of its consumers, their families, and carers.

They should be read alongside the Governance and Management Policies and Procedures set out in Part 1, which describe how IES carries out its governance, operational, legal, and financial responsibilities.

CONSUMER RIGHTS AND RESPONSIBILITIES POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to confirm IES' commitment to consumers' rights and set out how these rights are communicated and supported by IES and staff.

This policy applies to all IES Board, staff, volunteers and contractors, existing and potential consumers, their family members, carers, and other supporters and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

All 6 *National Standards for Disability Services* apply to this policy and procedure related to consumer's rights and responsibilities.

Policy

IES respects and fully commits to upholding the rights of all people, including those with disabilities.

IES is committed to ensuring its consumers are made aware of their rights and responsibilities and supported to exercise them.

IES acknowledges that people with disability have the same human rights as other members of the community and that the community has a responsibility to facilitate the exercise of those rights.

The *Consumer Charter* also sets out consumer responsibilities, which contribute to ensuring the rights of all consumers and staff are upheld.

Procedures

IES provide all prospective and existing consumers with information about their rights through:
- provision of a *Consumer Charter* in the *Consumer Handbook*; and
- verbal explanation by IES staff.

IES considers the specific requirements of individuals when ensuring consumers fully

understand their rights through providing information in a format that suits their individual communication needs, whether they be due to disability or cultural background.

Formats include different languages, Easy English, face-to-face or phone explanation by staff, and the use of interpreters and advocates.

Both written and verbal information about consumer rights advises that access to this policy and procedure be provided upon request.

As per the *Service Access Policy and Procedure*, staff discuss consumers' rights and responsibilities with them during intake and assessment. Staff confirm that consumers' understanding verbally, using an interpreter or advocate where required.

Staff Responsibilities

Upon commencement, all staff undergo Induction, which includes training about consumer rights and responsibilities.

Consumer complaints are addressed in accordance with IES' *Feedback, Compliments and Complaints Policy and Procedure*.

In accordance with the *Privacy and Confidentiality Policy and Procedure*, respect for and protection of consumers' privacy and confidentiality is reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.

Staff provide services with sensitivity to, and awareness of, people's disabilities and culturally and linguistically diverse or Indigenous backgrounds.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Consumer Charter*
- *Feedback and Complaints Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least two-yearly by the Board and incorporate consumer and other stakeholder feedback.

IES' *Continuous Improvement Plan* is used to record and monitor the progress of any improvements identified.

Annual service delivery and satisfaction surveys assess consumers:
- satisfaction with the support they are provided to exercise their rights and responsibilities

- awareness of what to do if their rights are violated
- satisfaction with the quality of services they receive
- satisfaction that their privacy and confidentiality are maintained
- views on how easy it is to access the feedback, compliments, and complaints system
- satisfaction with how complaints and feedback are managed
- satisfaction with the management of reviews and appeals; and
- awareness of their rights and the extent to which they feel able and supported to exercise them.

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INTEGRATION AND EMPOWERMENT SERVICES CONSUMER CHARTER

IES respects and fully commits to upholding the rights of all people, including those with disabilities. IES is also committed to ensuring you, its consumers (children, adults, family members, carers and guardians), are aware of your rights and responsibilities and can be confident in exercising them.

Consumer Rights

IES respects and fully commits to upholding the rights of its consumers, as set out in the *Disability Services Act 1993 (WA) and the NDIS Rules 2018*. In accordance with this legislation, you have the right to:

- respect for your human worth and dignity
- the same basic human rights as other members of society and should be enabled to exercise those basic human rights
- realise your individual capacities for physical, social, emotional, intellectual and spiritual development
- services that support you in attaining a reasonable quality of life in a way that also recognises the role and needs of your family and carers
- participate in, direct and implement the decisions which affect your life
- receive services in a manner that results in the least restriction of your rights and opportunities
- pursue any grievance concerning services
- access the type of services and supports that you believe are most appropriate to meet your needs
- as far as is reasonable to expect, have access to similar services provided to people with disabilities who reside in the metropolitan area; and
- to an environment free from neglect, abuse, intimidation and exploitation.
- information about:
- available services and service options, within IES and with other service providers
- the services to be provided and any associated costs
- conditions that may apply to the services being provided
- how to make a complaint to us and to external agencies; and
- your legal rights, entitlements and obligations under the *Disability Services Act 1993*
- receive services:
- that are appropriate, safe, of a high quality, are culturally relevant and adapt to your ongoing needs and goals
- in a way that results in the minimum restriction of your rights and opportunities
- in a safe, accessible built environment appropriate to your needs; and
- information necessary to support your rights, in ways that are appropriate and have regard to your disability and cultural background
- have services and supports provided by appropriately qualified staff
- change service providers and receive support in doing so

- have a person of your choice support and advocate on your behalf in your interactions with us
- refuse a service or support without prejudicing your future access to services; and
- pursue any complaint about your service provision without fear of retribution and receive support to pursue complaints.

Consumer Responsibilities

We expect that you will:

- respect the human worth and dignity of its staff and other consumer
- treat staff and other consumers with courtesy and respect
- respect the rights of others including their rights to confidentiality and privacy
- be responsible for your choices and the results of any decisions you make
- play your part in helping us to provide you with services, by informing us of your support needs and any health, behavioral or wellbeing issues
- proactively participate in the development, implementation and review of person-centered support plans
- communicate any changes in your circumstances and needs to staff
- inform us as early as possible when support is not required.

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FEEDBACK, COMPLIMENTS AND COMPLAINTS POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out how any person can provide feedback and make complaints about any aspect of IES' operations and the process that IES will take to address or respond to feedback and complaints.

It applies to all stakeholders of the business, including consumers, families, carers, advocates, staff, other service providers, government agencies and members of the community.

Feedback and Complaints raised by IES staff is generally dealt with under IES's *Disputes and Grievances Policy and Procedure*, however from time-to-time staff may raise issues or provide feedback that is best dealt with under this policy and procedure.

IES also has obligations in relation to incident management systems and reportable incidents that may apply to a complaint. See IES's *Incident Management policies and procedures*.

Applicable National Standards for Disability Services

- *Standard 1. Rights*
- *Standard 4. Feedback and Complaints*
- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions

Compliment - an expression of praise, encouragement or gratitude about an individual staff member, a team or a service.

Complaint - an expression of dissatisfaction made to or about an organisation related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected.

For this policy and procedure, a complaint is defined as an issue of a minor nature that can be resolved promptly or within 24 hours and does not require a detailed investigation. Complaints include an expression of displeasure, such as poor service, and any verbal or written complaint directly related to the service (including general and notifiable complaints).

General complaint - addresses any aspect of the service e.g. a lost clothing item. The complaint must be dealt with as soon as is practicable to avoid escalation of the issue.

Grievance - a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature e.g. the service is in breach of a policy, or the service did not meet the care expectations of a family

Policy

Compliments, complaints and other feedback provide IES with valuable information consumer satisfaction and an opportunity to improve upon all aspects of its service. Feedback is taken seriously by IES and seen as an opportunity for improvement.

IES records and handles feedback effectively to identify areas for improvement, coordinate a consistent approach to complaint resolution, reduce the potential for future complaints and allow for reporting and efficient allocation of resources.

Resolving complaints at the earliest opportunity in a way that respects and values the person's feedback can be one of the most important factors in recovering the person's confidence about IES' services. It can also help prevent further escalation of the complaint. A responsive, efficient, effective and fair complaint management system assists IES to achieve this.

IES has an effective feedback, compliment and complaint handling system that addresses the principles of visibility and accessibility, responsiveness, assessment and investigation, feedback, continuous improvement and service excellence.

IES' approach to feedback, compliments and complaints management ensures:
- people understand their rights and responsibilities
- information on the feedback, compliment and complaint management process is easily accessible
- increased satisfaction of consumers in the management of their compliments and complaint
- the recording of data to identify existing or emerging trends or systemic issues
- staff demonstrate an awareness of IES' feedback, compliments and complaints management processes
- staff develop the range of skills and capabilities required to manage compliments, complaints and feedback; and
- an organisational culture that is focused on effective, person-centred complaints resolution and utilising feedback for continuous improvement.

Procedures

IES's CEOs and COO must promote best practice, continuous improvement and an open, respectful culture that encourages and supports staff, consumers and other stakeholders to provide feedback or make complaints without fear of retribution. The effectiveness of this workplace culture, staff knowledge and application of this policy is assessed day-to-day in staff informal and formal supervision, analysing the source and context of feedback and complaints received and in yearly Performance Reviews of IES staff. Additional formal and on-the-job training is provided to staff where required.

As per IES's *Human Resources Policy and Procedure*, all staff must undergo Induction, which includes training in IES's feedback and complaints processes.

Agendas for team meetings include a standing item on Continuous Improvement, including a review of feedback and complaints. This includes IES's Board seeking improvement ideas and feedback from staff and consumers in relation to the resolution of feedback and complaints to further encourage a welcoming and safe culture to raise concerns.

IES uses its *Consumer Information Pack,* website, complaints and feedback to provide consumers, families, carers and all other stakeholders with information about this policy and procedure, in an easy-to-understand format. Information provided includes how to make a complaint to IES and external bodies, how complaints are addressed and external advocacy and support services that can assist people in the complaints process.

Staff must provide consumers and their supporters with information about IES's feedback and complaints processes when they first access the service. Throughout service delivery, staff must remind consumers and their representatives of their right to make a complaint and the positive improvements their feedback and complaints can make towards their care and the organisation. staff must ensure consumers and/or their representatives understand all complaints are addressed professionally and do not affect their service. Any external stakeholder or relevant person wishing to lodge feedback, or a complaint must also be provided with this information.

To ensure consumers understand their right to make a complaint and how to make a complaint, staff must provide information to them and their representatives in ways that suit their individual communication needs. Written information can be provided in different languages and Easy English or explained verbally by staff. staff can also help consumers access interpreters or advocates where required.

The CEOs and COO must track and review feedback and complaints to identify ongoing issues using IES's *Complaints Register,* and report feedback and complaints data to the Board at its quarterly meetings.

Privacy and Information Management
All personal information IES collects to manage feedback or complaints must be handled in accordance with IES's *Privacy and Confidentiality Policy and Procedure*.

Staff must keep information about complaints confidential. They may only disclose necessary detail if they are required to do so by law, or if not disclosing is likely to place the safety, health or wellbeing of any person at risk. staff must take all reasonable steps to notify the complainant before deciding not to keep personal information confidential.

IES's *Complaints Register* must be used to record information about feedback and complaints; any action taken to resolve complaints and the outcome of any action taken. All information regarding feedback and complaints is kept securely in accordance with IES's *Records and Information Management Policy and Procedure*. All records regarding complaints must be retained for at least 7 years from the date they are created.

Feedback

Feedback can be provided at any time, in any way, by any stakeholder, through:

- a staff member
- email, mail or phone
- IES's *Feedback and Complaints Form*
- IES's website
- service delivery planning days (involving consumers and other stakeholders)
- Board meetings (involving consumers and other stakeholders);
- staff collection of feedback after a person interacts with the service (e.g. initial assessment and planning; reviews; exit, etc.)
- annual consumer satisfaction surveys. All consumers or their representatives or families are asked to complete these surveys; and
- annual staff and stakeholder satisfaction surveys. All staff are asked to complete these surveys and stakeholders are selected on a random basis.

Where feedback is provided verbally, the receiving staff member transcribes the feedback onto a IES *Feedback and Complaint Form*.

Provision of feedback through any of IES' channels is voluntary.

Complaints

People can make a complaint about any aspects of IES's services, including breaches of policies and procedures or the *Code of Conduct*.

IES's complaints management process can be simplified into five steps:

1. Complaint Lodgment and Record

To lodge a complaint, people are encouraged to speak directly to a staff member first, to resolve the matter where possible, however respecting the person's right to escalate formally should they wish.

Formal complaints can be lodged:
- directly with a staff member, either verbally or by providing a completed *Feedback and Complaints Form*
- by email to: integrationandempowerment@gmail.com;
- by phone 08 6297 0737
- in writing to: Tenancy 13, 80 Maffina Parade,
                  Ellenbrook; or
- by placing a written complaint in a Suggestion Box in IES's head office.

Mail and phone submissions as well as the *Feedback and Complaints Form* and/or Suggestion Box can be used to make anonymous complaints.

Complaints and feedback can be lodged by a third party on behalf of another person, if their consent or the consent of their legal representative has been provided.

All consumers making a complaint are encouraged to use an advocate of their choice to act on their behalf if they wish. The advocate may be a family member or friend, or sourced (with the assistance of a staff member if required) through the National Disability Advocacy Program.

If a complaint alleges actual or possible criminal activity or abuse or neglect, it must be referred to the COO to report to the CEOs immediately. The CEOs must report and action the complaint as per IES's *Incident Management Policy and Procedure*.

Staff take all reasonable steps to ensure a complainant is not adversely affected because a complaint has been made by them or on their behalf.

External Complaints Bodies

Outside IES, complaints can be made to the following bodies.

Australian Human Rights Commission

Phone: 1300 656 419
Online: humanrights.gov.au

Additional External Complaints Bodies

The NDIS Quality and Safeguards Commission
    online at: www.ndiscommission.gov.au
    by phone on 1800 035 544.

The WA Health and Disability Services Complaints Office (HaDSCO)
    by phone on (08) 6551 7600;
    online at www.hadsco.wa.gov.au; and
    by post to PO Box B61, Perth, WA, 6838

The Disability Services Commissions' Consumer Liaison Service:
    by phone on 08 9426 9244 or (08) 6551 7600; and
    by email to clo@dsc.wa.gov.au.

The WA Ombudsman
    by email to mail@ombudsman.wa.gov.au;
    by phone on 08 9220 7555; and
    online at www.ombudsman.wa.gov.au.

Consumers also have rights and protections under the Australian Consumer Law (ACL), including provisions on customer guarantees and unfair contract terms. The WA Department of Mines, Industry Regulation and Safety (www.commerce.wa.gov.au)

provides information and advice about customer disputes under the ACL.

In addition, Consumers can contact the [Australian Securities and Investments Commission (ASIC)](#) if they have concerns regarding consumer protection in relation to finances.

Complaints About the NDIA

Complaints about the NDIA should be directed to the Agency itself or the Commonwealth Ombudsman.

Complaints to the NDIA can be lodged:
- by phone on 1800 800 110; and
- by email to feedback@ndis.gov.au.

Complaints to the Commonwealth Ombudsman about the NDIA can be lodged:
- by phone on 1300 362 072; and
- online at www.ombudsman.gov.au.

Staff must support people making a complaint about the NDIA to contact the Agency or Commonwealth Ombudsman, where this is required.

Privacy Complaints

Complaints about privacy or the handling of personal or health information can be reported to the regulatory bodies listed in IES's *Privacy and Confidentiality Policy and Procedure*.

The Chief of Operations (COO) must record all information relevant to complaints, in its original and simplest form, in IES's *Complaints Register*. The *Complaints Register* must be stored in a secure file, accessible only to the CEOs and Directors.

2. Acknowledge

The COO must acknowledge receipt of complaints within 24 hours/2 working days. However, where a person has requested to remain anonymous, contact may not be possible or expected.

In their acknowledgement, the staff member must:
- listen openly to the concerns being raised by the complainant
- reassure the complainant that their complaint is being addressed
- ask the complainant what outcome they are seeking and set realistic expectations regarding the complaint resolution
- be empathic towards the person and action all commitments made
- action situations that pose an immediate threat or danger or require a specialised response
- provide information about the complaint process and who will be addressing/resolving their complaint (including contact details)

- discuss timeframes for the process and establish the next point of communication/contact; and
- discuss any need to refer the matter to other organisations where they are identified as being more suitable to address. Acknowledgements must provide timeframes for resolution where possible.

If the complaint is resolved from initial discussions and acknowledgement, it must be reported to the COO for inclusion in IES's *Complaints Register*.

3. Assess, Plan and Investigate

The assessment of, planning and investigation of complaints are not conducted by a person about whom a complaint has been made, or a person who has a conflict of interest in the matter. If required, the CEOs determine the appropriate person to undertake the investigation.

IES staff responsible for managing complaints must be skilled in and have authority to resolve straightforward feedback/complaints however also be able to escalate complaints that require Board's consideration.

IES acknowledges all complaints are different therefore require different methods for investigation, for example, the subject, cause and resolution for some complaints may be clear, however others may need further/lengthy investigation.

In the first instance, as per IES's *Open Disclosure Policy and Procedure*, the COO must acknowledge the concerns of the person making the complaint and provide a sincere and unprompted expression of regret and/or apology, for example "I am sorry this has occurred" or "I am sorry this has happened". Often this response can assist with resolving the complaint (but not always).
Initial and further preliminary assessments determine:
- the priority given to addressing the varied elements of the complaint
- all persons involved in the complaint
- the context including history and current circumstances surrounding the complaint
- any additional relevant information and persons; and
- the requirement of escalation or involvement of another body to manage the complaint.

Following the above COO is responsible for developing a written plan that:
- defines what is to be investigated
- lists the steps involved in investigating the complaint and states whether further information is required, either from the complainant or from another person or organisation
- provides an estimate of the time it will take to resolve the complaint
- identifies the remedy the complainant is seeking, whether the complainant's expectations are realistic or need to be managed, and other possible remedies; and

- notes any special considerations that apply to the complaint for example, if the complainant has asked for their identity to be withheld from others or if there is sensitive or confidential information that needs to be safeguarded.

Complaint investigation must focus on the identified complaint matters only. All parties involved in a complaint must be provided with procedural fairness and with the support and information necessary to participate in the complaints process.

During the investigation where disputes are noted, any evidence collected must be relevant and logical, not based on preconceptions, suspicion or assumptions. A written record of all evidence must be kept and stored as per IES's R*ecords and Information Management and Privacy and Confidentiality Policies and Procedures*.

The COO (or staff member investigating the complaint) is responsible for asking the complainant for as much information as possible, however noting it is not the responsibility of the complainant to substantiate the facts within their complaint.

Where contrary information is gathered during the investigation, the COO must discuss any disparities identified with the complainant and may request additional information when required. A timeframe within which further information is to be provided should be clearly communicated with the complainant. The COO should consider granting extensions where necessary and always communicate any additional time requirements to the complainant with an explanation of the need.

IES understands it is not always possible to resolve every complaint received however comprehensive assessment, planning and investigations must be conducted regardless.

All decisions or actions regarding complaint investigation must be recorded by the COO in IES's *Complaints Register*.

4. Resolve
In resolving and responding to a complaint, the COO must involve the complainant and keep them informed of the progress of the complaint (regardless of the stage of the investigation).

IES responds to all complaints as soon as possible and within 28 days from acknowledgement (or sooner where possible).

If a complaint cannot be responded to in full within 28 days of acknowledgement, an update must be issued to the complainant. The update must provide the date by which a full response can be expected. The update should be provided verbally in the first instance then confirmed in writing.

The COO should discuss the outcome of a complaint investigation verbally with the complainant, where possible. This must be followed by written advice that provides the complainant an opportunity to make further contact with the CEOs if required.

The written advice must also include information on what further action may be available to the complainant at the conclusion of the complaint investigation. This may include escalating the matter further with an external agency or seeking a further review within the business. Written advice should also seek feedback from the complainant regarding their experience of the complaints process.

Support must be provided to assist complainants' understanding of correspondence regarding complaints, where this is required (e.g. interpreters, referral to advocates, etc.).

Options for responding to a complaint may include, but are not limited to:
- explaining processes
- details of the investigation
- full explanations of findings and decisions reached
- rectifying an issue
- providing an apology
- changing or reconsidering a decision made (that caused the complaint);
- ongoing monitoring; and
- training or educating staff.

If a complainant is dissatisfied with the outcome of their complaint (or if the complaint was not investigated/investigation was ceased), they are provided with the details of other agencies they can use to assist them. If required, and requested, IES helps consumers to access an external complaints process of their choosing. This includes the complainant being offered an opportunity to speak with the investigating staff member further.

Consumers of IES can also contact the Australian Securities and Investments Commission (ASIC) if they have concerns regarding consumer protection in relation to finances.

5. Follow Up
Regardless of whether a complaint was resolved or not, complaint outcomes must be relayed to the appropriate area within IES to improve service delivery.

CLO are responsible for following up with the complainant about their thoughts and feelings in relation to how IES managed and resolved their complaint. Remaining in communication with the complainant allows for opportunities to be identified that may assist IES to address systemic or operational issues from a consumer/stakeholder perspective.

Systemic Review
The CEOs and COO are responsible for identifying, monitoring and acting upon trends and system issues identified through the analysis of feedback and complaint information. The purpose of analysing feedback and complaint data is to learn from patterns to safeguard the safety and wellbeing of individual consumers, as well as improve the quality of supports.

The *Complaints Register* must be reviewed at quarterly Board meetings. The CEOs and

COO are responsible for monitoring the *Complaints Register* to analyse and report on trends.

Reviews should consider:
- the number of complaints about a specific matter
- increases in complaints
- the causes/characteristics, handling and outcomes of feedback and complaints
- processes, timeframes and record keeping practices associated with feedback and complaint management; and
- feedback provided by staff and consumers about IES's feedback and complaint management.

Where preventative or improvement measures are identified, these must be tracked in the *Continuous Improvement Register*.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Feedback, Compliments and Complaints Brochure*
- *Complaints and Grievances Register*
- *Continuous Improvement Plan*
- *Privacy and Confidentiality Policy and Procedure*
- *Records and Information Management Policy and Procedure*

Monitoring and Review

This policy and procedure is reviewed at least annually by the Board and incorporate consumer and other stakeholder feedback.

IES' *Continuous Improvement Plan* is used to record how the outcomes of feedback have been communicated to stakeholders. Positive feedback is recorded in the Plan as a way of recording things the organisation does well. If positive feedback relates to a consumer or staff member, that person is formally recognised by the Board.

Annual service delivery and satisfaction surveys include questions regarding:
- satisfaction with IES' feedback and complaints processes
- whether stakeholders have received adequate information about making complaints and their awareness of complaints mechanisms
- the extent to which consumers and their supporters feel they have been included in the review of feedback and their satisfaction with this process
- whether stakeholders have received adequate information about how the organisation uses feedback, complaints and appeals information; and
- any barriers to lodging complaints and feedback.

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PROTECTING CONSUMERS FROM HARM POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure outlines how IES actively prevent violence, abuse, neglect, exploitation or discrimination towards consumers. It applies to all IES staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

For guidance regarding responding to violence, abuse, neglect, exploitation or discrimination involving consumers, see the *Consumer Incident Management Policy and Procedure*.

Applicable National Standards for Disability Services

- *Standard 1. Rights*
- *Standard 6. Service Management*

Definitions

Abuse (in the context of this policy) – Verbal, physical and/or emotional mistreatment and/or lack of care of a child or young person. Examples include sexual abuse and any non-accidental injury.

> *Physical abuse*: When a person/ young person suffers or is likely to suffer significant harm from an injury inflicted by a parent/guardian, caregiver or other adult. The injury may be inflicted intentionally or be the consequence of physical punishment or the physically aggressive treatment of a person/young person. Physical injury and significant harm to a person/young person can also result from neglect by a parent/guardian, caregiver or other adult. The injury may take the form of bruises, cuts, burns or fractures, poisoning, internal injuries, shaking injuries or strangulation.

> *Sexual abuse:* When a person uses power or authority over another person/young person or inducements such as money or special attention, to involve the person/young person in sexual activity. It includes a wide range of sexual behaviour from inappropriate touching/fondling of a person or exposing a person/young person to pornography, to having sex with a person/young person.

> *Emotional and psychological abuse:* Involves continuing behaviour by people towards another person/young person, which erodes social competence or self-esteem over time. It occurs when a person engages in inappropriate behaviours, such as rejecting, ignoring, threatening or verbally abusing another person/young person, or allowing others to do so.

> *Racial, cultural and religious abuse:* Conduct that demonstrates contempt,

ridicule, hatred or negativity towards a person/young person because of their race, culture or religion.

Neglect: Refer to definition below.

Abuser - A person who mistreats and/or harms another person.

Bullying - Repeated verbal, physical, social or psychological behavior that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.

Child or *Young Person*- In WA, under the *Children and Community Services Act 2004*, a person under 18 years of age.

Child sex offender - Someone who sexually abuses children, and who may or may not have prior convictions.

Child protection - The term used to describe the whole-of-community approach to the prevention of harm to children. It includes strategic action for early intervention, for the protection of those considered most vulnerable and for responses to all forms of abuse.

Code of conduct - A set of rules or practices that establish a standard of behavior to be followed by individuals and organizations. A code of conduct defines how individuals should behave towards each other, and towards other organizations and individuals in the community (refer to IES' *Staff Code of Conduct*).

Disclosure (in the context of this policy) – A statement that a young person or person makes to another person that describes or reveals abuse.

Discrimination – treating a person less favourably than others in similar circumstances because of a personal attribute that has no relevance to the situation.

Age discrimination - Discrimination based on age (regardless of age) or based on age-specific characteristics or characteristics generally associated with a person of a particular age.

Disability discrimination - Discrimination based on physical, intellectual, psychiatric, sensory, neurological or learning disability, physical disfigurement, disorder, illness or disease that affects thought processes, perception of reality, emotions or judgement, or results in disturbed behaviour, and presence in body of organisms causing or capable of causing disease or illness (e.g. HIV virus).

Racial discrimination - Discrimination based on race, colour, descent or national or ethnic origin and in some circumstances, immigrant status.

Sex discrimination – Discrimination based on sex, marital or relationship status, pregnancy or potential pregnancy, breastfeeding, family responsibilities, sexual

orientation, gender identity or intersex status.

Domestic/family violence - The repeated use of violent, threatening, coercive or controlling behavior by an individual against a family member(s) or someone with whom they have or have had an intimate relationship, including carers.

Duty of care - A common law concept that refers to the responsibility of organizations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility IES must provide its

consumers with an adequate level of care and protection against foreseeable harm and injury.

Exposure to domestic/family violence: When children and young people witness or experience the chronic, repeated domination, coercion, intimidation and victimisation of one person by another through physical, sexual and/or emotional means within intimate relationships[2].

Maltreatment (in the context of this policy) - Physical and/or emotional mistreatment, and/or lack of care of a child or person. Examples include sexual abuse, the witnessing of family violence and any non-accidental injury.

Mandatory reporting - The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child needs protection from harm. A broad range of professional groups are identified in the *Children and Community Services Act 2004* as 'mandatory reporters.

Neglect - The failure to provide a child with the necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the child's health and development is, or is likely to be, significantly harmed.

Negligence - Doing or failing to do something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result.

Offender or ***Perpetrator*** - A person who mistreats and/or harms a child or person.

Reasonable grounds - A person may form a belief on reasonable grounds that another person needs protection after becoming aware that their health, safety or wellbeing is at risk and the consumer's representative/parents/guardians are unwilling or unable to protect them. There may be reasonable grounds for forming such a belief if:
- a consumer states that they have been physically or sexually abuse
- a consumer states that they know someone who has been physically or sexually abused (sometimes they may be referring to themselves)

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[2] Adapted from the Australian Medical Association definition.

- someone who knows the consumer states they have been physically or sexually abused
- a consumer shows sign of being physically or sexually abused
- the person is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability that is impacting on the consumer's safety, stability or development
- the person observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision; or
- a consumer's actions or behaviour may place them at risk of significant harm and the representative/parents/guardians are unwilling or unable to protect the child.

Sexual harassment - any form of unwanted, unwelcome or uninvited sexual behaviour that is offensive, humiliating or embarrassing.

Voluntary (non-mandated) notification - A notification to the Child Protection Service by a person who believes that another person needs protection, where the notification is made from moral obligation, rather than legislative obligation. The person making the notification is not expected to prove the abuse, and the law protects the anonymity of the person making the notification

Policy

IES takes proactive steps to prevent the occurrence of abuse and neglect in its services and to its consumers. This includes supporting the safety and security of people affected by family violence.

Physical and sexual assault are crimes against the person. Staff should be aware that many consumers, including children, young people and people with a disability, are at greater risk of physical and sexual assault than the general population.

IES has a moral, ethical and legal responsibility to ensure that all consumers are safe in their care, and provides training, resources, information and guidance to support this. IES is committed to:
- ensuring the health, safety and wellbeing of consumers at the service is always protected
- fulfilling its duty of care obligations under the law by protecting consumers from any reasonable, foreseeable risk of injury or harm
- ensuring that all staff, students and volunteers caring for consumers at the service act in the best interests of the consumer and take all reasonable steps to always ensure the consumer's safety and wellbeing
- supporting the rights of all consumers to feel safe, and be safe, always
- maintaining a culture in which consumers feel valued, respected and cared for
- encouraging active participation from representative/parents/guardians and families at the service, and ensuring that best practice is based on a partnership approach

with shared responsibility for consumers' health, safety, wellbeing and development; and

- ensuring it is proactive in educating consumers of their individual rights by including personal safety education programs within IES.

Procedures

Prevention

The Human Resources Department:
- ensures IES employs skilled staff who respect the rights of people with disability, are aware of current policies and legislation pertaining to abuse and neglect and staff support people and their families or guardians to access complaint mechanisms and raise any concerns they have about services
- ensures all staff, volunteers and contractors undergo criminal history screening as per IES' *Human Resources Policy and Procedure*
- provide a safe physical environment for the delivery of services
- ensure volunteers, students, representatives, parents, guardians and other visitors are not left with sole supervision of individual consumers or groups of consumers and that adequate staff-consumer ratios are always maintained; and
- identify and provide appropriate resources and training to assist educators, staff, contractors, visitors, volunteers, and students to implement this policy.

The CEOs:
- identify the potential for abuse at IES and develop and implement effective prevention strategies in consultation with other staff
- cooperate with other services and/or professionals in the best interests of consumers
- ensure that families are made aware of support services available to them, and of the assistance these services can provide; and
- ensure consumers are advised of IES' obligations
- requirements in relation to reporting allegations of assault at their initial contact with IES
- identifying the potential for and signs of abuse at IES, and developing and implementing effective prevention strategies in consultation with the Nominated Supervisor and educators/staff; and
- ensuring all equipment and materials used at IES meet relevant safety standards.

Staff are responsible for:
- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy
- undertake appropriate training and education on knowing how to respond, and understanding processes for reporting and managing concerns/incidents
- protecting the rights of consumers and encouraging their participation in decision-making; and

- always maintain confidentiality.

Allegations of abuse should always be treated seriously. The consumer's feelings about themselves may be influenced by initial reactions to their allegation. If abuse is disclosed, or a staff member becomes aware of abuse, a helpful response may include:
- telling the person that you believe them
- making it clear that whatever has happened is not their fault
- reassuring the person who disclosed the abuse that they did the right thing
- telling the person that some people do wrong things, and that the perpetrator is responsible for the abuse; and
- doing everything possible to listen carefully to and reassure the person, including explaining the actions you will take next.

When an allegation is made, or a staff member becomes aware of abuse, staff should immediately assess the situation to ensure a safe environment. Once safety is established, the priority is to care for the consumer, and they must be given maximum support and assistance.

Where a consumer or other IES stakeholder is subject to any form of verbal or emotional abuse (including racism, discrimination or cultural abuse) from another consumer, IES staff consider terminating the perpetrator's service provision in accordance with IES' *Consumer Rights and Responsibilities Policy and Procedure*.

Any verbal, racism, discrimination or cultural abuse perpetrated by a staff member towards consumers or other IES stakeholders is dealt with in accordance with the Disciplinary Action provisions in IES' *Human Resources Policy and Procedure*.

Responding to Physical Abuse or Neglect

First response
- If the victim requires immediate medical attention, a medical practitioner or ambulance should be called, or the victim conveyed to the nearest hospital emergency department.
- Where a staff member is the alleged perpetrator of physical or sexual assault, any medical practitioner called should be independent to IES.
- The staff member who first becomes aware of the allegation or incident must report it as soon as practicable to the most senior staff member in the work area.
- The most senior staff member in the work area presents at the time the allegation is made is responsible for reporting the allegation of assault to the Police.
- The report must be made as soon as practicable, once immediate safety and medical needs are met.
- The staff member who first becomes aware of the allegation must be available to assist the Police with any investigation.
- All allegations or assaults must be reported to the CEOs or Incident and Compliance Manager immediately, or as soon as practicable.
- After reporting to the Police, every attempt must be made to ensure the safety of

the victim and to prevent any further contact between the victim and the alleged perpetrator.

Advising parties involved of Police report

In relation to a victim of assault, the staff member or volunteer who first becomes aware of the allegation must advise the person that the allegation will be reported to the police.

In relation to an alleged perpetrator, staff should consult with police as to whether the person should be told of the report to police. It is important that any steps taken do not undermine action that police may instigate.

Dealing with the Police

Where an immediate police response is required, call 000.

If the consumer is under the age of 18 years, a parent, guardian or independent person must be present if they are going to give a statement.

At the time of contact the Police must be advised if the consumer has a cognitive disability or mental illness and needs support of an independent third person during interview or when a statement is being taken. Cognitive disability can include intellectual disability, acquired brain injury and dementia.

Where the consumer uses an alternative form of communication, such as symbols, signs or facilitated communication, an independent third person can usually assist the consumer to communicate with the police. It is the responsibility of the Police to contact the independent third person.

Assisting the police

The police should be assisted in conducting their investigation. The investigation may involve the police taking photographs of any physical injuries. The police may need the carer/staff member's assistance to explain this procedure to the consumer.

In relation to preserving evidence of sexual assault, it is helpful to:
- encourage the victim not to shower or change, or, if the victim feels they must shower or change, ask them to put the clothing they were wearing at the time of the assault in bags, which should be sealed, labelled and secured and
- where possible, lock the door to the room or restrict access to the area where the assault occurred so any physical evidence inside that area remains undisturbed.

It is not necessary for a victim to decide immediately about whether to be involved in a police investigation and/or prosecution. People may be distraught in the immediate aftermath of an assault and sometimes change their minds later. Some evidence, however, will only be present in the immediate period following assault. Forensic evidence collected at this time will assist police investigation, should the victim wish to proceed at a later stage.

Where a consumer is the alleged victim

Where a consumer is the alleged victim of an assault, IES staff must assist them to make an informed decision whether to participate in the police investigation. Staff should advise the consumer that the matter has been referred to the Police, and that the Police may investigate the incident and may want to interview the consumer and take a statement. The consumer may choose whether to participate in the police investigation.

Consumers with an intellectual/cognitive disability or a mental illness must have an independent third person present during any interview. The role of the independent third person is to facilitate communication, ensure that the consumer understands his or her rights, and to support the consumer.

Police are responsible for arranging the independent third person. IES staff should not act as the independent third person.

Where the alleged victim is under 18 years of age, he or she must have a parent, guardian or an independent person present when a statement is being taken. The role of the independent person is to provide support to the consumer and ensure that their evidence is accurately recorded. If the young person has a cognitive disability, then an independent third person rather than an independent person should be present.

The police will decide whether to proceed with charging. If the matter is taken to court, the consumer will most likely be required to give evidence.

Support and advocacy

The response by staff to a consumer's disclosure of assault can be central to the consumer's ongoing safety and their recovery from the trauma of assault. Following an allegation of assault, it is important to:

- listen to and support the consumer
- reassure the consumer that they did the right thing by talking about the assault
- ensure the consumer's, and others', immediate safety, health and wellbeing needs are met such as obtaining medical attention and referral to other specialist/victim support services
- ensure the consumer's specific support needs are addressed including access to communication aides and resources
- tell the consumer what you plan to do next; and
- with the consumer's consent, engage family, significant others, an independent key support person and/or advocate to support the consumer and advocate on their behalf.

A key support person may include a family member, significant other, or advocate who are independent of the perpetrator and/or service. The role of the key support person is to provide support and advocacy and ensure consumer's rights are respected in relation to any subsequent investigation or action taken. A key support person should be someone

who preferably knows the consumer well and has their trust.

Specialist/victim support services may include crisis care, counselling, advocacy, legal information and advice.

For consumers who are from culturally and linguistically diverse communities or from Aboriginal and Torres Strait Islander communities, staff should consider referring the consumer to specialist agencies or staff for additional support. It may also be necessary to arrange an interpreter.

Where the consumer uses a language other than English or is deaf, an interpreter of the same sex as the consumer should be arranged as soon as practicable to interpret for the consumer, police and other persons involved in the process.

Some victims may be reluctant to speak to an interpreter because they fear that what they say may be passed on to their local community. In this case, it is possible to request a telephone interpreter from another state, or to not disclose the victim's name to the interpreter. When using an interpreter directly, consideration should be given to arranging an interpreter who is not associated with the consumer or his or her immediate cultural community.

Supporting consumer through the justice process

IES supports consumers through the justice process, including police investigation, prosecution and crimes compensation processes as appropriate. This may include:

- ensuring the consumer has access to appropriate communication aides and tools to facilitate disclosures and the provision of evidence
- ensuring the consumer has access to a key support person of their choosing
- alerting police to the need for an independent third person or independent person and the consumer's particular communication support needs, and the need for timely interviews to facilitate the recall of information.
- facilitating arrangements with police for interviews and examination of evidence; and
- facilitating arrangements with specialist support services.

Under no circumstances should anyone but the Police interview the consumer about the allegation.

Where a consumer is the alleged perpetrator

Staff must consult with Police about whether to inform the consumer of the report to Police. The police may want to interview the consumer and take a statement. Consumers with a cognitive disability must have an independent third person present during the interview, and this will be arranged by police. Where the consumer is under the age of eighteen years, an independent person must be present during the police interview.

Staff must contact the service most directly responsible for the consumer's care who will

ensure that the consumer has legal representation and is assisted during the investigation and hearing.

Under no circumstances should anyone but the Police interview the consumer about the allegation. It is acknowledged however that some discussion with the consumer may be required to establish safety and a basic understanding of what has occurred.

Notification of next of kin or guardian – all consumers

If the alleged perpetrator is the consumer's next of kin or legal guardian, the staff member must ensure that the immediate needs of the consumer and an appropriate planned response are undertaken.

The CEOs must notify the consumer's next of kin or guardian where:
- the consumer is under 18 years old
- the consumer is over 18 years old and consents to their next of kin or guardian being contacted. If the consumer is unable to make an informed decision regarding contact and the consumer does not have an appointed guardian, IES' CEOs should contact the next of kin as appropriate
- the consumer has a legal guardian; or
- the consumer is on a guardianship to Secretary order.

The CEOs must explain to the legal decision maker: the nature of the allegation; the standard procedure for reporting allegations to the police; that the consumer may choose whether to participate in the police investigation; and any action taken by staff since reporting the allegation. The CEOs must also utilise IESs open disclosure framework and provide a sincere and unprompted apology or expression of regret to the legal decision maker as well.

If the alleged perpetrator is the consumer's legal decision maker, the CEOs must ensure the immediate needs of the consumer are protected. They should work with the police or other relevant support agencies to ensure an appropriate, planned response is undertaken.

Ongoing support

Irrespective of gender, victims of sexual assault frequently experience negative outcomes including dissociation, posttraumatic stress disorder, depression and anxiety. Victims of physical assault also frequently experience shock, numbness, fear, depression and anxiety. In recognition of this, after an allegation of abuse, additional support and/or a review of supports provided to the consumer may be required.

A quality of support review must also be undertaken by the Case Manager/Support Coordinator or COO for consumers who are victims or alleged perpetrators of an assault. Agreed actions for the consumer's immediate and ongoing needs must be recorded on the consumer's care plan. This must include:
- steps being taken to assure the consumer's safety and wellbeing in the future
- treatment or counselling the consumer may access to address their safety and

wellbeing
- modifications in the way services are provided (for example, same gender care or placement)
- how best to support the consumer through any action the consumer takes to seek justice or redress including making a report to Police
- any ongoing risk management strategy required where this is deemed appropriate.

External Reporting

The CEOs must report any allegation or assault to the WA Ombudsman and the NDIS Commission in accordance with the *NDIS Rules 2018*, and when doing so, should refer to the Ombudsman's and NDIS Commission's websites to ensure they understand when a report is required and how to complete the report.

NDIS Quality and Safeguards Commission
   Online: www.ndiscommission.gov.au
   Phone: 1800 035 544.

Australian Human Rights Commission
   Phone: 1300 656 419
   Online: humanrights.gov.au

WA Ombudsman
   Phone: 08 9220 7555
   Online: www.ombudsman.wa.gov.au

The WA Government regards all NDIS registered providers delivering disability services in WA as subject to the mandatory reporting requirements prescribed under the *Children and Community Services Act 2004 (WA)*. The NDIS Commission requires NDIS registered providers to report and respond to an actual or potential risk to NDIS participants and comply with relevant reporting requirements under the *NDIS Rules 2018*. Specifically, child abuse reports are to be shared with the Department for Child Protection on 1800 622 258.

Staff and consumer debrief and support
After a serious and traumatic incident, it is likely that high levels of stress will be experienced by those connected with the incident. In relation to a sexual assault, the local Sexual Assault Resource Centre can help with debriefing and secondary consultation.

General arrangements to support staff may include allocating a safe place for retreat, giving staff the option of being immediately and temporarily relieved of their duties, providing communication with families and offering to organise transport home.

Where a staff member is the alleged perpetrator

After reporting to the Police, the CEOs must be immediately notified of the report.

Depending on the nature of the allegation, the Incident and CEOs response regarding the

alleged perpetrator should comply with IES' *Human Resources Policy and Procedure*. Responses include redirecting the staff member to alternate duties that do not involve direct consumer care or standing the staff member down.

Where a staff member is the alleged victim

Allegations or assaults where a IES' staff member is the alleged victim should be dealt with in accordance with IES' *Incident Management Policy and Procedure*.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Feedback, Compliments and Complaints Brochure*
- *Complaints and Grievances Register*
- *Continuous Improvement Plan*
- *Privacy and Confidentiality Policy and Procedure*
- *Records and Information Management Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board and incorporate consumer and other stakeholder feedback.

IES' *Continuous Improvement Plan* is used to record and monitor progress of any improvements identified.

Service delivery and satisfaction surveys assess:
- consumer and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them
- consumer and other stakeholder satisfaction with IES' complaints processes; and
- the extent to which consumers feel safe and protected in their dealings with IES.

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DECISION MAKING AND CHOICE POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to outline IES's approach to ensuring each consumer is an active decision maker in relation to their care. This includes provisions for consumers determining when family, friends, carers or others should be involved in making decisions.

This policy ensures IES's approach is based on respect, consumer choices and independence; including respecting consumers right to make decisions which may expose them to risks (dignity of risk).

This policy and procedure apply to all potential and existing IES consumers, their family members, carers and other supporters, and meets all legislation, regulations and standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 1. Rights*

Definitions

Adult with reduced decision-making capacity – an individual 18 years of age and over, who may not always be able to make appropriate decisions in their own interests, or who may require support to do so.

Dignity of risk - Respecting everyone's autonomy and self-determination (or "dignity") to make choices for themselves.

Policy

IES is committed to ensuring all consumers are involved in making decisions and choices about all aspects of the support services they receive from the organisation.

Consumers should be the person making informed decisions and choices regarding themselves and the services they receive.

All people have the right to maintain their personal, gender, sexual, cultural, religious and spiritual identity, and the right to dignity of risk.

Children, and adults with reduced decision-making capacity, may require assistance to have their views and best interests considered when decisions are made on their behalf, as well as needing to be protected from exploitation, so that best outcomes are achieved.

Principles

IES acknowledged that all adults have the right to make their own decisions and staff support adult consumers to do so.

Adults with reduced decision-making capacity

Informal Decision Making
In most situations, families and carers assume the decision-making role for adults with reduced decision-making capacity.

Some consumers will have an independent support person, representative, family member or advocate to assist them to decide or choice or make a choice on their behalf.

Formal Decision Making
Where there is nobody able to assume the informal decision-making role for adults with reduced decision- making capacity, the appointment of a formal Guardian and/or Administrator may be required, in accordance with the *WA Guardianship and Administration Act 1990*.

The appointment of a guardian or administrator is made by the State Administrative Tribunal (SAT), which may choose an individual within the person's existing support network to make decisions on their behalf.

If there is no one in the individual's life who is suitable or willing to take on this responsibility, the SAT can appoint the Public Advocate to manage the affairs of the individual and act as their guardian to make certain decisions. The SAT may also appoint the Public Trustee as administrator to make decisions about the individual's financial matters.

A request for a formal appointment of a guardian and/or administrator may come from the individual, their family or carer, a Local Coordinator and/or other interested parties.

Procedures

The Case Managers (or delegates) advise consumers/representatives when making appointments for an initial assessment and subsequent reviews that they are entitled to have an independent support person at the meeting to assist them in the decision-making process.

The Case Managers (or delegate) bring to the consumer/representative's attention information in IES' *Handbook* about independent advocacy and agencies that can assist with this process.

When requested by consumers/representatives, the Case Managers (or delegates) contact their advocates, independent support people or other representatives, giving them the day, date and time of meetings consumers would like them to attend.

The Case Managers (or delegates) support consumers/representatives to access any information they reasonably require enabling them to participate in decisions affecting consumers' lives. This includes supporting them to access technology, aids, equipment and services that increase and enhance their decision-making and independence.

The Case Managers (or delegate) are responsive to the changing needs, goals, aspirations and choices of consumers and communicate in appropriate formats to facilitate their informed decision-making and choice.

Where IES is unable to meet the needs and goals of a consumer or is not resourced to effectively meet the person's needs, the Case Managers (or delegates) refer the person to other relevant service providers or community-based organisations to facilitate their support needs.

The Caser Managers (or delegates) act upon the outcomes of a consumer/representative's input into decision-making.

As per IES' *Consumer Rights and Responsibilities*, *Privacy and Confidentiality* and *Service Access Policies and Procedures*, information about consumers' rights, services and processes that impact them is provided in a variety of formats to assist understanding, to support decision-making and choice.

Dignity of Risk

Where a consumer has the capacity for decision making, all options, risks and possible consequences must be discussed with them, and all relevant stakeholders involved in the decision-making process.

If a decision doesn't place anyone at risk of harm, staff are to comply with the decision.

Staff support consumers' access to information on which to base their decisions when they want to try new things or continue with options that may not have gone well in the past, including the benefits and risks, consequences and responsibilities to them and others

All staff are trained in responding to the needs of consumers, consumer decision making, dignity of risk and assisting consumers to make informed choices in the least restrictive way, through formal induction and training processes as well as regular team meetings.

Provision of Information

Advice, notice or information given to a consumer must be explained by the person giving it to the maximum extent possible in the language, mode of communication and terms that person is most likely to understand.

Where possible, explanation should be given verbally and in writing.

If a consumer appears to be incapable of reading or understanding information provided, staff must use reasonable endeavours to convey the information to the person in the

language, mode of communication or terms which the person is most likely to understand. Staff may give a copy of the information to:

- a family member, guardian, advocate or other person chosen by the consumer; or
- if no person is chosen by the consumer, to a person who staff consider can assist the consumer and who is not employed by IES.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Consumer Charter*
- *Consumer Handbook*
- *NDIS Operational Policy - Supported Decision-Making*

Monitoring and Review

This policy and procedure is reviewed at least annually by the Board and incorporate consumer and other stakeholder feedback.

IES' *Continuous Improvement Plan* is used to record and monitor progress of any improvements identified.

Service delivery and satisfaction surveys assess:

- consumer and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them
- consumer and other stakeholder satisfaction with IES' complaints processes; and
- whether consumers are satisfied with the choices they are provided regarding their service delivery.

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SERVICE ACCESS POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure set out IES's service access and intake procedures. These procedures uphold the right of people to access appropriate services that meet their needs and that are provided in a transparent and equitable way.

The policy and procedure apply to all potential and existing consumers, their family members, carers and other representatives and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 1. Rights*
- *Standard 2. Participation and Inclusion*
- *Standard 3. Individual Outcomes*
- *Standard 4. Feedback and Complaints*
- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions

Disability - an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment or a combination of those impairments, which is permanent or likely to be permanent, which may or may not be of a chronic or episodic nature and which results in a substantially reduced capacity of the person for communication, social interaction, learning or mobility and a need for continuing support services. For more information, see the *Disability Services Act 1993 (WA)*.

Policy

IES' service delivery environment is safe and engaging, physically accessible and responsive to its consumers' support and communication needs.

IES' screening and eligibility, priority of access and waitlist management is undertaken in a fair, equitable and transparent manner, and in line with IES' *Consumer Charter*. Access to services is based on relative need, service capacity, the best interests of people using the service and potential impact on existing service users.

Procedures

The Human Resources Officer is responsible for ensuring staff are familiar with the requirements of this policy and have sufficient skills, knowledge and ability to meet the requirements.

The Case Manager/Support Coordinators reports to the CEOs on the effectiveness of IES's access and entry processes. This is discussed at Board meetings to identify any areas for improvement.

Consumer feedback and complaints in relation to access and intake is addressed in accordance with IES's *Feedback and Complaints Policy and Procedure.*

In accordance with IES's *Privacy and Confidentiality Policy and Procedure*, respect for and protection of consumers' privacy and confidentiality is reinforced on an ongoing basis, verbally and in information promoting the services offered by the organisation. This includes their initial intake to the service and/or service access.

Where required, consumers or their representatives are provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. See IES's *Decision Making and Choice Policy and Procedure*.

Service Environment

IES ensures its service environment is kept clean, hygienic, safe, secure and aesthetically always pleasing, through implementing its *Occupational Safety and Health*, *Risk Management*; *Incident Management*, *Feedback and Complaints, Continuous Improvement and Decision Making, Dignity and Choice* policies and procedures.

IES's physical accessibility is ensured through its *Physical Accessibility Policy and Procedure*. Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and that each consumer's health, privacy, comfort, dignity, quality of life and independence are supported.

IES takes a continuous improvement approach to its physical accessibility and encourages consumers to use its *Feedback and Complaints Policy and Procedure* to assist it to respond to accessibility needs where required.

IES's opening hours are 8.30am to 5.00pm Monday to Friday.

The CEOs track demand, as well as consumer and accessibility needs, by monitoring:
- *Demographic data*: relating to the local community and its needs from Local, State and Federal Government Sources, including ABS data and specific aged care market data published by the Department of Health.
- *Unmet need:* demographic data (as above), IES enquiry data and feedback from staff, including those involved in local service networks; and
- *Opportunities for innovation and improvement:* through monthly review of IES's *Complaints Register* and *Continuous Improvement Register* and annual staff and consumer satisfaction surveys.

Information for consumers, is provided in a variety of formats such as different languages, Easy English, face-to-face or phone explanation by staff, and the use of interpreters and

advocates. Specific formats provided are responsive to demand data (as above) and individual consumer needs.

IES provides suitable consumer resources to accommodate the local population. This considers cultural backgrounds, disabilities, age and developmental stage where appropriate.

IES will develop and implement a *Reconciliation Action Plan* to ensure it builds strong relationships, respect, and opportunities for people from Aboriginal and Torres Strait Islander backgrounds within IES.

Service Access

The CLO (Client Liaison and Compliance Officer) manages all enquiries from prospective consumers or their supporters about accessing services. If the CLO cannot take the initial enquiry personally, they will contact the person seeking services or their supporter within 3 working days.

In their first contact with the person who has enquired, the CLO assess whether they require any support to move through the intake process and
- advise the person of their right to involve a support person in their dealings with IES
- provide information and assist the person to access a support person of their choice, such as an advocate, to help them to interact with the service (see IES *Decision Making, Dignity and Choice Policy and Procedure*)
- where physical access barriers, or other issues such as availability of, or access to, transport, are identified, consider whether IES is accessible for the person, and if not, how it could be made accessible (unless all contact to be had at the consumers home); and
- where a language or cultural barrier is identified, engage an interpreter or an appropriate external agency to support the person. See IES *Service Delivery and Participation Policy and Procedure*.

The CLO will book an Intake Interview with the person within 5 working days of their initial contact with them or sooner if the person's needs are considered urgent.

The CLO will conduct all Intake Interviews. They provide the person with information about:
- entry and exit procedures
- eligibility and priority of access requirements
- conditions that may apply to service provision; and
- fees.

Eligibility

To be eligible to receive IES' services, a person must have an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment or a combination of those impairments, which is permanent or likely to be permanent, which may or may not be of a

chronic or episodic nature and which results in a substantially reduced capacity of the person for communication, social interaction, learning or mobility and a need for continuing support services.

They must also:
- be under the age of 65 when the disability manifests, or in the case of developmental disability (including intellectual disability and autism spectrum disorder), under the age of 18
- be legally entitled to permanently reside in Australia; and
- permanently reside in WA.

For further information about determining eligibility, refer to the *Disability Services Commission Eligibility Policy for Specialist Disability Services.*

Service Access Criteria

Consideration must also be given to the person's Priority of Access by examining:
- the person's relative need compared to others who receive or want to receive IES services
- any special additional needs of the person, and where relevant, their family, carer or other supporters
- the extent to which IES can contribute to those needs being met
- the resources available within IES to meet the person's needs
- other services the person receives and how IES' services complement those and contribute to improved outcomes for the person; and
- the best interests of the person.

The following priority indicators can also assist when determining access to services:
- The need to strengthen or support the role of the family, carer or person's
- support network.
- The need to provide support to ensure the safety and wellbeing of the person
- with a disability, their family or carer or the wider community.
- The existence of multiple disadvantages within the person with a disability's
- personal, social or community context.
- The immediate and potential benefit of the support to reduce the likelihood for
- more intensive assistance in the future.
- The impact on the individual's wellbeing, living situation and quality of life
- should the specialist disability service be unavailable.
- The presence and availability of informal and mainstream supports to complement the service. For example, a small amount of support such as respite may enable informal networks to continue their caring role.

For further information about priority of access and service access criteria, refer to the *Disability Services Commission Eligibility Policy for Specialist Disability Services*.

Where relevant, the interview considers information already provided about the person in their NDIS Plan.

IES will provide the person with:

- an IES' *Handbook* (online access, outlining IES' entry and exit procedures and appeal processes (see service refusal, below), priority of access requirements, waitlist procedures, fees, hours of operation, booking procedures, conditions that apply to service delivery, rights and responsibilities, privacy and confidentiality, and feedback, compliments and complaints processes; and
- IES' *Consumer Charter*, *Privacy Statement* and *Feedback, Compliments and Complaints* brochure.

Where required, the CEOs provide this information in an alternative format such as a different language, Easy English, detailed verbal explanation or the use of interpreters and advocates.

The Case Manager/Coordinator will contact the person or their supporter within 2 working days of the Intake Interview to advise them of the outcome. Notification will be provided by phone and or email.

Where the consumer is offered services and accepts, see IES' *Assessment, Planning and Review Policy and Procedure*.

Non-acceptance

Where a person is offered services but chooses not to accept the offer, the administration staff respect this choice.

Staff encourage the person to contact IES should they change their mind, noting that they may need to be placed on IES' waitlist if the service has no capacity to provide services at the time they do recontact.

If a person recontacts IES after not accepting a service offer but does so after 12 months after their initial offer (excluding any time spent on a waiting list) they will need to be reassessed for eligibility. Any reassessment is based on relative need.

Service Refusal

Where services cannot be provided, the person is provided with a clear reason based on IES' eligibility criteria, Priority of Access requirements or waiting list processes. IES may refuse to offer a person service where:

- they do not meet IES' eligibility requirements
- other potential consumers are assessed as a higher priority based on IES' Priority of Access Considerations
- IES does not have the capacity to cater to additional consumers; or
- IES does not have the resources to cater to the specific needs of the person.

A person who meets IES' eligibility requirements and cannot be offered a service due to lack of capacity, can elect to be placed on IES' Waiting List. The person is advised of the possible waiting time before services might become available.

In either case, the person is assisted with referrals and support to access alternative services, as per IES' *Providing Information, Advice and Referrals Policy and Procedure.*

Waiting List processes

The CLO will contact people on its Waiting List at least every three months to:
- advise them of their status
- check whether they want to remain on the list
- provide referrals to other service providers if required; and
- advise the estimated wait time remaining.

To keep Waiting List size and wait times to a minimum, at the CEOs' discretion, additional services are offered where justified by demand and where IES' resources allow.

Appeal

Anyone refused services has the right to appeal the decision. Appeals should be directed in writing to IES's Executive management and a final decision is made by the Board.

If required, staff provide support for a person to make an appeal, by either transcribing their feedback for the COO's review or referring the person to interpreter or advocacy services. Those not successful in their appeal are provided written advice to this effect. For procedures for those who successfully appeal and are accepted within the service, see IES's *Initial Assessment, Care Planning Policies and Procedures*.

If a person is unhappy with outcome of their appeal, they are directed to IES's *Feedback and Complaints Policy and Procedure*.

Alternative supports

IES works collaboratively with all people refused services and (with consent) their supporters, to identify what alternative services and referrals could best meet their needs.

With the consumer's consent, relevant information is provided to new service providers to support the consumer's seamless transition. Where required, IES staff can also meet with staff of alternative providers to facilitate a smooth transition for the consumer.

Continuous improvement

IES maintains a record of people who have been refused a service, summarising reasons for their being found ineligible or, if found eligible, reasons for being placed on the Waiting List.

Access, service refusal and referral information is tracked in consumer files to inform IES' continuous improvement.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Consumer Charter*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Decision Making and Choice Policy and Procedure*
- *Occupational Safety and Health Policies and Procedures*
- *Providing Information, Advice and Referrals Policy and Procedure*
- *Disability Services Commission Eligibility Policy for Specialist Disability Services*
- *Disability Services Commission Responsibility for Eligibility Determination for Access to Specialist Disability Services for People with an Intellectual Disability or autism spectrum disorder*

Monitoring and Review

This policy and procedure is reviewed at least annually by the Board and incorporate staff, consumer and other stakeholder feedback. Consumers and service networks are advised of any changes.

IES' *Continuous Improvement Plan* is used to record and monitor progress of any improvements identified and feed into service planning and delivery processes.

Annual service delivery and satisfaction surveys assess:
- consumer and stakeholder awareness of IES' access procedures
- consumer and stakeholder satisfaction with IES' service access procedures and management of service refusal and appeals regarding access; and
- whether consumers are satisfied with the service environment, service delivery and referral and support to access other services.

Six-monthly Service Delivery and Planning days and activities include consumers and stakeholders where relevant and assess:
- whether IES' eligibility criteria are reflected in its consumers; and
- feedback provided by and to consumers and potential consumers around access and refusal and whether the information provided to consumers is appropriate and effective.

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PROVIDING INFORMATION, ADVICE AND REFERRAL POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure IES's consumers access services most appropriate to their needs through timely and responsive service integration and referral.

This policy and procedure apply to all potential and existing consumers, their representatives, carers and other supporters as well as other IES stakeholders, and meets all legislation, regulations and standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 2. Participation and Inclusion*
- *Standard 5. Service Access*

Types of Referrals

Active referral - IES, with the person's consent, provides the organisation to which it is referring the person with information that it has collected about the person or with its professional assessment of the person's needs.

Cold referral – A caller is transferred to another service, without any immediate communication between IES and the other service.

Facilitated referral – The person is helped to access the other service, for example, IES makes an appointment with the other service on the person's behalf, asks the other service to contact the person or a caller is transferred to the other service.

Passive referral – The person is given contact information for appropriate services/s so they can make their own contact at a time that best suits them.

Warm Referral - A 'live' three-way conversation in the presence of the consumer (whether face to face or by telephone) in which IES introduces the consumer, explains what has already been done to assist the consumer and why the consumer is being referred.

Policy

IES works proactively as part of a broader service delivery network, which enhances its own service delivery and provides its consumers with appropriate referrals and services that meet their needs.

IES inform the community, potential consumers and other services regarding its services and access requirements through active engagement strategies that encourage and facilitate consumer and stakeholder participation.

Where possible, people (including consumers leaving the service or people unable to access IES services) are referred using facilitated, warm or active referral processes.

Service Network Engagement

IES' CEOs build strong relationships with local government and non-government providers and agencies and participate in relevant local networks, to increase service and referral options for its consumers and other stakeholders.

IES' CEOs build strong relationships with relevant Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) services to support it to identify and meet consumers' needs and goals, as well as contribute to more coordinated service provision, better use of resources and improved outcomes for consumers and communities. This includes active involvement with Aboriginal and Torres Strait Islander and CALD communities and services, such as participation in community events, collaborative service provision and referrals.

Where applicable, IES has developed clear protocols with other service providers, such as memorandums of understanding or other forms of agreement, which outline relationships and delineate the roles and responsibilities of collaborating agencies. The CEOs are responsible for establishing, reviewing and modifying such agreements.

The CEOs attend interagency meetings as a means of linking with other service providers and to inform them of consumer service and referral options.

IES retains records of service network involvement, such as meeting minutes and communications, in accordance with IES' *Records and Information Management Policy and Procedure*, to inform continuous improvement.

The Directors review IES participation in service and referral networks on an annual basis to ensure the arrangements in place are the best use of IES resources and are providing the best possible outcomes for IES' stakeholders.

Service Promotion

The COO ensures IES is listed on relevant directories, including through the 'Find Registered Service Providers' tool on the NDIS website.

IES distributes information about its services in appropriate formats to local government and non-government providers and agencies in the organisation's geographical service area, including the local Disability Services Commission office and NDIS Local Area Coordinator (LAC).

Referral and Information Sharing

IES has available information on alternative services and local community participation options for consumers and other stakeholders. Where possible (noting that the bulk of this collateral will be provided by other providers) information is provided in a variety of formats, including staff explanation where necessary.

The COO (or delegate) maintains a comprehensive *Referrals Database*, which will be continuously reviewed and built upon by all delivery staff.

The Case Manager/Coordinator will respond to referrals and requests for its services within 2 working day, in accordance with its *Service Access Policy and Procedure*. Referrals required as part of IES' support of a consumer will be dealt with in accordance with this policy and procedure and IES' *Assessment, Planning and Review Policy and Procedure*.

IES will work collaboratively with all people refused services or leaving IES, and their supporters, to identify what alternative services and referrals could best meet their needs. In all cases, referrals to other services will be made within 2 working days.

Staff making referrals must have an accurate knowledge of the services provided by other agencies and actively contribute to the continuous improvement of IES' *Referral Database*.

Staff will provide referrals with empathy and respect for the person, a non-judgemental attitude and sensitivity to their needs.

Where required, people will be provided with information and support to access a person of their choice, such as an advocate, to assist them to interact with the relevant IES staff and other services. See IES' *Decision Making and Choice Policy and Procedure*.

When providing referrals, staff will take into consideration:
- the person's most pressing needs
- safety issues and whether a referral will compromise the person's safety
- the level of distress experienced by the person. For example, it may be necessary to calm the person or seek the support of a more senior staff member before referring them on to other service
- the needs of vulnerable people and people with complex needs or at high risk
- the person's age, ability, gender, sexual identity, culture, religion, spirituality and language and communication needs; and
- other services the person is already receiving and where from.

Staff must be aware of possible barriers that a person may experience in using another service and, where feasible and appropriate, work with them to find ways to overcome these barriers. Barriers may include:
- lack of information about services and what is available
- lack of consumer capacity or interest in taking up a referral
- waiting lists that are too long to meet the consumer's needs
- cost
- lack of childcare
- cultural or language barriers
- difficulties in contacting consumers (e.g. lack of phone services)
- family ties
- lack of anonymity in small communities
- lack of interpreters
- lack of services particularly in rural and regional areas; and
- lack of transport options.

Staff will be assisted to support individuals with special or complex needs through ongoing formal and on-the-job training and professional development opportunities.

Staff will acknowledge and address any concerns and explain the reasons why a particular referral has been made.

Where more than one service may assist a person, it is appropriate to provide them with information about the range of services available and give them choice over which service or services they want to use. In doing so, staff may need to provide some guidance on any special conditions for using a service. It is important to refer people to the most appropriate service at the right time and avoid a 'merry-go-round' of referrals.

Where a referral is a passive or cold referral, staff should provide sufficient information to the person to help make the referral successful.

Where required, information about alternative services, IES referral process and the feedback and complaints processes will be provided to people in alternative formats that facilitate their understanding. Information about IES' referral processes and information sharing provisions will be included in its *Handbook* and provided where required by staff, including during service delivery.

Where a person is not satisfied with referrals provided or the integration of supports provided by IES with other services, they will be directed to IES' feedback and complaints processes.

Service access and refusal and referral information will be tracked in IES' consumer files, which will include the timeframes within which incoming referrals were actioned or outgoing referrals made.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Consumer Charter*
- *Records and Information Management Policy and Procedure*
- *Service Access Policy and Procedure*
- *Assessment, Planning and Review Policy and Procedure*
- *Decision Making and Choice Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Referral Database*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board and incorporate staff, consumer and other stakeholder feedback.

IES' *Continuous Improvement Plan* will be used to record and monitor progress of any

improvements identified and feed into service planning and delivery processes.

Processes and materials for communicating IES' eligibility criteria, priority of access requirements and waiting list procedures, as well as service entry and exit processes, will be updated upon review and update of IES' *Service Access Policy and Procedure*. Relevant referral networks will also be advised.

Service access and refusal and referral information will be tracked in IES' consumer files. Information about referral pathways will be used to inform IES' continuous improvement.

On a six-monthly basis, IES will assess its performance against its benchmarks for responding to requests for information and actioning referrals, to ensure they are dealt with in a timely manner that supports the immediacy of the needs of the person enquiring.

While delivery staff are responsible for actively updating IES' *Referral Database* on an ongoing basis, the CLO will formally review the Database every six months to ensure the currency and relevance of the information it contains.

Annual review of this policy and procedure will include staff, consumer and other stakeholder feedback and incorporate:
- consumer file audits, to assess alignment between documented processes and actual practice
- service involvement and links with Aboriginal and Torres Strait Islander and CALD communities and services
- a review of IES' service network and referral processes to service planning and delivery; and
- a review of feedback from staff, consumers and other stakeholders on their satisfaction with IES' service integration and referral management.

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SERVICE DELIVERY AND PARTICIPATION POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure set out person-centred principles to guide service delivery to IES's consumers.

It applies to all potential and existing consumers, their representatives, carers and other supporters as well as other IES stakeholders, and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 3. Individual Outcomes*

Policy

All aspects of IES' service delivery promote consumers' active participation in their community and support consumers to develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage, and cultural circumstances.

IES promotes a person-centred approach to its service delivery whereby individuals lead and direct their services and are supported to maintain connections with their family, friends and communities. IES' *Service Access* and *Assessment, Planning and Review Policies and Procedures* are based on this philosophy.

Consumer assessment, planning, service delivery and review will include activities or supports that help consumers to take control of and responsibility for their choices and enhance their autonomy, independence and community participation.

Procedures

Service Delivery Principles

IES will put the consumer at the centre of decision-making in all aspects of their life and support consumers to actively participate in their community and pursue their interests and goals.

Consumer assessment, planning and review will include activities or supports that help consumers to take control of and responsibility for their choices and enhance their autonomy, independence and community participation.

Where required, Case Manager's/Support Coordinator's will identify and provide referrals and linkages to services and activities that will enhance people's community participation and provide support and assistance to help consumers access these. See IES' *Providing Information, Advice and Referrals Policy and Procedure*.

Referral possibilities include, but are not limited to training, employment, education, health, wellness, recreation, leisure, cultural and community services, activities and events, as well as public transport and affordable housing options.

Where possible, services and support provided to consumers by IES should support consumers to develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances.

The Board will develop a diverse workforce and employ diverse staff so that consumer assessments, planning, service delivery and reviews benefit from expertise from a range of staff with varying life experiences.

IES will work collaboratively with disability-specific and mainstream services to provide holistic service delivery to its consumers.

IES will use a strengths-based approach to identify individual consumer needs and life goals, particularly in relation to recognising individuals' capacity to develop their independence, problem solving, social and self-care skills.

Services will be delivered in a way that respects individuals' personal, gender, sexual, cultural, religious and spiritual identity.

IES will support consumers' access to information on which to base their decisions when they want to try new things or continue with options that may not have gone well in the past, including the benefits and risks, consequences and responsibilities to them and others.

Staff will recognise that people can communicate their choices, likes and dislikes in many ways, for example, verbal communication, withdrawal, acting out, engagement and disengagement, aggression, excitement, despondency and joyfulness. They will work with consumers and adapt to their individual needs as they change over time, regardless of the frequency or cause.

IES is committed to supporting consumers from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds to maintain and strengthen their connection to their community, culture, spirituality and language.

IES works collaboratively with consumers from diverse backgrounds to provide holistic service delivery. staff delivering services to consumers from Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds should consider:
- that these communities are extremely diverse
- the cultural context and the potential for significant cultural differences between people in terms of spiritual, ecological, consensual and communal beliefs and values
- the impacts of racism and prejudice
- translating written, electronic and verbal information or making it available in Easy English for people who are not proficient in the English language

- that some migrants and former humanitarian entrants are not literate in their own language
- communicating in a community's preferred medium (some communities may prefer printed information rather than verbal)
- allowing sufficient time for cross-cultural input and communication.
- incorporating a family-sensitive approach to support and including extended family members and significant others in service delivery by providing a range of flexible, culturally appropriate ways to engage
- providing more flexible appointment times and lengths; and
- providing services in alternative, outreach, home and/or community environments.

Staff should also apply cultural protocols when supporting consumers from diverse backgrounds, including:
- recognising gender, how people are expected to interact with the opposite sex (including married and unmarried people of the opposite sex) and taking this into account when selecting a staff member to support a male or female consumer
- for culturally and linguistically diverse consumers, depending on the period spent in Australia, migration experience, country of origin and pre-migration experience, communities may have mixed attitudes towards government and people of authority
- for Aboriginal and Torres Strait Islander consumers, recognising kinship and the impact this may have on service delivery; and
- understanding the importance of notifying appropriate people in a consumer's community of an intended visit.

Partnerships
Where possible, staff must identify and provide referrals and linkages to community services and activities that are operated by or for a consumer's community.

The Board will work closely with Aboriginal and Torres Strait Islander and culturally and linguistically diverse services in its region to establish partnerships to benefit its consumers and their communities. These partnerships should also inform IES's culturally secure and competent service delivery.

Personal contact with community representatives such as Elders and Community Leaders may also be required for them to maintain an awareness of IES, its entry criteria, how to access it, and commitment to any partnership arrangements.

Staff Support
Through its recruitment and staffing processes, IES endeavours to develop a culturally diverse and competent workforce to support culturally appropriate and safe service delivery.

In line with IES's *Human Resources Policy and Procedure*, staff are regularly provided with training and development opportunities, which includes cross-cultural training and support to develop skills and knowledge about different communities and people from diverse

backgrounds. They may also be trained in engagement skills and the use of Interpreters.

IES also endeavours to employ staff from diverse backgrounds and will consider the following strategies to support and retain them:

- hold events that celebrate workplace diversity and encourage employees to share their cultures and experiences
- set up internal and external mentoring and supervision arrangements with people of the same background; and
- support them to fulfil cultural and social obligations to their family and community.

Environment

Consumers from diverse backgrounds may prefer specific gender workers and may also prefer workers from the same cultural background. staff allocation should be based on staff skills and training, gender, and other cultural factors. If IES is not able to meet these needs/preferences, staff should provide referrals and linkages to other appropriate services and work closely with other services to ensure services are delivered in a way that is holistic, culturally safe and culturally competent.

See the *Providing Information, Advice and Referral Policy and Procedure* for more information.

Where there are significant barriers for people to access IES, it may be appropriate to take the service to them, such as offering outreach services through another more accessed agency, or home visits.

Promotion

IES's promotional and consumer materials will be appropriate and welcoming of Aboriginal and Torres Strait Islander and culturally and linguistically diverse people and inform communities of the business' entry criteria, services offered and access requirements. Local ethnic and community radio stations, websites, press and other media may be used to promote services.

IES will also consider appointing people from diverse backgrounds to decision-making and advisory committees to enhance partnerships and communication processes and involving Community Leaders and Elders in face-to-face engagement and collaboration.

Vehicle Safety Policy and Procedure.

Staff must identify any hazards associated with driving conditions. These include weather and terrain conditions, the length of time spent travelling and driver fatigue.

Interpreters

IES recognises that the provision of language services is a matter of quality and safety for consumers. The delivery of safe, high-quality services requires effective communication with consumers and their representatives or families and IES has a duty to provide language services appropriate to a person's needs. Interpreters must be made available at no cost to consumers and, if relevant, their supporters.

Where an interpreter is required, staff must first assess how well the person can understand information in English. An effective method for assessing English proficiency is to conduct a short, informal interview with the person, asking for basic details about their reason for making contact and their background. Stressful or unfamiliar environments may affect a person's ability to communicate effectively, even if they generally have a level of proficiency in English suitable for that type of appointment or meeting.

An interpreter must be engaged if a person requests one. Where a consumer has limited or no English language skills or uses Auslan, IES must offer them the use of a professionally accredited interpreter to ensure the consumer understands and can communicate in response to the information being provided to them.

Every reasonable effort must be made to use an accredited interpreter before a family member or friend of the consumer is asked to assist. They may assist in communicating with a consumer where an interpreter is required but is not available and a matter must be dealt with in a restricted timeframe. The decision to do so, and the circumstances justifying that decision, must be documented in the consumer's file or relevant record. As soon as practicable the services of a professional interpreter must be engaged to ensure the information has been accurately conveyed, especially in the case of medical or complex situations.

Any individual under the age of 18 must never be asked to act in the place of an accredited interpreter. Unless they are an accredited interpreter or employed for their language skills, staff members who speak a language other than English may only assist with communicating low risk information such as making appointments or obtaining basic personal details such as name and address. Unaccredited bilingual staff cannot be used to communicate information that is legally binding or puts the consumer or IES at risk.

The following are critical points at which people with low English proficiency should have access to information in their preferred language.

- the consumer is being informed of their rights (for example, privacy, confidentiality) and responsibilities (for example, fees).
- the consumer is required to make significant decisions concerning their lives (for example, provision of test results, medication regimes, other interventions, undertaking assessment and Care Planning, conducting assessment outcomes)
- essential information needs to be communicated and understood to inform decision making (for example, procedures and referral options); and
- giving informed consent (for example, to treatment, release of information, power of attorney and guardianship matters).

Staff can access Interpreters and Translators through the Translating and Interpreting Service (TIS). Services provided by TIS include:
- telephone interpreting
- on-site interpreting (spoken languages and Auslan)
- language translations; and
- video remote interpreting.

Interpreting bookings including those for video remote interpreting can be made at https://www.tisnational.gov.au/Agencies/Help-using-TIS-National-services/TIS-Online-for-agencies.
consumers or their supporters can request a preferred interpreter. However, while the use of the consumer's preferred interpreter is recommended, if that interpreter has a qualification lower than a professional level, they can only interpret basic information. A professionally accredited interpreter must be used for the communication of critical or legally binding information.

Information regarding access to interpreters is provided in IES's *Consumer Information Pack* and clearly displayed in IES's foyer, along with other information regarding how IES will deliver culturally competent services. Relevant contact details will be included in IES's *Referral Database*.

Translation
Translated information can supplement interpreting services and provides information that the consumer can later refer to, or provide to family, carers and other support persons to aid understanding. Some people may prefer written information.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Consumer Charter*
- *Providing Information, Advice and Referrals Policy and Procedure*
- *Records and Information Management Policy and Procedure*
- *Service Access Policy and Procedure*
- *Assessment, Planning and Review Policy and Procedure*
- *Decision Making and Choice Policy and Procedure*

- *Privacy and Confidentiality Policy and Procedure*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Referral Database*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board and incorporate staff, consumer and other stakeholder feedback.

IES' *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and feed into service planning and delivery processes.

Annual review of this policy and procedure will include:
- a review of service access and support strategies for people from Aboriginal and Torres Strait Islander and CALD backgrounds
- a review of service involvement and links with Aboriginal and Torres Strait Islander and CALD communities and services
- satisfaction with the cultural sensitivity of services provided by IES staff
- satisfaction with the relevance and quality of referrals and connections provided by IES staff to Aboriginal and Torres Strait Islander communities and services
- consumer file audits, to assess alignment between documented processes and actual practice
- feedback from people from Aboriginal and Torres Strait Islander and CALD backgrounds related to the cultural competence of the services provided to them
- feedback from people on their satisfaction with supports provided to maintain and strengthen their independent life skill; and
- consumer and other stakeholder awareness of access to and experience of supports provided to enable them to maintain and enhance links with other people and organisations.

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ASSESSMENT, PLANNING AND REVIEW POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure set out the approach IES takes to consumer assessments that enables the safe and effective planning of care and services.

This Policy and Procedure applies to all consumers of IES's services, their family members, carers and other supporters, and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

This policy should be read in conjunction with IES's *Planning and review Policies and Procedures.*

Applicable National Standards for Disability Services

- *Standard 3. Individual Outcomes*
- *Standard 5. Service Access*

Definitions

Planning - a process to enable people with a disability to explore their needs, goals and aspirations and the ways they can be supported to achieve these. Planning will have a different focus for each person.

Policy

This policy and procedure align with the Planning requirements as set out in the *Disability Services Act 1993* and *NDIS Act 2013 (Cth)* of participation, choice and control, engaging as equal partners in decisions and including families, carers and other significant people.

Procedures

Staff involved in assessment, planning and review activities will be trained in and capable of implementing:
- active engagement and early intervention strategies, including with families
- strength-based planning, assessment and review
- holistic and collaborative approaches to service delivery; and
- capacity building of families and carers.

All documentation relating to assessment, planning and review will be maintained in consumers' records.

For all assessments, planning and review activities, staff will discuss consumers' rights and responsibilities with them. They will confirm consumers' understanding verbally, using an interpreter or advocate where required.

Staff will advise the person of their right to involve a support person in their dealings with IES.

Where required, consumers will be provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. See IES' *Decision Making and Choice Policy and Procedure*.

In accordance with IES' *Privacy and Confidentiality Policy and Procedure*, respect for and protection of consumers' privacy and confidentiality will be reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.

Where physical access issues are identified, staff will consider whether IES is accessible for the person, and if not, how it could be made accessible.

Where a language or cultural barrier is identified, staff will engage an interpreter or an appropriate external agency to support the person.

If necessary and with the consumer or their supporter/s consent, other parties such as service providers who deliver existing or complementary services to consumers will be included in assessment, planning and review activities.

Staff will consider the consumer's wishes regarding accepting or rejecting support options.

Assessment

Following their Intake Interview, where a consumer is offered services and accepts, staff will work with the consumer and their supporter/s to assess their needs, develop and agree upon a Service Agreement.

Staff will meet with the consumer and their supporter/s within 5 working days of their acceptance, or sooner if able, for an Assessment and Planning Interview.

The Case Manager/Support Coordinator (or delegate) will conduct all Assessment and Planning Interviews.

The assessment will consider:
- the consumer's needs (including health, wellbeing and safety needs), goals and longer-term aspirations
- the supports that can be provided by IES to meet those
- the consumer's preferred links to family, friendships and other support networks
- the consumer's and their supporters' age, ability, gender, sexual identity, culture, religion or spirituality
- any barriers to community participation and strategies that could be put in place to help consumers overcome them and
- how, when, and where the consumer requires the supports to be delivered.

Where possible, support provided to consumers by IES should:

- support them to develop, maintain and strengthen independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances; and
- help consumers to take control of and responsibility for their choices and enhance their autonomy, independence and community participation.

Where relevant, the interview will consider information already provided about the person in their NDIS Plan.

Where required, staff will identify and provide referrals and linkages to other services and activities that will enhance the consumer's community participation and provide support and assistance to help them access these.

Referral possibilities include, but are not limited to training, employment, education, health, wellness, recreation, leisure, cultural and community services, activities and events, as well as public transport and affordable housing options.

Referrals to alternative services will be provided in accordance with IES' *Providing Information, Advice and Referrals Policy and Procedure*.

Planning

Staff will work with the consumer and their supporter/s to formalise the supports to be provided by IES in a Service Agreement. The *Service Agreement Templates* can be tailored to the individual needs of each consumer.

The Service Agreement will include but is not limited to:
- the supports that will be provided
- the cost of those supports
- how, when, and where the consumer requires the supports to be delivered
- the period for when the consumer requires the supports to be provided
- when and how the Service Agreement will be reviewed
- how the consumer and IES will deal with any problems or questions that arise, including complaint handling and dispute resolution
- the consumer's and their supporter's responsibilities under the Service Agreement
- IES' responsibilities under the Service Agreement; and
- the notice required for the consumer or IES to change or end the Service Agreement and how this is done.

Staff must ensure the consumer (and their supporter/s) understands their plan, or are supported to understand it, and provide the consumer a copy. A copy will also be kept in the consumer's file.

The consumer must sign the Service Agreement before service delivery can commence.

Review

Staff, with the relevant stakeholders, will review the provision of supports for each consumer every 6 months with the consumer and their supporter/s.

Flexibility regarding the timing of review assessments, based on consumers' needs and wishes will be provided.

Reviews will include:
- the consumer's needs (including health, wellbeing and safety needs), goals and longer-term aspirations
- the consumer's progress towards addressing their needs and achieving their goals
- recognition and celebration of the consumer's progress; and
- the consumer's and their supporters' age, ability, gender, sexual identity, culture, religion or spirituality
- the consumer's preferred links to family, friendships and other support networks
- any barriers to community participation and strategies that could be put in place to help consumers overcome them; and
- whether there needs to be a change to the supports provided.

Where possible, support provided to consumers by IES should:
- support them to develop, maintain and strengthen independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances; and
- help consumers to take control of and responsibility for their choices and enhance their autonomy, independence and community participation.

Reviews will consider information in the consumer's NDIS Plan (if applicable).

If changes to the supports or their delivery are required, a *Change of Service* form will be completed by the consumer or their supporter/s and the Administration staff, and the *Change of Service form* will be attached to the consumer's Service Agreement.

If the consumer wishes to change their service delivery outside of the six-monthly review cycle, they can request a review or complete a *Change of Service* form with the Case Manager/Support Coordinator (or delegate).

Supporting Documents

Documents relevant to this policy and procedure include:
- *Consumer Charter*
- *Service Agreement Templates*
- *Providing Information, Advice and Referrals Policy and Procedure*
- *Records and Information Management Policy and Procedure*
- *Service Access Policy and Procedure*
- *Decision Making and Choice Policy and Procedure*

- *Privacy and Confidentiality Policy and Procedure*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Referral Database*
- *NDIS Operational Policy Funded Supports in the Plan – Reasonable and Necessary*
- *NDIS Operational Policy Review of Plans*
- *NDIS Operational Policy Safeguarding*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board and incorporate staff, consumer and other stakeholder feedback.

IES' *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and feed into service planning and delivery processes.

Annual consumer satisfaction surveys will assess consumer:
- satisfaction with supports provided
- satisfaction with the relevance and quality of referrals and connections provided by IES staff and
- awareness of, access to and experience of supports provided to enable them to maintain and enhance links with other people and organisations.

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CONSUMER CASE NOTES POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure will provide staff with guidelines on how to record case notes to ensure consumer information is recorded in a standardised, timely and accountable manner.

It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

1.   *Standard 6. Service Management*

Definitions

Case note: A 'case note' is the term applied to a chronological record of interactions, observations and actions relating to a particular consumer. Case notes are an essential part of a consumer's file where staff succinctly record details to document the consumer's support services provided by IES. File notes are a tool for reflecting on a consumer's progress towards their goals as identified in their plans and represent a record of events on each support session, interaction and event, using Shiftcare are a communication tool for staff.

Policy

IES is committed to the transparent and accountable recording of service delivery to consumers.

The recording of accurate and quality case notes is integral to supporting the following functions of the organisation:
- Recording and Planning Service Delivery
- Supervision of Staff
- Legal Accountability
- Risk Management Planning
- Consumer Support Planning; and
- Consumer Case Reviews.

Procedures

What to include in case notes

When recording case files, staff are to ensure the information recorded is related to the following:
- a consumer's progress towards goals or values identified on their plan (actions

taken, progress made, or barriers identified)
- the consumer's significant achievements or changes
- information relevant to the consumer's Risk Management Plan (potential and current risk issues and strategies developed and/or implemented to respond to the identified risk issues)
- appointments attended
- all communication, including attempts, with other services involved with the consumer
- referrals made
- group activity participation
- any information given to the consumer (IES specific information, health information, etc.)
- all informed consent decisions (e.g. "Consumer provided consent for staff to discuss low mood" with Case Manager/Support Coordinator)
- consumer case reviews (outcomes, follow up actions, progress); and
- any follow up required.

What to avoid in case notes

When making case notes, staff are to avoid the following
- emotional reactions
- personal opinions
- value judgements or opinions
- false information; and
- unfounded speculations/opinion.

Guidelines

Staff should be aware that consumer files can be subpoenaed at any time and staff can be subject to cross examination in court in relation to the content of their file notes.

All personal information relating to the consumer should be maintained within the consumer's file and subject to the security, confidentiality, access and storage requirements detailed within IES' *Records and Information Management Policy and Procedure*.

Staff must make notes as soon as possible after the support session, interaction, meeting or event and must reflect the consumer's communication and behaviour, accurately and fairly.

Staff will act in accordance with IES' *Privacy and Confidentiality Policy and Procedure* when managing and recording personal and sensitive consumer information.

Managers will ensure appropriate time is allocated for staff to complete case notes at the earliest possible time post support session.

If staff find it difficult to complete case notes (due to timing restrictions, access to files, etc.), they are to discuss this with the HR and Accounts Manager.

Staff must be mindful when recording case notes that consumers have the right to request to read their own files notes at any time.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Privacy and Confidentiality Policy and Procedure*
- *Records and Information Management Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least two-yearly by the Board and incorporate staff and other stakeholder feedback.

IES' *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Feedback collection mechanisms, such as staff and consumer satisfaction surveys, will assess:
- satisfaction with IES' records and information management and privacy and confidentiality processes
- whether stakeholders have received adequate information about privacy and confidentiality including how their records will be stored and disposed of and how they can access and change them; and
- the extent to which consumers and their supporters feel their privacy and confidentiality has been protected.

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EXIT AND TRANSITION PLANNING POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure set out IES's transparent and equitable service exit procedures, which are designed to uphold the rights of consumers and support them to transition to other supports where required.

It applies to all potential and existing consumers, their family members, carers and other representatives and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 3. Individual Outcomes*

Policy

Consumers have the right to terminate their service provision and any time, and this decision will not prejudice future access to the service.

IES collaborates with other services to enhance exit/transition planning to meet people's needs.

Exit procedures will be fair, transparent, follow due process, uphold the rights of consumers and protect the safety and integrity of IES staff, consumers, programs and services.

Procedures

Should a consumer, their supporter/s or IES wish to end service provision before the dates set out in the Service Agreement, they must give the other party at least 2 weeks' notice.

Service exit and referral information will be tracked in IES' consumer files to inform continuous improvement.

The Human Resources Officer is responsible for ensuring staff are familiar with the requirements of this policy and have sufficient skills, knowledge and ability to meet the requirements.

Consumer feedback and complaints will be addressed in accordance with IES' *Feedback, Compliments and Complaints Policy and Procedure*.

In accordance with IES' *Privacy and Confidentiality Policy and Procedure*, respect for and protection of consumers' privacy and confidentiality will be reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.

Where required, consumers will be provided with information and support to access a

person of their choice, such as an advocate, to assist them to access the service. See IES' *Decision Making and Choice Policy and Procedure*.

All consumers exiting the service can have an Exit Interview, where the Case Manager/Support Coordinator will explain the reason for the consumer's service termination (if applicable), obtain feedback about where IES can improve its processes and communicate the steps to re-accessing the service should the consumer wish to.

Service Termination

As part of IES' entry processes, consumers are informed of their rights and responsibilities. Where a consumer is asked to leave IES, information regarding the reason for being asked to leave will be provided and explained to the consumer and their supporter/s. These reasons will be included in the consumer's exit plan if required (see below).

IES will only terminate a consumer's services when:
- they are unwilling over a period to work towards agreed goals
- other people using the service, staff or the person themselves are at risk of harm
- financial requirements are not being met
- severe incompatibility with other consumers using the service is displayed; or
- dramatic health changes require significantly increased levels of care, or a service model not provided by IES.

The service exit will only be actioned after discussion and consultation with the consumer, their supporter/s and other important stakeholders, and strategies have been implemented to meet irreconcilable differences.

Consumers will be offered support to access interpreters or advocates to assist them through this process if necessary.

Consumer Requested Termination

Consumers have the right to terminate their service provision and any time, and this decision will not prejudice future access to the service.

On termination of service the consumer will be sent a letter informing them of their rights to future service provision and information regarding advocacy services if required.

Appeal

Consumers who have their services terminated by IES have the right to appeal. Appeals should be directed in writing to the CLO to discuss with the CEOs, and a final decision will be made by the Board. People who successfully appeal will be supported to continue accessing IES's services. People who are not successful in their appeal will be provided advice in writing to this effect.

If a person is unhappy with the outcome of their appeal, they will be directed to IES's

feedback and complaints processes. As per IES's *Feedback and Complaints Policy and Procedure*, information on IES's complaints process can be provided in a variety of formats if required as well as support to access interpreters or advocates if necessary.

Transition Planning

The Case Managers/Coordinators and CEOs will work collaboratively with consumers and their supporters to identify what alternative services and referrals could best meet their needs. See IES' *Providing Information, Advice and Referrals Policy and Procedure*.

With the consumer's or their supporter's consent, IES will provide relevant information to new service providers to support the consumer's seamless transition. Where required, IES staff will introduce the consumer to or meet with staff of alternative providers to facilitate a smooth transition for the consumer. See IES' Information Sharing Provisions in its *Providing Information, Advice and Referrals Policy and Procedure*.

Prior to exiting consumers will be provided guidance and support to:
- investigate other options or models of support from IES
- explore the consequences of their decision to exit the service; and
- consider re-entry to the service in the future should their needs or circumstances change.

An Exit Plan will be agreed with the consumer and with their informed consent, any other stakeholders. The Plan will contain identified timeframes outlining actions and those responsible to implement the actions.

Service Re-entry

Consumers who have chosen to exit IES have the right to re-access services within a 1-month period of exiting, without having to follow formal access processes, provided the necessary service resources area available.

Following expiration of the one-month cooling off period, a new intake assessment will be undertaken if they request service at some point in the future.

Files and Documentation

Upon a consumer's exit all documentation and information developed and implemented by IES will remain the property of the service. Any documentation provided by other service providers and included in the consumer's file that has been used to facilitate the consumer's support will be returned to the consumer or their supporter/s. IES will retain copies of these documents.

All information in relation to the consumer will be retained, secured and stored in accordance with IES' *Records and Information Management Policy and Procedure*.

Supporting Documents

Documents relevant to this policy and procedure:
1. *Consumer Charter*
2. *Feedback, Compliments and Complaints Policy and Procedure*
3. *Privacy and Confidentiality Policy and Procedure*
4. *Decision Making and Choice Policy and Procedure*
5. *Service Access Policy and Procedure*
6. *Providing Information, Advice and Referrals Policy and Procedure*
7. *Records and Information Management Policy and Procedure*
8. *Disability Services Commission Changing Service Providers (Portability) Guidelines*
9. *Participant Exit Register.*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board and incorporate staff, consumer and other stakeholder feedback.

IES' *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and feed into service planning and delivery processes.

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POSITIVE BEHAVIOUR SUPPORT POLICY AND PROCEDURE

Purpose and Scope

This Policy must be read in conjunction with the Use of Restrictive Practices Policy and Procedure.

The purpose of this policy is to support the delivery of high-quality, ethical, and evidence-based positive behaviour support to consumers to improve their quality of life and protect their rights.

It applies to all potential and existing consumers receiving positive behaviour support, their family members, carers and other supporters, as well as all staff of IES. It meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 1. Rights*

Definitions

Positive Behaviour Support - a set of research-based strategies used to increase quality of life and decrease challenging behaviour by teaching new skills and making changes in a person's environment. Positive Behaviour Support strategies are considered effective when interventions result in increases in a person's success and personal satisfaction and the enhancement of positive social interactions across work, academic, recreational and community settings. Valued outcomes include increase in quality of life as defined by the person's unique preference and needs and positive lifestyle changes that increase social belonging *(Association for Positive Behaviour Support, 2013).*

Policy

IES is committed to the delivery of high-quality, ethical, and evidence-based positive behaviour support to participants that maintains and improves their quality of life and protects their rights.

Service access and Intake procedures uphold the right of people to access appropriate services that meet their needs and are provided in a transparent and equitable way. Our commitment to using positive behaviour support, when delivering services, ensures that support provided is individually optimised and strengths driven, delivered in a capacity building and collaborative way.

IES promotes the dignity, worth, rights and developmental potential of people with a disability. Staff use positive behavior support principles when working with all people they support, including in situations where challenging behavior or behavior/s of concern are present.

IES' commitment to using positive behavior support when providing services ensures that support provided is individually optimized and strengths driven, delivered in a capacity building and collaborative way.

Procedures

Positive Behaviour Support

IES staff will use Positive Behaviour Support strategies in their daily practice with the primary goal of empowering individuals and enhancing their quality of life through:

- delivering inclusive, person-centred support that focuses on seeing the person's strengths and being committed to the person's potential
- communicating with consumers using their preferred method
- offering options and supporting consumers to make their own decisions as the minimum standard for all interactions in all environments
- proactively seek opportunities to support and increase mainstream community access and build social relationships and networks people
- proactively preventing challenging behaviours from occurring, through ensuring a consumer's needs are met, their method of communication is properly supported, and they can access those things they want or need
- appreciating that all behaviours have a purpose and do not occur in all contexts; and
- being positive.

COOs responsibilities

- To ensure that staff have access to relevant and specific training in positive behaviour support and can demonstrate competence in supporting people using strategic approaches.
- To ensure the regular review of support practices.
- To ensure that significant others are invited to participate in identifying the person's support needs.
- To ensure that consumers who exhibit signs of having a poor quality of life have access to relevant professional services.
- To ensure that debriefing and counselling are available to people involved in support, including family members, other consumers and staff.

Staff Responsibilities

- To support the consumer using positive behaviours support principles, using a strengths-based approach and respecting an individual's right to dignity of risk.
- To support the development of the consumer by following all procedures above and where relevant, as specified in any plans related to a consumer's behaviour support.

Record Keeping

The COO (or delegate) will record the use of positive interventions and strength-based supports in line with the *Records and Information Management Policy and Procedure.*

Supporting Documents

Documents relevant to this policy and procedure:
- *NDIS Commission Positive Behavior Framework*
- *Consumer Charter*
- *Decision Making and Choice Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Restrictive Practices Policy and Procedure*
- *Records and Information Management Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board and incorporate consumer and other stakeholder feedback.

IES' *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified.

IES will review and monitor its processes around positive behaviour support and protecting consumers from harm in accordance with an *Internal Review and External Audit Schedule*. This schedule includes service planning and delivery activities, which incorporate consumer and stakeholder participation and assess feedback provided to and by consumers and stakeholders.

Service delivery and satisfaction surveys will assess:
- consumer and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them
- consumer and other stakeholder satisfaction with IES' complaints processes; and
- the extent to which consumers feel safe and protected in their dealings with IES.

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THE USE OF RESTRICTIVE PRACTICES POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy is to:
- support the delivery of high-quality services to consumers by improving their quality of life and reducing or eliminating challenging behaviours; and
- minimise and prevent any physical harm of consumers and staff within the service; and
- introduce the legislative restrictions and requirements related to the use/elimination of restrictive practices within the service.

The scope of this policy is **only** for individuals aged 18 years and over, receiving support from a registered disability service provider. It is **not applicable** to individuals under 18, those being supported in a designated mental health service, or individuals in receipt of aged care services.

It applies to all potential and existing consumers who may receive restricted practices and their family members, carers and other supporters, as well as all staff of IES. It meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 2. Provider Governance and Operational Management*
- *Standard 5. Service Access*
- *Standard 6. Service Management*

Overview of Obligations

1. The NDIS: Responsible for the funding in the NDIS plan for behaviour support
   - Should identify behaviour support needs for new NDIS plans
   - Should update existing NDIS plans where behaviour support requirements are later identified.
2. Specialist behaviour support providers and practitioners: Responsible for behaviour support plan development
   - used. Should register and meet behaviour support practice standards
   - Registered NDIS providers and NDIS behaviour support practitioners need to be aware of their reporting obligations to the NDIS Commission.
   - Should create person-centred interim and comprehensive behaviour support plans
   - Should lodge all plans that include restrictive practices with the NDIS Commission
   - Behaviour support practitioners should meet the Positive Behaviour Support (PBS) Capability Framework, which outlines the knowledge and skills required
   - Should engage practitioners (contractors or employees) considered suitable by the NDIS Commission.

3. (a) The Implementing providers: Implementation and support
    - Should obtain authorisation for the use of the restrictive practices from the state/territory, when required
    - Should use regulated restrictive practices only as per behaviour support plan
    - Ensure all staff are trained in the support strategies outlined in the behaviour support plan.
3. (b) Implementing providers: Monitoring and reporting
    - Ensure monthly reporting to NDIS Commission of all restrictive practices
    - Report any unauthorised use of restrictive practices to the NDIS Commission as reportable incidents.
4. Specialist behaviour support providers and practitioners: Behaviour support evaluation and review
    - Should conduct plan reviews annually or more often if the person's circumstances change.
    - Should evaluate behaviour support plan effectiveness.
    - Develop fade-out strategies for the use of the restrictive practice.

Definitions

Behaviour Support Practitioner - mentors and/or frontline practitioners that assist organisations to implement the NDIS Commission Positive Behaviour Framework reform agenda. These positions also act as a point of contact across the sector to encourage collaboration, evidence-based practice and support transparency for organisations in the development of behavioural responses for people with disability who sometimes experience challenging behaviour.

Behaviour support practitioners can operate at four levels in the PBS Capability Framework, depending on their knowledge and skills:
- Core practitioner: This is an entry-level practitioner who has a good understanding of positive behaviour support. Core practitioners should be supervised by a higher-level practitioner when a restrictive practice is being considered in a plan.
- Proficient practitioner: At this level, the practitioner is expected to analyse and evaluate information, including appraising the quality of individual plans. They should also be able to build positive behaviour support skills in their organisation and learn new skills from higher-level practitioners.
- Advanced practitioner: An advanced practitioner has advanced skills across all capability domains. They should have a strong understanding of positive behaviour support and be able to make effective decisions in complex situations. They should be able to supervise practitioners at all levels and provide quality leadership in the field.
- Specialist practitioner: A specialist practitioner should have proficient skills in positive behaviour support and a demonstrated specialisation in a related field. For example, skills working with a specific population or type of disability. They should be able to supervise other practitioners in their area of expertise while continuing to learn from their peers.

Behaviour Support Plan - a plan developed for a person with disability which specifies a range of strategies to be used in supporting the person's behaviour, including proactive strategies to build on the person's strengths and increase their life skills.

Behaviour Support Plan Quality Evaluation Guide II (BSP-QEII) - an evidence-based guide for assessing the quality of Behaviour Support Plans.

Capacity - the extent to which a person can make reasonable judgements about their personal welfare and treatment.

Challenging Behaviour - culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities.

'Minimal restriction' or 'minimal intervention' – terms that recognise that any restrictions on choice and control should be minimal and evidence based. Clear information should be provided to people with disability, their families and carers so that restrictions are transparent and easily understood.

Positive Behaviour Support Panel – guides the development and delivery of services that are respectful of human rights of people with disability, in accordance with the *NDIS Commission Positive Behaviour Framework* and *Code of Practice for the Elimination of Restrictive Practices*. The Panel is responsible for monitoring the use of restrictive practices and reaching agreement (including interim agreement) or non-agreement of a restrictive practice to be used to support individuals accessing services.

PRN medication (PRN - 'pro-re-nata') - medication that is given as needed or as the situation arises (i.e. the times of administration are determined by the needs of the person and not given at scheduled times, e.g. analgesia for pain or fever). PRN may be considered as being a chemical restraint (see definition of chemical restraint).

Restrictive Practice - any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm. Restrictive Practices include:

> **Chemical Restraint -** the use of medication or chemical substance for the primary purpose of influencing a person's behaviour or movement. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment, of a diagnosed mental disorder, a physical illness or physical condition.

> **Environmental Restraint** – a restraint that restricts a person's free access to all parts of their environment, for example:
> - barriers that prevent access to a kitchen, locked refrigerators and restriction of access to personal items such as a TV in a person's bedroom
> - locks designed or placed so a person has difficulty accessing or operating

them; and

- o restrictions to a person's capacity to engage in social activities by not providing the necessary supports they require to do so.

Mechanical Restraint - the use of a device (which may include any mechanical material, appliance or equipment) to prevent, restrict or subdue a person's movement for the primary purpose of influencing a person's behaviour. It does not include the use of devices for therapeutic or non-behavioural purposes, such as the use of a device to assist a person with functional activities, as part of occupational therapy, or to allow for safe transportation.

Physical Restraint - the sustained or prolonged (e.g. a physical force or action lasting longer than approximately 30 seconds, that is not a reflexive manual restraint) use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing a person's behaviour. Physical restraint is distinct from the use of a hands-on technique in a reflexive (e.g. momentary contact to guide or redirect a person, lasting for no more than approximately 30 seconds) way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.

Psycho-social Restraint - the use of 'power-control' strategies. Examples of psycho-social restraints include but are not limited to:
- o requiring a person to stay in one area of the house until told they can leave
- o directing a person to stay in an unlocked room, corner of an area, or stay in a specific space until requested to leave (also known as ***exclusionary time-out***);
- o directing a person to remain in a particular physical position (such as laying down) until told to discontinue
- o 'over-correction' responses (such as requiring a person who has spilled coffee to clean up not only the spilled coffee but the entire kitchen)
- o ignoring; and
- o withdrawing 'privileges' or otherwise punishing, because of non-cooperation.

Seclusion – the sole confinement of a person with disability in a room or physical space at any hour of the day or night where voluntary exit is prevented, implied, or not facilitated. Seclusion of any person less than 18 years of age is **prohibited and is not permissible under any circumstances.**

Therapeutic device - primarily used to improve function (motor and bodily) and to prevent or reduce the risk of body shape distortion and secondary complications. Therapeutic devices employ a variety of methods used for the purpose of restricting the movement of the person due to high or low tone and/or postural deformity and in some instances, behavioural movements. They may also be used for short periods of time to allow for wound healing/tissue repair. The use of a therapeutic device aims to minimise the person's risk of developing physical deformity/injury that leads to the development of pressure on the soft tissues, to the development of pain or a reduction in functional capabilities.

Policy

IES uses positive behaviour support principles when working with all people we support, with ongoing consideration of participants rights as well as ethical practice, including in situations where challenging behaviour or behaviour/s of concern are present. Staff use Positive Behaviour Support strategies in their daily practice with the primary goal of empowering individuals and enhancing quality of life.

CEOs ensure:
- Use of behavior support practitioners considered suitable by the NDIS Commission in accordance with the PBS Capacity Framework.
- Behavior support plans implemented have proactive strategies that focus on the person's individual needs.
- Meet plan development timeframes.
  - 1 month for interim plans
  - 6 months for comprehensive plans
  - 12 months for reviews of plans or sooner where required
- That staff are provided with relevant training in positive behaviour support by a behaviour support practitioner.
- Ensure staff can demonstrate competence specifically in relation to plan strategies and any restrictive practices being implemented by IES (as the provider) in collaboration with the Behaviour Support Practitioners.
- The regular review of the efficiency of support practices in collaboration with the Behaviour support practitioners.
- Regular staff performance reviews to ensure they are implementing trained strategies appropriately.
- Fade-out strategies for the use of the restrictive practice in collaboration with the Behaviour support practitioners.
- That significant others are invited to participate in identifying participants support needs.
- That participants who exhibit signs of having a poor quality of life have access to relevant professional services.
- That debriefing and counselling are available to people involved in support, including family members, other participants, and staff.

Staff are required to support the participant using positive behaviour support principles, using a strengths-based approach, and respecting an individual's right to dignity of risk. IES promotes the dignity, worth, rights and developmental potential of people with a disability. Staff should support the use of restrictive practices only where they are necessary to prevent or reduce imminent physical harm, are the option of last resort and where their use is done so in the least restrictive manner.

Restrictive practices cannot be used in any support provided by IES unless there is legal authorisation from the NDIS Commission, in line with the legislation listed within this policy.

IES will cease the use of restrictive practice at the end of the period for which they have

been authorised, or as soon as the practice is no longer required, whichever is shortest, in accordance with the legislation.

Procedures

As per the *Code of Practice for the Elimination of Restrictive Practices*, the following service guidelines are to be considered when delivering services to people who experience challenging behaviors. The guidelines are underpinned by recognition that people with disabilities are in the best position to make decisions and choices for themselves and have the capacity to communicate this.

- IES has developed services that uphold human rights and the wellbeing, inclusion, safety, quality of life and substantive equality for people with disability.
- IES staff will recognise that people with disability have the same rights as all people to equality before the law and to equal protection under the law, without discrimination.
- IES will have policies, procedures and tools in place to safeguard the rights of people with disability and to identify and monitor the use of restrictive practices.
- IES will ensure that services are person-centred, proactive and enhance the quality of life for the person.
- IES will adopt practices that recognise and support the person's authority in decision-making, choice and control.
- IES staff will recognise that people with disability, their families and carers are the natural authorities for their own lives and are in the best place to communicate their choices and decisions.
- IES will ensure whatever supports necessary are put in place to help people with disability communicate their wishes.
- IES will actively facilitate consumers with family, carers, other friends and advocates who know them well (or if applicable, their guardian or relevant authority) to support discussion around their needs and wishes.
- IES staff working with people of Aboriginal or cultural and linguistically diverse backgrounds will demonstrate cultural competence in their governance, values, behaviours and practices.
- Cultural relevance and appropriateness of services, in a person-centred context, is an important consideration but does not override the requirement for the human rights of the person with disability to be the paramount consideration.
- Behaviour Support Plans are key practice and accountability documents and must be in place for all people identified as experiencing challenging behaviours.
- IES staff will recognise the importance of understanding the nature and function of the person's behaviour to minimise the use of restrictive practices, and will seek specialist guidance (for example, from a Behaviour Support Consultant) to assist in developing this understanding when necessary.
- The Behaviour Support Plan Quality Evaluation Guide II (BSP-QEII) will support the development, implementation, monitoring and review of IES' Behaviour Support Plans.

- IES will ensure Behaviour Support Plans consider the key components required by the BSP-QEII.

Positive Behaviour Support

Incorporation of individualised, strengths-based, positive behaviour support principles in daily support is the minimum practice standard that can be expected by IES' consumers.

IES staff will use Positive Behaviour Support strategies to respond to challenging behaviours in a positive, encouraging way. Strategies include:
- inclusive, person-centred approaches in all instances of support.
- proactively preventing challenging behaviours occurring in the first place.
- working to the primary goal of enhancing the quality of life of a person and a secondary goal of reducing challenging behaviours.
- taking into consideration the context in which any challenging behaviours occur and the environments in which the person lives.
- seeing the person's strengths and being committed to the person's potential.
- valuing the person and seeing the behaviour in context.
- an appreciation that all behaviours have a purpose; and
- being positive.

IES' Case Manager/Support Coordinator will discuss how best to manage challenging behaviours with the consumer and their supporter/s. In managing behaviour, staff will always use the least restrictive alternative. Any action taken to benefit a consumer should intrude as little as possible on their rights and lifestyle.

Restrictive practices are inconsistent with rights-based and person-centred service delivery to people with disability and must not be recommended or used in any circumstances, unless used in accordance with the legislation listed in this policy.

The Case Manager/Support Coordinators and staff will implement IES' *Assessment, Planning and Review Policy and Procedure* consistent with this policy.

Positive Behaviour Support Panel

If IES' were to register to provide Specialist Behaviour Support, IES would engage a Positive Behaviour Support Panel for the organisation. The Panel would guide the development and delivery of services that are respectful of human rights of people with disability, in accordance with the NDIS Quality and Safeguarding Framework, the State Government and the *Code of Practice for the Elimination of Restrictive Practices*.

The Panel is responsible for monitoring the use of restrictive practices and reaching agreement (including interim agreement) or non-agreement of a restrictive practice to be used to support individuals accessing services.

Behaviour Support Plans

Outside of an emergency, with any Behaviour Support Plan, the aim is not to have a restrictive practice in place. The primary focus of any Behaviour Support Plan should be to maintain and improve the quality of life of the participant, with a secondary focus on eliminating or reducing challenging behaviours.

A Behaviour Support Plan is developed for a person with disability to specify the behaviour and the range of strategies to be used in supporting the person's behaviour, including proactive strategies to build on the person's strengths and increase their life skills. The organisation would use the Behaviour Support Plan Quality Evaluation Guide II (BSP-QEII) as an evidence-based guide for assessing the quality of Behaviour Support Plans.

Currently, IES is committed to maintaining links with other professionals to provide individual support in partnership with our participant's and shall ensure further assessment and specialist support services from the following groups Behaviour Management specialists, such as independent Behaviour Support Practitioners, psychometricians, Psychologists, General Practitioners, Specialists counsellors etc. We ensure consultation with and support for the 'carer' of a participant living with responsive behaviours.

The organisation considers key components required by the Behaviour Support Plan Quality Evaluation Guide II (BSP-QEII) and works with in cooperation with specialists to support the implementation, monitoring, and review of participant Behaviour Support Plans. An independent Behaviour Support Practitioner assists the organisation by assessing the participant, and in partnership with the participant, developing an effective Behaviour Support Plan and provides IES with an implementation strategy in accordance with evidence-based practice and Commonwealth and State legislation.

IES Health Care Management esteems the values, skills, attitudes, confidence, consistency, and wellbeing of staff involved in implementing a Plan; professional development, supervision, training, mentoring, resources to support implementation, communication pathways, and feedback strategies, for example. In partnership with specialists, the participant and other stakeholders, Health Care Management ensures the Plan is informed, contextualised, aligned with participants' goals, priorities and needs, and there is a shared understanding of the need for intervention, where restrictive practices are needed.

The Plans of people subject to restrictive practices must include (but should not be limited to) the following key quality elements in relation to positive behaviour support:
- the Plan identifies the function of the challenging behaviours.
- environmental factors that trigger or support the challenging behaviours are identified
- the Plan introduces environmental change and supports positive behaviour.
- reinforcement schedules relating to positive behaviour.
- description of the response to recurrence of challenging behaviours; and
- a strategy to communicate between relevant persons.

IES staff shall be advised and trained in the individual support plan, which must be readily available in the person's file for ongoing use by staff when required. Staff shall commence services that are person-centred, proactive and enhance the participants quality of life, and adopt practices and strategies that support the participants in decision-making, choice and control and respects their culture, diversity, values and beliefs. Staff implement strategies in a positive way with inclusive, person-centred approaches in all instances of support; proactively preventing challenging behaviours occurring in the first place; seeing the person's strengths and being committed to the person's potential; valuing the person and seeing the behaviour in context; appreciation that all behaviours have a purpose; being positive.

Restrictive Practices

IES in principle does not support the use of restrictive practices. Restrictive practices should not be used without legal authorisation from the NDIS Commission, and staff will cease the use of a practice at the end of the period authorised, or as soon as the practice is no longer required, whichever is shortest, in accordance with the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

Restrictive practices restrict the liberty of individuals and should be considered only in exceptional circumstances where a person is at imminent risk of causing physical harm to themselves or others (including harm to self or others through the destruction of property). If IES needs to implement restrictive practices, staff must ensure they are implementing the specific strategies set out in a Behavioural Support plan.

The use of a restrictive practices within IES requires the following:
- comprehensive bio-psychosocial assessment.
- recommendation of the restrictive practice by an independent Behaviour Support Practitioner, within the context of a holistic individual Behaviour Support Plan for the person with disability, in line with legislative requirements.
- informed consent by a person with legal authority.
- authorisation from the NDIS Commission.
- application of the restrictive practice only by appropriately trained and competent disability services staff, to the extent legally authorised; and
- regular review of the use of the restrictive practices as part of individual support planning with the person, in accordance with timeframes set out in the legislation.

Within IES, the use of a restrictive practice requires recommendation by:
- a Behaviour Support Practitioner, psychologist and/or a medical or allied health professional; and
- the Positive Behaviour Support Panel, and
- the CEOs.

For each consumer that restrictive practices apply to, the restrictive practices will not be implemented until the consumer subject to the restrictive practices has been notified of the proposed use of the practices, except in the case of an emergency. Notification will be in

an accessible communication format for the consumer and advise that a restrictive practice has been approved for use and under what conditions. Consumers subject to restrictive practices and their supporters need to be made aware of the reasons restrictive practices may be implemented and when and how this will be reviewed.

Before any restrictive practice is used, Behavioural Practitioners and IESS Managers will ensure the person exhibiting challenging behaviours and their supporter/s (if applicable), understand they have the right to seek additional information from the NDIS Commission as to their right to appeal, if they do not agree with the practice. If a consumer does not have a supporter or guardian and is unable to advocate for themselves, staff will make sure the person is supported to access an advocate (see IES' *Decision Making and Choice Policy and Procedure*).

NDIS Quality and Safeguards Commission
Online: www.ndiscommission.gov.au
Phone: 1800 035 544.

alternatively, you can seek support through any of the following agencies:

Australian Human Rights Commission
Phone: 1300 656 419
Online: humanrights.gov.au

WA Health and Disability Services Complaints Office
Online: www.hadsco.wa.gov.au
Phone: 1800 813 583

WA Ombudsman

Phone: 08 9220 7555
Online: www.ombudsman.wa.gov.au

Restrictive Practices Monthly Reporting

In accordance with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, IES should use the Restrictive Practices Monthly Reporting Form to record and report on the use of restrictive practices by implementing staff members. This requirement does not replace our existing obligations to report to other relevant authorities, including child protection agencies or police.

Using a Restrictive Practice in Response to a Critical Incident

IES staff may use restrictive practices in an emergency if they are of the opinion that there is an imminent risk of the person causing serious physical harm to themselves or others, and it is necessary to use a restrictive practice to prevent that risk/minimise harm. A Crisis Response shall never be used as a de facto routine behaviour support strategy. Any incident must be recorded as a Critical Incident; fully documented, the levels of injury

reported, and the way the incident was dealt with appropriately in accordance with Occupational Safety and Health requirements and the NDIS Commission.

Record Keeping and Reporting

After implementing any emergency restrictive practice, staff will report the practice immediately to their managers, who will report as soon as possible to the appointed decision maker and other relevant stakeholders. IES must report the most serious of these incidents to the NDIS Commission as per reportable incidents as defined by reportable incidents in the *NDIS Act 2013*, the *NDIS (Reportable Incidents) Rules 2018,* and *IES Consumer Incident Management Policies and Procedures.*

IES will accurately record the use of restrictive practices, in accordance with the legislative obligations of the NDIS Rules 2018. This includes:
- maintaining a register of all people who have a Behaviour Support Plan that includes the use of restrictive practices and progress towards developing action plans to minimise and eliminate the use of restrictive practices
- recording each use of a restrictive practice; and
- recording each use of a restrictive practice during a critical incident.

Supporting Documents

Documents relevant to this policy and procedure:
- *Positive Behaviour Support Information for Disability Sector Organisations WA*
- *Code of Practice for the Elimination of Restrictive Practices (NDIS Restrictive Practices and Behaviour Support) Rules 2018)*
- *Behaviour Support Plan Quality Evaluation Guide II (BSP-QEII)*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Consumer Charter*
- *Decision Making and Choice Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Positive Behaviour Support Policy and Procedure*
- *Records and Information Management Policy and Procedure*

Monitoring and Review

The organisation promotes the dignity, worth, rights and developmental potential of participants, and recognises that any restrictions on choice and control should be evidence-based and minimal. Therefore, we ensure Behaviour Support Plans are monitored and reviewed quarterly and/or when there is an incident, to evaluate, adjust and support the reduction and elimination of challenging behaviours and restrictive practices.

The plan to reduce and eliminate the use of restraint is based on positive participant outcomes, input from the participants' and their families and carers, collaboration with an

independent Behaviour Support Practitioner, the application of other less restrictive options, and adjusted/additional positive strategies in the Behaviour Support Plan (over time/upon review) that can support the elimination process. Review must be completed in accordance with Commonwealth and State legislation.

This policy and procedure will be reviewed at least annually by the Board and incorporate consumer and other stakeholder feedback.

IES' *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified.

IES will review and monitor its processes around restrictive practices and protecting consumers from harm in accordance with an *Internal Review and External Audit Schedule*. This schedule includes service planning and delivery activities, which incorporate consumer and stakeholder participation and assess feedback provided to and by consumers and stakeholders.

Service delivery and satisfaction surveys will assess:
- consumer and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them
- consumer and other stakeholder satisfaction with IES' complaints processes; and
- the extent to which consumers feel safe and protected in their dealings with IES.

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PART 3. GOVERNANCE AND MANAGEMENT

Part 3. Governance and Management – describes IES's foundational governance systems and responsibilities, to ensure the delivery of safe and quality care and services that meet the national legislative requirements.

Part 3 should be read in conjunction with Part 2. NDIS Consumer, Families and Carers.

GOVERNANCE POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to demonstrate IES's commitment to sound governance, and to document how governance is carried out and reviewed within the business.

It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions

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.

Key personnel – individuals who hold key executive, management, or operational positions in an organisation, such as Directors, Board members, CEOs or Chairpersons, and Chief of Operations.

Open Disclosure – Open discussions and communication with each consumer/their representative when something goes wrong within the service that has caused harm or may potentially cause harm to a consumer. This harm may be physical, psychological, or social resulting in loss of quality of life, impairment, suffering, injury, disability or death. IES has effective systems and processes in place to guide and support its ovll direction, effectiveness, supervision processes and internal and external accountability. and governance arrangements ensure IES:

- complies with relevant legislation, regulations and contractual arrangements
- supports and develops its staff; and
- delivers quality and safe services to its consumers.

Procedures

Integration and Empowerment Services (IES) is a registered business name of integration and Empowerment LTD (45 630 945 434). IES was co-founded by Jacqueline Timmins and Terica Isgar who are also the organisation's joint Chief Executive Officers. They will have joint responsibility for all corporate functions of the business, with financial advice and practical assistance provided by an independent accountancy firm, Finkelstein Hickmott. The CEOs are supported by a third Manager the COO, Kate Miller. The three Chiefs along with 2 external board members make up the organisation's Board of Directors.

IES's Board of Directors meet quarterly to ensure that the channels of communication stay open, that IES provides the highest quality care, and that the service is viable. An Agenda will be circulated prior to every meeting and Minutes are kept by the Secretary. The Board of Directors meetings cover program, financial, data, IT, service quality information, business case discussions, and best practice or continuous improvement opportunities (including incidents and consumer feedback and complaints). 'Teams' records, monitors, and report on service delivery. 'Xero' will be used for financial recordkeeping and reporting, and Shift Care is our employee management system.

Recognising that consumers have the right to partner with IES in improving the delivery of care and services, IES involves them in its governance processes via annual consumer feedback groups and/or planning days. These consumer focussed groups/planning days allow consumers/their representatives to understand IES's processes in addition to participate in the development and evaluation of care and services organisation wide.

IES publicly summarises its program and financial performance on a yearly basis in its Annual Report however is open to providing this information at any time requested by consumers/their representatives to demonstrate its commitment to transparent practices and open communication.

Board of Directors Qualifications, Training and Development

IES must be managed by suitably qualified and experienced people with clearly defined responsibilities, authority, and accountability for the provision of supports to consumers.

Collectively, the Board of Directors have the qualifications and experience to meet IES's financial, legislative, regulatory, and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering of supports to consumers.

In addition to the above, all Board members must undergo Induction, receive ongoing training and development opportunities, and participate in annual performance reviews, to support continuous improvement in IES's management practices.

The Chairperson and the board will regularly review the governance structure of the organisation to ensure diverse skills and training to address potential gaps.

The Orientation of New IES Board Members

The Chief's are responsible for the orientation of Board Members.

Each Board Member will receive an orientation handbook containing the following:
- The history of the organisation,
- The constitution,
- An overview of the organisation,
- The mission statement, philosophy and outcomes,
- The organisational management structures,
- Code of conduct,
- The CEOs position description,
- The roles and responsibilities of the Board of Management,
- The programs and funding sources,
- The Strategic Plan,
- Process for meetings,
- The latest Annual Report.

New Board Members will be invited to a meeting where they will meet the Management Team who will be presenting to them an outline of their section's operations and responsibilities.

New/prospective Board Members may request a meeting with the CEOs to learn more regarding the organisation and its operations.

Responsibilities

The **Directors** are responsible for:
- Overseeing the determination and implementation of policies and decision making

including strategic planning.
- Preparing and filing statuary documents with the organisation's office or other agencies
- Calling meetings, including an annual meeting of members
- Maintaining and keeping records
- Binding the company to contracts with suppliers', lenders and others dealing with the company
- Maintaining ongoing compliance requirements
- Maintaining effective records and administration

The board is responsible for:
- technical recruitment of prospective board members and executives.

Governing Systems

The CEOs and COO each hold responsibilities across the following governing systems:
- Information Management (see *Records and Information Management Policy and Procedure* for details)
- Continuous Improvement (see *Continuous Improvement Policy and Procedure* for details)
- Financial Governance (see *Financial Management Policy and Procedure* for details)
- Workforce Governance including accountabilities (see above and *Human Resources Policy and Procedure* for details)
- Regulatory Compliance (see *Compliance Policy and Procedure* for details)
- Feedback and Complaints (see *Feedback, Compliments and Complaints Policy and Procedure* and *Open Disclosure Policy and Procedure* for details)
- Management of Risks including Abuse/Neglect towards consumers (see *Risk Management Policy and Procedure* and *Elder Abuse policy and procedure* for details)

Supporting Documents

Documents relevant to this policy and procedure include:
- *Organisation Chart*
- *Constitution*
- *Board Terms of Reference*
- *Advisory Body Terms of Reference*
- *Annual Report*
- *Meeting Agenda*
- *Meeting Minutes*

Monitoring and Review

This policy and procedure will be reviewed at least every three years by the Board. Reviews will incorporate staff, consumer, and other stakeholder feedback, where relevant.

Annual satisfaction surveys will assess consumer and staff satisfaction with IES's governance processes and allow stakeholders to provide feedback on areas for improvement.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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OPEN DISCLOSURE POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure outlines IESs commitment to an open communication framework with all consumers and their representative.

Whilst all efforts are made to provide high quality care that meets the needs of its consumers, IES acknowledges that there can be instances when something goes wrong that has harmed or had the potential to cause harm to a consumer. In these instances, honest, informed communication promotes and fosters an environment and culture that (through honest discussion) encourages learning needed to improve care and services.

This policy applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 1. Rights*
- *Standard 3. Individual outcomes*
- *Standard 4. Service Access*

Procedures

The Framework

When enacting the open disclosure framework, IES staff must follow the below guiding principles:

- **Dignity and Respect**: staff will ensure all consumers are treated with dignity and respect and when needing to communicate that something has gone wrong. staff will ensure consideration is taken as to how best to communicate with each consumer, acknowledging their diverse needs (culturally safe, languages and formats).
- **Privacy and Confidentiality**: during the management of an incident and enacting open disclosure, staff will determine what information any consumer/their representative involved is comfortable in being shared and with whom, first and foremost.
- **Transparency**: when something has gone wrong staff will identify who has been affected in an honest and open way, explain what happened and be prepared to communicate proactively at a level appropriate to the severity of the impact.
- **Continuous Quality Improvement**: IES will encourage the practice of open disclosure to use key learnings to identify why things have gone and any systemic causes or preventative steps that can be taken to stop an event from happening again.

Dignity & Respect · Privacy & Confidentiality · Transparency · Continuous Quality Improvement
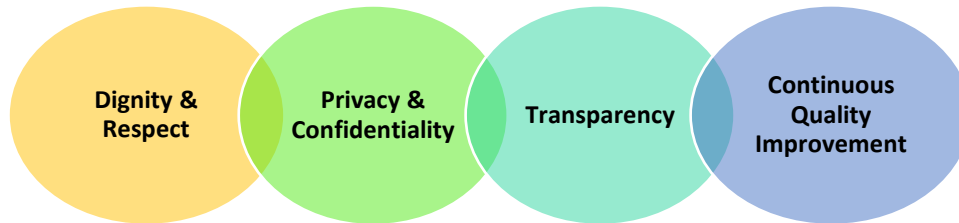
Address any immediate needs and provide support

IES staff must act immediately to ensure no further adverse effects arise from what went wrong, and future potential harm is prevented. Once the above is completed, staff will provide the consumer/s involved with practical and emotional support (based on the needs and preferences of the consumer). This may include:

- identifying any additional needs of the consumer
- facilitate access to an advocate/translator or other communication and hearing support service
- involve family/carer/representatives of the consumer who have been appointed as a decision making for the consumer
- provide information and access to alternative, external complaints handling options; or
- offer support to any staff members involved (which may also require the management of staff involved).

Acknowledge and apologise or express regret

IES staff must acknowledge the concerns of the consumer/their representative and provide a sincere and unprompted apology or expression of regret. An apology or expression of regret must include the words "*I am sorry*" or "*we are sorry*". An apology or expression of regret must also involve a follow up interaction with the consumer to ensure they understand the acknowledgement or expression of regret.

Find out and explain what happened

Information is to be gathered from any staff and consumers and/or their representatives affected by the incident to find out what happened, why did it happen and how can it be prevented from occurring again.

When explaining what happened to the consumer, staff will ensure to remain factual, (ensuring the consumer understands the information), the consumer is offered an opportunity to explain their view, feelings and ask questions and the consumer is offered follow-up meetings and support. An investigation may be undertaken as per IES's *Consumer Incident Management Policy and Procedure*. Any information gathered is to be documented and retained on file as per IES's *Records and Information Management Policy and Procedure*.

Learn from the experience and make improvements

As per IES's *Continuous Improvement Policy and Procedure*, any time an incident or near-

miss occurs and open disclosure is enacted, opportunities for learning will be identified so that continuous improvement activities can been planned. The information will be monitored, analysed and used to improve the quality of care and services.

Persons Responsible
All IES staff are responsible for identifying and reporting when something has gone wrong within the service that has caused harm or may potentially cause harm to a consumer.

During Induction and ongoing staff training, all IES required staff will receive information and education on open disclosure and IES's commitment to learning from these experiences and making improvements.

IES's Board is responsible for:
- understanding the legal aspects of open disclosure
- modelling and promoting openness when things go wrong
- encouraging staff to identify and raise issues and concerns; and
- involving consumers and/or their representatives to decide how services are provided.

Supporting Documents
Documents relevant to this policy and procedure include:
- *Incident Register*
- *Complaints Register*
- *Compliance Register*
- *Risk Register*
- *Continuous Improvement Policy and Procedure*
- *Continuous Improvement Register*
- *Schedule 2 Internal Review and External Audit Schedule*
- *Consumer Incident Management Policy and Procedure*
- *Records and Information Management Policy and Procedure*

Monitoring and Review
This policy and procedure will be reviewed at least every three years by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

IES will include staff, consumers and stakeholders in its organisational service delivery planning in all areas possible including areas for improvement.

Annual satisfaction surveys will assess consumer and staff satisfaction with IES's open disclosure framework and practices.

IES's *Continuous Improvement Register* will be used to record improvements identified following the use of open disclosure and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes

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CULTURALLY SAFE CARE AND SERVICES POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure ensure IES's care and services are accessed, planned for and delivered to meet the diverse and individualised needs of consumers who come from, or identity with, another culture.

This policy and procedure outlines IES's commitment to recognising and respecting the cultural identities of others (consumers) and safely meet their needs, expectations and rights.

This policy applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

Culturally Safe Care and Services policy and procedure supports all the National Standards for Disability Services and is essential to providing consumer-centred care.

Definitions

Cultural awareness - is sensitivity to the similarities and differences that exist between two different cultures and the use of this sensitivity in effective communication with members of another cultural group. It is also the awareness that one's own cultural values are not universal, nor automatically 'better' than another set of values.

Cultural competence - means becoming aware of the cultural differences that exist, appreciating and understanding those differences and accepting them and being prepared to guard against accepting your own behaviours, beliefs and actions as the norm. Cultural competence includes the ability to translate awareness into a positive outcome from an exchange between yourself and a person from a different cultural background.

Cultural safety - understanding a consumer's unique cultural identity, acknowledging differences, and being actively aware and respectful of these differences in planning and delivering care and services in a way that meets their needs, expectations and rights. It means working from the cultural perspective of the other person, not from your own perspective.

Unsafe cultural practice - is any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.

Policy

IES recognises, respects and supports the unique cultural identities of consumers and strives to meet their needs and expectations whilst also recognising their rights.

IES understands that to provide better care and service outcomes for consumers, all staff must understand each consumer's cultural identity and that what is culturally safe for one consumer can be different to what is culturally safe for another.

IES is committed to working with each consumer, and any representative or person of their choosing, so that their cultural preferences and needs can be understood.

Procedures

Initial Access and Care Planning

During initial access conversations with potential consumers and/or their representatives, the Case Manager/Support Coordinators will begin to gather information from the consumer about any cultural group they belong to and ensure further conversations and care planning incorporates this information and explores the consumer's preferences further.

As a consumer is allocated their Caser Managers, further historical information will be gathered in relation to the consumer's identified cultural group and the individual themselves (for example any linkages to cultural massacres or forced relocation away from land or country, or specific stolen generation linkage).

At the point of care planning the Case Manager/Support Coordinators will acknowledge and capture the consumer's cultural preferences in relation to:

- medical interventions, death and dying/end of life care
- food preferences including preparation and eating
- religious practices and rituals including responding to death/funerals, coming of age/men's' business and cultural ceremonies
- preferred activities
- their title and/or their preference of sexual identity; and
- direct care worker preference.

All the consumer's cultural preferences will be captured within their file, support goals and support Plan and reviewed as per the *Consumer Review Policy and Procedure* processes.

Ongoing Support

Any information pertaining to a consumer's cultural identity is to be highlighted and listed with priority as part of their records.

IES staff will respect each consumer's language preferences (including acknowledging first languages) and provide translation services for all required communication if needed.

IES will engage with consumers and/or their representatives to provide regular feedback, education and share stories and knowledge of their culture to shape the way IES interacts

with and promotes its cultural community and consumers.

During the resolution and management of any incidents or complaints raised within IES, all staff responsible will ensure individual consumer cultural preferences are considered when communicating with consumers or enacting an open disclosure process. This includes providing timely information in a format and language that is understood.

Staff and Organisation Training/Education

IES will ensure all staff understand and know what is required to make each individual consumer feel respected, valued and safe including receiving culturally safe care and services.

During Induction, all staff will be provided with education and training to ensure they understand the differences between cultural awareness, cultural competence and cultural safety (including what is deemed as unsafe cultural practice).

Support workers will also be educated on the individual cultural preferences of consumers before visiting for the first time to ensure the care delivered makes the consumer feel comfortable and safe.

IES will encourage consumers (where comfortable/able) to educate their allocated support workers on their individual preferences and welcomes feedback in relation to whether their expectations of cultural safety are being met by staff.

IES will research the different cultural groups within its service area and link with elders and other experts/stakeholders that can provide information and education as to how best support their specific community.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Assessment, Planning and Review Policy and Procedure (NDIS)*
- *Decision Making and Choice Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

IES will include staff, consumers and stakeholders in its organisational service delivery planning in all areas possible including how to ensure culturally safe services are delivered to meet individual's needs.

Annual satisfaction surveys will assess consumer and/or their representative and staff satisfaction with IES's culturally safe services including how they can be improv

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SUCCESSION PLANNING POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set how IES will continue operating effectively and meet the business' Mission and objectives when key personnel vacate their position. It applies to IES's Board and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 6. Service Management*

Definitions

Key personnel – individuals who hold key executive, management or operational positions in an organisation, such as Directors, Board members, CEOs or Chairpersons and the Chief of Operations. Key Personnel members may also make up the Board.

Succession planning - systematic identification and development of replacement strategies for key personnel.

Long-term succession planning – the arrangements for permanently filling a vacancy when key personnel leave their role permanently. Vacancies can be unexpected or be known well in advance.

Short-term succession planning – the arrangements for temporarily filling a vacancy when key personnel take planned or unplanned leave, including the immediate unexpected departure of a person. Appointments in the short-term are acting appointments.

Policy

IES's succession planning identifies current and future workforce needs, as well as specific replacement strategies for key personnel.

Succession planning does not replace IES's merit-based recruitment and selection processes.

Procedures

To develop a sustainable workforce for IES, the Board must develop and regularly review a *Succession Plan* for all key personnel. Preparing and implementing a *Succession Plan* is also an opportunity to grow IES's talent pool, keep existing workers engaged, and be prepared should any key personnel unexpectedly leave the business.

Succession Planning requires the following steps:

1. Identify IES's key positions and skill sets currently in place.
2. Consider the future needs of the organisation regarding key positions and skill sets.
3. Identify the gaps between the current key roles and planned future workforce.
4. Identify any potential risks should key personnel leave unexpectedly.
5. Determine if there are currently any internal high potential candidates who could be upskilled or who could fill those roles now.
6. Identify any training/education/mentoring that would be required to support the current potential internal candidates.
7. Consider the strategies or approach required if there are no current potential internal candidates e.g., recruitment options.
8. Determine and implement actions to enable IES to replace key positions effectively and efficiently when needed, using existing capable employees where appropriate.

The *Succession Plan* developed by IES will be aligned with its *Strategic and Operational Plans* and consider the process above, including:

- key personnel positions, both now and for the future
- high potential internal candidates
- skills gaps and training opportunities to support high potential internal candidates
- strategies to ensure continuity for key personnel positions
- continuity risks (areas where significant disruption may be experienced if key staff leave);
- age profiles with known retirement plans of key personnel; and
- performance assessments of key personnel.

As part of succession planning, IES provides equal opportunity for all workers and support of gender equality.

The Board formally reviews and updates the *Succession Plan* each financial year and at times of significant and unanticipated change.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Succession Plan*

Monitoring and Review

This policy and procedure will be reviewed at least every three years by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

Annual satisfaction surveys will assess consumer and staff satisfaction with the continuity of support provided by IES and provide stakeholders with the opportunity to provide feedback on areas for improvement.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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CONFLICT OF INTEREST POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out how IES manages conflicts of interest in an open and transparent manner. It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 1. Rights*
- *Standard 6. Service Management*

Definitions

Conflict of Interest - A situation where a person can derive a real or perceived benefit from actions or decisions made in their official capacity, where their decision is affected by relationships which may be personal or professional in nature. These relationships can be because of family, friends or other positions they hold (for example,

Policy

IES acts with integrity, honesty and transparency and supports consumers' choice and control. This includes disclosing any conflicts of interest – perceived or actual – that may impact how it delivers supports.

Procedures

General

When making decisions, staff should consider:
- whether they have any personal or private interests in a matter that may conflict or be perceived to conflict with their duties
- whether there could be a benefit for them, their family or their friends into the future if they are involved in a particular matter
- how their involvement will be viewed by others; and
- whether their involvement in a decision being made appears fair and reasonable.

All staff should avoid involving themselves in matters that conflict with their duties to IES and the consumers they support. Where a conflict is unavoidable, staff must declare it to the COO as soon as practicable after they become aware of it. This includes actual, potential, and perceived conflicts of interest.

Staff who are uncertain about whether a conflict of interest exists should seek advice from their manager or the COO before proceeding.

Once a conflict of interest has been declared, the COO will discuss this with the CEOs and

decide what action to take to manage it. Conflicts of Interest must be recorded and monitored in IES's *Conflict of Interest Register*.

Staff must not accept any money, gifts, benefits, or commissions that could interfere with their ability or willingness to act in consumers' best interests. Nor must they take advantage of their position to directly or indirectly gain a personal benefit or a benefit for another person or body.

Staff should not provide financial advice, support or information that is not reasonably relevant to the consumers NDIS Plan funding.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Conflict of Interest Register*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

Annual satisfaction surveys will assess consumer and staff satisfaction with IES's conflict of interest processes and provide stakeholders with the opportunity to provide feedback on areas for improvement.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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STRATEGIC AND OPERATIONAL PLANNING POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure set out how IESs' Chief's and it's Board will set, monitor and achieve the business' Strategic and Operational objectives, underpinned by a continuous improvement approach and the involvement of consumers where possible.

It applies to IES's Board and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 6. Service Management*

Definitions

Operational plan – A detailed plan used to provide a clear picture of how a business, or its specific areas or teams, will contribute to the achievement of the Strategic Plan. Operational Plans are usually developed annually and reviewed at regular intervals.

Strategic plan – A document used to communicate the long-term direction of a business, describing what it's going to do and how. Strategic Plans are long term developed usually for a period of at least 3 years and reviewed annually.

Policy

IES's strategic directions and priorities are documented in a three-year Strategic Plan, then reviewed annually by the Board.

The Board is responsible for developing the Strategic Plan. It includes staff, consumers and other stakeholders in developing IES's strategic directions and priorities.

An Annual Operational Plan, updated each year over the life of the Strategic Plan, supports execution of the Strategic Plan.

Procedures

Planning
IES's Board develops Strategic Plans that identify the key outcomes and direction for the business. A new Strategic Plan is developed every three years.

Recognising that consumers/their representatives have the right to partner with IES in improving the delivery of care and services, IES involves them in its strategic planning to allow consumers/their representatives an opportunity to understand IES's processes in addition to participating in the development and evaluation of care and services

organisation wide.

Strategic Plans are implemented through annual Operational Plans. These form the basis of the Board's expectations of each year, setting out how the business will achieve the goals set out in its Strategic Plan. Strategic and operational planning must consider all relevant legislative requirements, organisational risks, and other requirements related to operating, consumers' and staff needs and the wider organisational environment.

Review

The Board formally reviews and updates IES's Strategic Plan each financial year and at times of significant and unanticipated change.

When reviewing the Strategic Plan, the Board will seek feedback from staff, consumers and other stakeholders. The extent of consultation will be determined by external factors and the funds available at the time the plan is reviewed. Operational Plans are reviewed at quarterly Board meetings.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Strategic and Operational Plans*

Monitoring and Review

This policy and procedure will be reviewed at least every three years by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

IES will include staff, consumers and stakeholders in its organisational service delivery planning where possible. This will inform how effectively IES's strategic and operational objectives support quality service delivery.

Annual satisfaction surveys will assess consumer and staff satisfaction with IES's strategic and operational priorities and their alignment with service delivery. They will also provide stakeholders with the opportunity to provide feedback on areas for improvement.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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CONTINUOUS IMPROVEMENT POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure set out how IES delivers quality services through an effective Quality Management System (QMS) that is based on an ongoing cycle of review and evaluation. It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 4. Feedback and Complaints*
- *Standard 6. Service Management*

Definitions

Continuous Improvement - the ongoing effort of a business to improve services, systems, processes or products to maximise benefits for its consumers. The process relies on using evidence-based information to support the business' achievement of its goals and outcomes. This also means adapting to the changing needs of its community or consumers.

Open Disclosure – Open discussions and communication with each consumer/their representative when something goes wrong within the service that has caused harm or may potentially cause harm to a consumer. This harm may be physical, psychological or social resulting in loss of quality of life, impairment, suffering, injury, disability or death.

Policy

IES 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 IES's operations.

IES includes its staff, consumers and other relevant stakeholders in its continuous improvement activities to ensure services are of a high quality and meet consumers' needs.

Procedures

National Standards for Disability Services and all relevant Commonwealth and State legislation and regulations. All policies and procedures are formally reviewed at least annually, two yearly or three yearly. Reviews incorporate staff, consumer and other stakeholder feedback where relevant.
All staff should:
- be familiar with all IES policies and procedures and their implementation
- critically consider whether the policies and procedures are fit for purpose and meet

the businesses and consumers' needs; and

- make constructive suggestions about the policies and procedures.

To support continuous improvement, the CEOs will arrange, monitor and report on internal reviews and external audits to the Board, in accordance with *Schedule 2 Internal Review and External Audit Schedule*. Where possible, stakeholders (consumers, families, carers and advocates) will be included in each formal review or audit procedure undertaken by the organisation.

All service planning, delivery and evaluation activities will include staff, consumer and other stakeholders and their feedback.

All staff are responsible for identifying and actioning opportunities for continuous improvement. They will be made aware of their responsibilities through formal Induction and training processes as well as ongoing workplace practices.

The Agenda for Board meetings will include a standing item on continuous improvement (including incidents, feedback and complaints).

All continuous improvement issues or opportunities identified will be reported to and tracked by the CEOs in IES's *Continuous Improvement Register*. The *Continuous Improvement Register* is a 'living document', updated as and when improvements are identified.

The register includes the:
- improvement identified
- action to be taken including the need for open disclosure
- person responsible for actioning
- staff, consumer or other stakeholder participation required and undertaken
- date of completion; and
- review date.

The *Continuous Improvement Register* also tracks improvements identified from reviews of:
- the Complaints Register
- the Risk Register
- the Incident Register
- feedback opportunities offered to consumers, families, carers and advocates.
- planning, service delivery, plan review, exit, service refusal and referral information contained on Monday.
- results from internal reviews and external audits
- IES's performance against its Vision, Mission and goals as set out in its strategic and operational planning
- learning and reflection opportunities for staff
- staff supervision and performance reviews

- reporting and data provided to the Department of Health and other agencies; and
- collaborative relationships with similar organisations and networks.

Supporting Documents

Documents relevant to this policy and procedure include:
- *All policies and procedures*
- *QMS Document Review Schedule*
- *Continuous Improvement Register*
- *Compliance Register*
- *Complaints Register*
- *Incident Register*
- *Risk Register*
- *Schedule 2 Internal Review and External Audit Schedule*

Monitoring and Review

This policy and procedure will be reviewed at least every three years by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

IES will include staff, consumers and stakeholders in its organisational service delivery planning where possible. This will inform how effectively IES's strategic and operational objectives support quality service delivery.

Annual satisfaction surveys will assess consumer and staff satisfaction with IES's continuous improvement practices, and the quality of services provided. They will also provide stakeholders with the opportunity to provide further feedback on areas for improvement.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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COMPLIANCE POLICY AND PROCEDURE
Purpose and Scope

The purpose of this policy and procedure is to set out how IES ensures it complies with the range of legislative, regulatory and contractual requirements that apply to its operations. It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Failure to comply with the compliance requirements of the National Standards for Disability Services may lead to the Disability Services Provider Panel taking compliance and enforcement action against IES.

Applicable National Standards for Disability Services

- *Standard 6. Service Management*

Definitions

NDIS Code of Conduct - a code of conduct that applies to all NDIS providers and the people employed or engaged by them, regardless of whether they are registered. The NDIS Code of Conduct supports the rights of people with disability in the NDIS to have access to safe and ethical supports and reflects the core values and principles set out in the National Standards for Disability Services, the National Mental Health Standards and the *NDIS Act 2013 (Cth)*.

NDIS Provider Register - a register kept by the NDIS Commission containing the details of all registered NDIS providers. It includes:

- business details, including contact person, ABN and contact details
- the approved registration period
- the classes of supports or services the business is registered to provide
- the classes of people the business is registered to support
- any conditions placed on the registration
- details of any previous or current suspension
- details of any previous or current banning order
- information about any previous or current compliance notices in force; and
- information about any enforceable undertaking the business has committed to.

The NDIS Provider Register may also include information about unregistered NDIS providers or NDIS providers who have had their registration revoked, as well as any other information that it is relevant to the provision of supports or services to people with disability.

Revocation - a written notice removing the registration of a registered NDIS provider. The Commissioner may also revoke the registration of a registered NDIS provider upon written request from the provider.

Suspension - suspension of a registered NDIS provider's registration for a specified

period. The Commissioner may also suspend the registration of a registered NDIS provider upon written request from the provider. While suspended, registration ceases to have effect. A Suspension may be enforced if the provider is not complying with the *NDIS Act 2013 (Cth)*, their registration application contained false or misleading information, where they or their key personnel are considered unsuitable to provide services to people with disability or if they become an insolvent under administration.

Worker - a person employed or engaged by a registered NDIS provider.

Policy

IES recognises that quality service delivery relies on good compliance practices. It is committed to maintaining compliance with all relevant regulatory, legislative and contractual requirements.

The Board is ultimately responsible for ensuring IES is and remains compliant.

Procedures

Compliance Monitoring

IES's Board are responsible for monitoring and reviewing the organisation's compliance.

Board members are responsible for:
- supporting compliance in all areas of IES's operations
- ensuring staff understand their compliance responsibilities; and
- fostering a compliance culture in their area of responsibility.

IES's CEOs report on compliance issues to the Board on a quarterly basis, and these are tracked in IES's *Compliance Register*. This includes internal reviews and external audits that are conducted (see *Schedule 2 Internal Review and External Audit Schedule).*

The CEOs monitor changes to IES's compliance requirements through contact with relevant government agencies, scanning relevant websites for updates, membership of peak organisations and internal audits. staff are made aware of relevant changes as soon as possible.

Staff Responsibilities

All staff are responsible for monitoring and managing compliance within their areas of influence.

Upon commencement, all staff undergo an Induction, which includes information and training on IES's compliance responsibilities.

Ongoing education is provided to staff (where applicable) on topics related to compliance including (but not limited to):
- Disability legislation and how to understand them,

- NDIS standards and how to ensure compliance,
- changes to occupational safety and health and how best to implement to ensure the safety of all involved,
- any other relevant topics related to service provision and compliance activities.

The above education is provided in a variety of ways including in-house training utilising the knowledge of the CEOs, external representatives attending IES premises and staff attending external educational opportunities.

Compliance Breaches

All staff must notify their immediate supervisor, the administration, and inform the COO as soon as they become aware that a compliance breach has occurred or is likely to occur. This includes when a compliance-related complaint is made The COO must address the breach as soon as possible after becoming aware of it. All compliance breaches must be reported to the CEOs, who will track them in IES's *Compliance Register* and report them to the Board.

Specific NDIS Provider Compliance Requirements

IES will comply with all data collection, service delivery and financial reporting requirements of all relevant Western Australian and Commonwealth government agencies.

As an NDIS Commission provider, IES will comply with the terms and conditions of its Service Agreement with the NDIS Rules, as well as the mandatory quality requirements of the Commonwealth.

IES will, where required, seek the support of the NDIS Commission to clarify the information in its Service Agreement and obtain help to meet its obligations under the Agreement. Depending on the type of service.

As a provider delivering NDIS Services, IES must comply with the *NDIS Registration Groups and Price Framework* (or similar frameworks) as and when they are implemented. IES will assess its compliance against the Quality and Safety Standards as part of an annual self-assessment.

IES will participate in an independent quality evaluation every three years, including addressing any Required Action compliance follow-up, and monitoring this on its *Compliance Register*.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Compliance Register*
- *Internal Review and External Audit Schedule*
- *NDIS Request for Registration*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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FINANCIAL MANAGEMENT POLICY AND PROCEDURE
Purpose and Scope

This policy and procedure set out IES's financial management arrangements. It applies to IES's Board and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 6. Service Management*

Definitions

Assets - non-consumable items of tangible property (including fixtures) that have a service life greater than one year. Assets can include, but not limited to:
- equipment or aids to support consumers
- electronic equipment (such as computers)
- furniture; and
- motor vehicles.

Corruption - dishonest activity where a person engaged by a business act in a way that is contrary to the interests of the business and abuses their position to achieve a personal gain or advantage for themselves or others.[3]

Fraud - dishonest activity causing actual or potential financial loss to any person or business, including theft. Fraud also includes the deliberate falsification, concealment, destruction or use of falsified documentation or the improper use of information or position for financial benefit.[4]

Policy

IES maintains financial management and accounting systems that:
- are transparent and accountable
- allow for full and accurate recordkeeping
- allow budgeting and reporting
- meet applicable Australian Accounting Standards; and
- support all relevant financial compliance and reporting requirements.

IES complies with the Australian Accounting Standards issued by the Australian Accounting Standards Board.

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[3] AS 8001:2008 Fraud and Corruption Control
[4] AS 8001:2008 Fraud and Corruption Control

Procedures

General

IES's Board:

- uses Xero to support IES's financial management
- maintains accurate and up-to-date records of the business' Bank Accounts; and
- monitors IES's financial position to minimise the risk of fraud and ensure expenditure complies with the budget, is accounted for correctly, and is properly authorised prior to expenditure being incurred.

Business Debit and Credit cards are held by the CEO and COO.

The signatories for IES's bank accounts are IES's CEO and COO. The CEO and COO also have online access to IES's bank accounts. Access is controlled by unique user IDs and passwords, which must remain confidential, and under no circumstances be divulged to anyone else.

The bank accounts are reconciled monthly.

Wheel cards for petty cash are used to facilitate accurate account of petty cash spending

All purchases must be reconciled in IES's Xero. Receipts for all expenditure must be provided to the CEO/COO and accounts for reconciliation.

The CEO/COO are responsible for authorising and reimbursing payments for work-related expenses incurred by staff, where appropriate.

The CEO/COO are responsible for ensuring that processes are in place and there are funds available to pay for:

- staff wages and salaries
- long service leave, sick leave and accumulated annual leave entitlements
- equipment and other assets
- training and development
- maintenance; and
- unexpected expenses.

The CEO/COO are also responsible for ensuring all debts incurred by IES are settled by their due date or arranging extensions for payment where this is necessary.

Consumers, their supporters and other stakeholders have access to IES's feedback and complaints processes and can raise issues about the business' financial management processes without fear of retribution.

Assets

Details of all assets owned by IES are recorded in an *Asset Register*. When an asset is

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- by the employee applying for leave,

An external payroll audit will be conducted annually, sold or otherwise disposed of the details of the disposal (such as sale proceeds) are recorded in both Xero and the *Asset Register*.

Where an asset is lost, damaged, or destroyed, IES will repair or replace the asset if it is still required. Asset depreciation will be recorded in accordance with the *Australian Accounting Standards.*

Insurance

The CEO/COO are responsible for ensuring all people and equipment associated with IES's operations are covered by all necessary insurances. Insurances are recorded in an *Insurances Register*, which includes the type of insurance, policy name and number, annual premium and expiry date of each policy.

Insurance policies must be renewed no less than 14 days before their expiry and reflect the business' requirements as well as market conditions.

Organisational Budget Processes

The CEO/COO prepare annual itemised budgets for IES for each financial year in consultation with IES's independent accountant. Budget development considers the current and previous year's income and expenditure, any known changes to funding arrangements and expected cost changes.

Expenditure of the annual program budgets will then be planned through a consultative process with those employees in charge of specific program budgets. Program budgets will be included in the Projected Income and Expenditure Statement of IES for that financial year. A mid-year review may prompt the CEO/COO to recommend adjustments to relevant program budget expenditures for the second half of a year.

All monies received by the organisation must be recorded.

The CEO/COO will conduct a financial reconciliation annually in consultation with the Board and independent accountant and prepare a Financial Report.

The Financial Report will include:
- Profit & Loss year to date
- Balance Sheet for the year to date
- General Ledger for the year to date; and
- Budget vs. Actual for the year to date.

Annual budgets for each financial year must be endorsed by the Board by no later than the July of that financial year.

Payroll

Payroll is processed Weekly by the C00/accounts department. Employees receiving wages based on the number of hours they work must submit a Shift Care timesheet to accounts by 12pm Monday before payroll is processed.

All termination payments will be checked by the COO who processes payroll concerning the termination payment.

- Leave applications cannot be checked or approved
- An internal payroll audit will be conducted quarterly or as deemed required by senior management.

Internal Reporting

The CEO/COO prepare quarterly financial reports for review by the Board.

Financial statements for submission to funding bodies are prepared by the CEO/COO at the intervals specified in funding contracts. These are also endorsed by the Board prior to submission.

Each financial year the CEO/COO appoint a qualified auditor to audit IES's accounts. IES's independent accountant and CEO/COO ensure all necessary documents and records required by the auditor are made available to them in a timely manner and are accurate and complete when presented.

In each new financial year, the CEO/COO will ensure that the previous year's financials are documented, archived and labelled.

External Reporting

The COO is responsible for reconciling IES's accounts at the end of each financial quarter in consultation with the independent accountant and submitting Business Activity Statements to the Australian Tax Office (ATO) within the required timeframe.

The COO is also responsible for reporting Superannuation and Pay as You Go (PAYG) tax withholding amounts to the ATO. Xero has Single Touch Payroll (STP) functionality that allows IES to report tax and super information for all staff to the ATO as payroll is processed.

All Superannuation must be paid to the correct super funds within the timeframe required. BAS and PAYG amounts must be paid to the ATO by their due date. The COO must contact the ATO should IES be unable to make any of these payments on time.

Fraud and Corruption

IES's Human Resources Officer responsible for ensuring staff are trained in and understand what fraudulent practices are, how to identify potential fraud and how to report fraud.

Where a staff member, consumer or other stakeholder identifies suspected fraud or corruption, they must make an initial report to:

- the CEO/COO (unless that person may be implicated); or
- the Police.

All reports of fraud or corruption must be treated confidentially and referred to the Board. The CEO/COO will record all reports of actual and suspected fraud or corruption, noting

the nature of the report, the time received, and remedial actions planned and taken. A copy of these records must be made available to relevant authorities upon request.

Any internal discipline or misconduct investigations relating to staff because of a fraud or corruption allegation must be conducted in accordance with IES's *Human Resources Policy and Procedure*.

If, during a disciplinary investigation, it is determined that a criminal offence such as fraud or corruption may have been committed, a report must be made to the police. To ensure that a criminal investigation is not compromised, clearance may need to be sought from the police for IES to:

- continue the disciplinary investigation
- notify the staff member of misconduct allegations
- interview witnesses to inform a disciplinary investigation; and
- release information to the staff member or their representative.

NDIS Considerations

IES's financial arrangements regarding NDIS service delivery must comply with:

- the NDIS Act 2013 (Cth), the *NDIS Rules*, all relevant NDIS guidelines, and all policies issued by the NDIA, including the *NDIS Terms of Business for Registered Providers* and *NDIS Provider Registration Guide to Suitability*; and
- all other relevant Commonwealth or state law and other requirements.

Pricing for supports must be endorsed by the Board and be based on the price controls and quoting requirements set out in the *NDIS Price Guide*.

 must not:

- add charges to the cost of supports, such as credit card surcharges or any additional fees.
- request payment before the support has been delivered; or
- charge cancellation fees, except in circumstances identified in the *NDIS Price Guide*.

Pricing for supports provided to consumers who self-manage their NDIS funding may be negotiated with the consumer or their representative independently to the *NDIS Price Guide*.

GST will not be charged on supports that are considered GST-free under the *GST-free Supply (National Disability Insurance Scheme Supports) Determination 2017*.

The CEO/COO must maintain full and accurate accounts and financial records of the supports delivered to NDIS consumers, along with records of all Service Agreements. All financial records relating to NDIS service delivery must accurately detail the quantity, type and duration of support delivered.

Service Agreements

Service Agreements set out the supports IES provides individual consumers. Staff must work collaboratively with all consumers and their supporters to develop Service Agreements and ensure they support the consumers' choice and control over both their

supports and finances.

Staff must disclose all fees and charges to consumers before providing supports and include this information in Service Agreements.

Service Agreements must clearly set out the fees to be paid for supports, when delivery of supports is to be performed and the method of payment required for those supports. See IES's *Assessment, Planning and Review Policy and Procedure* for more information about Service Agreements and what they must contain.

Payment

Payment requests are processed as supports are delivered. All requests must be approved and submitted to the accounts then forwarded to the NDIS or consumers chosen plan manager.

Once supports have been delivered to a consumer who is self-managing their funding, they must invoice directly.

Fees for self-managed consumers or other fee-for-service supports can be paid by direct bank transfer. Cash will not be kept on IES's premises. IES will not accept cash payments.

Statements are issued to all consumers by the monthly to provide them with regular summaries of supports delivered and fees charged for those services.

Recordkeeping

IES must comply with the NDIA's Provider Payment Assurance Program, which confirms the accuracy of payment requests submitted by registered providers. This includes:
- recording details of all supports provided and fees charged. At a minimum, this includes recording the consumer's name, date/s and total hours or quantity of the support delivered and the support type; and
- maintaining records that provide evidence of the supports provided. Records that must be kept include:
  - Service Agreements containing the schedule, cost, type and quality of supports to be delivered as well as the expected outcomes for the consumer
  - approved quotes (where relevant); and
  - evidence of the amount of support provided and the type of support provided.

Financial records and accounts relating to NDIS service provision must be retained for at least 5 years from the date of issue. IES's recordkeeping must also comply with all relevant legislation and requirements detailed in Schedule 1, Legislative References.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Insurances Register*
- *Asset Register*

- *Service Agreement*
- *Budget*
- *Initial Assessment Policy and Procedure*
- *Care Planning Policy and Procedure*
- *Review Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. This will include reviews of:
- payment and debtor arrangements
- Service Agreements
- consumer files, to ensure documented processes align with actual practice; and
- feedback from people on their satisfaction with IES's financial management and the control they have over their financial arrangements with IES.

Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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RISK MANAGEMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out how risks to consumers, staff and IES are identified and managed. It applies to all staff and meets relevant legislation, regulations and standards as set out in Schedule 1, Legislative References.

Incident Management and Occupational Safety and Health are dealt with in separate policies and procedures specific to these areas.

Applicable National Standards for Disability Services

- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions

Dignity of risk - Respecting everyone's autonomy and self-determination (or "dignity") to make choices for themselves.

Risk - 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, preventing the organisation from successfully achieving its outcomes and delivering its services, reducing the organisation's viability or damaging its reputation. From a Risk Management perspective, risk is the combination of the likelihood (chance) of an event occurring and the consequences (impact) if it does.

Managed Risk - the level of risk remaining after risk treatment plans have been put in place and are being followed.

Unmanaged Risk - The level of risk before any action has been taken to manage it.

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

Risk Assessment - the overall process for identifying, analyzing and evaluating risks. Risk assessments assist in determining:
- what levels of harm can occur
- how harm can occur; and
- the likelihood that harm will occur.

Risk Evaluation - The process of determining whether a risk is tolerable or whether it requires 'risk treatment'.

Risk Identification - the process of finding, recognising and describing risks.

Risk Treatment - a measure, work process or system used to eliminate a risk, or if this is not possible, reduce the risk so far as is practicable. Options include:

Avoiding the Risk – where the level of risk is unacceptable, and the means of risk control are either not viable, not worthwhile or not actionable, risk could be eliminated by not proceeding with the activity that could generate the risk.

Changing the Risk Consequence – undertake actions aimed at reducing the impact of the risk.

Changing the Risk Likelihood – undertake actions aimed at reducing the probability of the risk occurring.

Retaining or Accepting the Risk – Accept the risk as it is. This is appropriate where:
- it is not possible to treat the risk
- it is uneconomic to treat the risk; or
- the risk level is tolerable.

Sharing the Risk – Responsibility for treating the risk can be transferred or allocated to other parties best able to manage it. For example, using insurers.

Policy

IES takes its responsibility to identify and manage all types of organisational risks very seriously. Risk management is incorporated into all areas of its operations and the system is appropriate to the business' size and the classes of supports it provides.

IES's approach to risk management is based on *Australian and International Standard AS ISO 31000:2018 (Risk Management Guidelines)* and deals with how an organisation approaches, identifies, treats and manages organisational risks.

IES's CEO/COO are ultimately responsible for the risk management process. However, all staff are expected to act responsibly to minimise risks to themselves and others, and report hazards and other risks as soon as they are identified.

IES also respects each consumer's autonomy, self-determination, and dignity to make choices for themselves. IES acknowledges through positive risk-taking, consumers can improve their social interaction and health, it allows consumers to live independently and construct their lives in accordance with their values and personality.

Procedures

General
IESs' CEOs are responsible for showing leadership and commitment in its risk

management approach. This includes monitoring and reviewing IES's risk management practices to ensure they are appropriate to the organisation's needs, in consultation with staff, consumers and other stakeholders.

The Chief's, COO, the Board and its Board members must:
- support risk management including consumer's dignity of risk in all areas of IES's operations
- have clear accountability, ownership and governance
- be responsive, systematic, transparent and consistent in the risk management approach
- support evidence-based decision-making
- include effective and regular consultation and communication with relevant stakeholders
- ensure staff understand their risk management responsibilities
- foster a positive, risk-aware culture; and
- facilitate regular reviews and continual improvement.

All staff must support IES in risk management, and are expected to help identify, analyse, treat, monitor and report risks in their areas of responsibility.

Risks are to be monitored and reviewed based on their potential severity and likelihood – those risks with greater impact/higher risks would be monitored and reviewed more frequently than low impact/low risks.

Communication and consultation are key to having a robust risk management system. IES will include relevant key stakeholders in the risk assessment and management process, as well as providing regular information back to consumers, staff and/or stakeholders about risks that may affect them.

IES's overarching Risk Management Approach is based on the following steps:

Communicate and Consult

Monitor and Review

Understand:

What is the scope, background, criteria for the risk management process. Use IES's *Risk Assessment Form* to document the risk assessment.

Conduct Risk Assessment: Identify

Identify risks that relate to the business, for instance, risks to consumers, financial risks, market risks, reputational risks, and risks associated with providing supports.

Conduct Risk Assessment: Analyse

Outline the causes, impacts and existing treatments related to each risk identified, in order to determine a Risk Rating. Risk Ratings are based on an assessment of the likelihood of the risk occurring and the likely consequences faced by the business/consumers/staff should the risk occur.

Conduct Risk Assessment: Treat

Identify one or more Risk Treatments for each risk identified and implement existing and future treatments to prevent or mitigate the risk. The treatment/s should be relative to the nature and seriousness of the risk and what can be reasonably done based on the business' resources.

Record and Report

Record identified risks in the *Risk Register* when the Risk Control Plan is complete, and update the register any time there is a change. Report information about the risks and actions to Management, staff, consumers and other stakeholders at quarterly intervals (or when things change).

Treating Risks – Hierarchy of Control

Treating or controlling risks will be based on the following order of preference, considering the nature and potential severity of the risk.
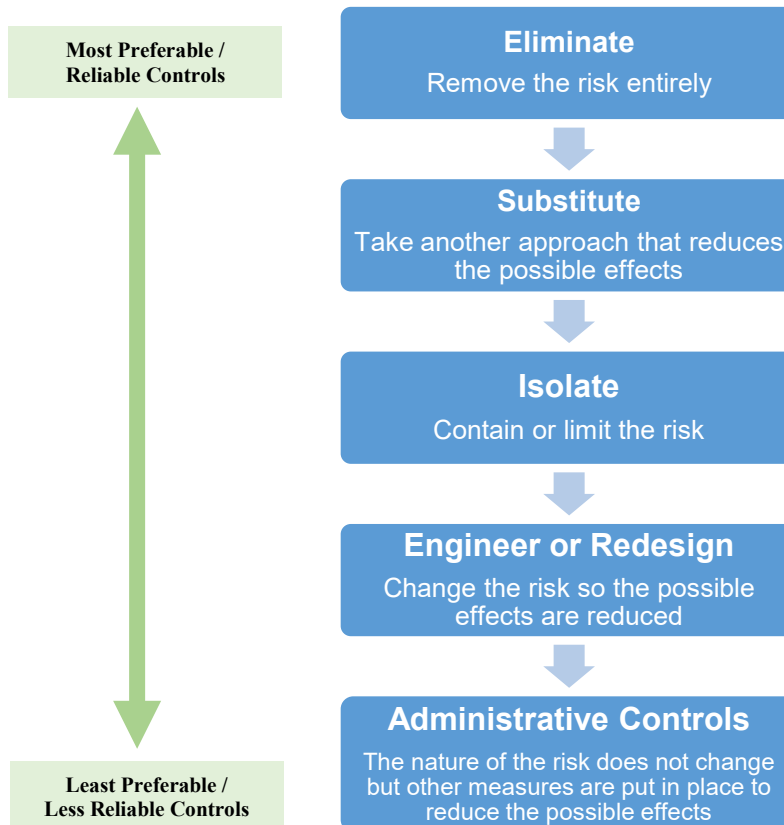
Organisational Risks

Each Manager is responsible for identifying and managing organisational risks in their area of influence. They must conduct regular Risk Assessments in consultation with staff, consumers, and relevant stakeholders, covering at least the following areas:

- Incident Management
- Complaints Management
- Occupational Safety and Health
- Human Resource Management
- Financial Management
- Information Management
- Governance; and
- Business Continuity.

The COO is responsible for ensuring all people and equipment associated with IES's operations are covered by appropriate insurances. See IES's Financial Management Policy and Procedure for more detail.

Risks to staff

All staff are responsible for managing risk within their work environment. Upon commencement, all staff will undergo an Induction, which will include training and education on risk management (related to organisational risks), as well as Duty of Care and consumer Dignity of Risk. Additional on-the-job and formal training will be provided where required.

Team meetings and supervision sessions are ideal opportunities for managers and staff to reflect on person-centred risk management practice. IES includes Risk Management as part of its Agenda for any staff meetings, to increase risk awareness and to discuss any potential risks that have been identified (being mindful not to breach consumer privacy and confidentiality).

Operational risks and risks to staff must be reported to the COO who will report to the CEO as soon as practicable after they are identified. Identified risks will be tracked using IES's Risk Register.

Staff must also be aware of their Occupational Safety and Health obligations and comply with IES's Occupational Safety and Health policies and procedures.

Risks to consumers

IES plays an important role in supporting consumers to manage risks daily. staff must understand and abide by the following concepts when supporting consumers.

Foreseeable injury

When helping consumers access activities or situations, keep in mind:
- the consumers right to an assumption of competence first and foremost
- what is already known about the person's capacity to carry out similar activities safely
- what is known about a person's awareness of what risks might be involved and of how to avoid them
- what is known about the dangers involved in the activity and whether the person can deal with them; and
- what can be learnt from relevant assessments or reports about the person's abilities and skills.

Seriousness of the Injury

When considering the likelihood of an injury, keep in mind the potential seriousness of an injury, even where the likelihood of it occurring seems remote.

Doing what is reasonable to avoid injury

Consider courses of action that involve the least possible restriction on consumer's rights. It is never reasonable, in protecting consumers from injury or harm, to restrict them or violate their rights and freedoms. When a consumer's rights are compromised to avoid injury, ensure the least important and fewest rights of the consumer are affected.

Also ensure that compromises are being made to the rights of as few people as possible. Placing restrictions on people who are not affected by the issue is not reasonable.

Supporting consumers to face risks safely with dignity and choice

Risks are part of life and an important means by which consumers can express self-determination, their inherent human rights and valued status within the community.

IES encourages its staff to consider ways of empowering consumers to take more control over, and responsibility for, situations including risks in their lives.

This can be achieved by providing opportunities and support that assist the consumer to manage their own risks while avoiding harm.

Safeguarding others from injury

In addition to protecting consumers, IES owes a duty of care to others, including members of the public, who might be injured by the actions of a consumer that IES is supporting.

It is important to consider the wider effects of a consumer's choices, not just how those choices may affect the consumer.

Duty of care will take precedence over the right of informed consumers to take calculated risks where that risk may pose a threat to the health and/or safety of staff or others.

Consumer Risk Assessments

A Consumer Risk Assessment must be undertaken for all consumers at their initial assessment and reviewed during formal Support Plan reviews whereby Case Manager/Support Coordinator deems necessary, based on relevant historical background information or current information provided to IES. The information gathered by IES to warrant a Consumer Risk Assessment must demonstrate a history of or current behaviours and any other conditions that may pose potential risks to staff or others.

Consumer Risk Assessments must also be reviewed annually, or more frequently depending on the complexity of the consumers' needs. Earlier reviews may be needed if there are changes to the person's environment or existing risks, or if new risks emerge.

Where supports are to be provided in a consumer's home, a Home Risk Assessment must be completed at initial assessment. Reviews are to be conducted along with the Consumer Risk Assessment, and at any other time needed if there are changes to the consumer's home environment.

The purpose of a Home Risk Assessment is to identify potential hazards in the consumer's home and put appropriate controls in place to reduce the risk of injury or illness for staff, the consumer and others. Risk assessments and risk reviews must be done in collaboration with consumers, their supporters and any other stakeholders involved in managing a specific risk. Enabling consumers to achieve their goals, retain choice, control and dignity (via the management of risks) must be considered during all assessments.

The risk assessment process must identify appropriate Risk Treatments, which should also be reflected in the consumer's Support Plan. If either assessment shows that staff would be exposed to significant risks, the Case Manager/Support Coordinator must determine if supports should be modified or suspended until the risk has been adequately controlled. Staff should raise any issues or concerns regarding Consumer Risk Assessments or Home Risk Assessments with the Case Manager/Support Coordinator and significant risks should be escalated to the COO for further advice. Risk Assessments and reviews must be kept on consumer files.

In the case of a consumer deciding to participate in an activity that could have negative consequences, even though adequate information has been provided concerning the associated risk(s), staff will ensure such instances are documented and recorded in IES's Client Management System, Monday.

Supervision between staff and managers is an opportunity to discuss consumers' safety needs, concerns and actions the staff member is responsible for. consumers' safety and wellbeing can also be discussed without disclosing the person's identity at team meetings, so all team members can learn from and contribute to different risk assessments.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Risk Register*
- *Risk Management Plan Template and all Risk Assessments*
- *Consumer Risk Assessment*
- *Home Risk Assessment*
- *Occupational Safety and Health Policy and Procedure*
- *Continuous Improvement Policy and Procedure*
- *Continuous Improvement Register*

Monitoring and Review

This policy and procedure will be reviewed at least every three years by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processe

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OCCUPATIONAL SAFETY AND HEALTH POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out how IES:
- provides a safe workplace and minimises risks to the health and wellbeing of staff, consumers, their families and carers, as well as all other stakeholders; and
- promotes health and safety practices that are consistent with legislative requirements.

It applies to all stakeholders of the organisation, including consumers, families and carers, advocates, staff, volunteers, contractors, other service providers, government agencies and members of the community. It meets relevant legislation, regulations and standards as set out in Schedule 1, Legislative References.

OSH programs should align with *AS/NZS 4801:2001 Occupational Health and Safety Management Systems - Specification with Guidance for Use* and *4804:2001 Occupational Health and Safety Management Systems - General Guidelines on Principles, Systems and Supporting Techniques*.

Applicable National Standards for Disability Services

- *Standard 2. Participation and Inclusion*
- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions

Duty of Care is a legal obligation to avoid causing harm or to prevent harm occurring to another person through any act that is careless or negligent and arises from a relationship between parties. In the context of this policy, duty of care refers to the responsibility of IES to provide staff with an adequate level of care and protection against reasonable, foreseeable harm and injury. Similarly, IES staff are expected to provide consumers and anyone else using the service with the same level of care and protection to prevent reasonable, foreseeable harm and injury.

Electrical equipment any apparatus, appliance, cable, conductor, fitting, insulator, material, meter or wire that:
- is used for controlling, generating, supplying, transforming or transmitting electricity at a voltage greater than extra-low voltage
- is operated by electricity at a voltage greater than extra-low voltage
- is part of an electrical installation located in an area in which the atmosphere presents a risk to health and safety from fire or explosion; or
- is, or is part of, an active impressed current cathodic protection system.

Hazard the chance of something happening that may have a negative (or positive) effect on the intended outcome. In relation to health and safety, this is generally a source or situation that could cause harm or damage to a person, property or the environment.

Open Disclosure – Open discussions and communication with each consumer/their representative when something goes wrong within the service that has caused harm or may potentially cause harm to a consumer. This harm may be physical, psychological or social resulting in loss of quality of life, impairment, suffering, injury, disability or death.

Personal Protective Equipment (PPE) clothing or equipment worn by workers to protect them from possible harm or injury. PPE can include items such as eye and face protection (e.g. glasses, goggles or face shields), gloves, masks, clothing (e.g. coveralls, aprons), and safety footwear.

Reasonably Practicable what could be reasonably able to be done at a particular time to ensure health and safety, with regard for:
- the likelihood of the hazard or risk occurring
- the degree of potential harm
- how much information is known, or ought to have been known, about the hazard or risk
- the ways of eliminating or minimizing the risk
- the availability/suitability of eliminating or minimising the risk; and
- the cost of eliminating or minimising the risk (is the cost grossly disproportionate to the potential risk)

Safe Work Procedure (SWP) a documented procedure for performing specific workplace tasks. SWPs reduce risks to health and safety by ensuring staff know how to work safely when carrying out specific tasks by providing step-by-step instructions on how to perform a task/job, and the necessary safety precautions. SWPs may also be called Standard Operating Procedures (SOPs).

Worker - work experience students, volunteers and any other individuals if they perform work for the charity.

Workplace – any place where work is carried out on behalf of IES. This can include a consumer's private residence, or public areas in the local community.

Policy

IES is committed to delivering services that do not cause harm, injury or illness to anyone at any time. IES takes all reasonable steps to ensure the health, safety and wellbeing of its staff, consumers, as well as their families, carers, the community, and any other stakeholders. It also endeavours to provide a safe and healthy work and service delivery environment, in compliance with its legal and moral obligations.

IES staff are not expected to carry out work that is unsafe. consumers and others are not

expected to tolerate unsafe work practices or environments. IES considers that communication and consultation with its staff, consumers and any other stakeholders, is important in identifying, understanding and resolving any potential hazards.

While the main responsibility for managing Occupational Safety and Health (OSH) is with IES and its Board, all IES staff, consumers, their families and carers play an important role in keeping the services and work environments of IES safe.

IES's Board are responsible for:
- Overseeing an effective OSH program for IES, considering the size and nature of the services it provides
- showing leadership and commitment to having a positive safety culture
- providing enough resources to enable health and safety to be effectively managed
- Overseeing consultation and the involvement of staff and other stakeholders about health, safety and well-being matters that may affect them
- Overseeing the development and documentation of OSH policies and procedures, including Safe Work Procedures and Emergency Procedures
- Overseeing the provision of health and safety training and information for all staff to safely perform their role
- Overseeing reports and investigations of accidents and incidents
- following an open disclosure framework by providing an apology and acknowledgement when any accident or incident had the risk of harm or caused harm to a consumer
- Overseeing the management of risks, eliminating or reducing them as far as is reasonably practicable.
- Overseeing the provision of appropriate safety equipment and personal protective equipment (PPE); and
- regularly monitoring and reviewing IES's health and safety performance to identify improvements

IES staff are responsible for:
- taking responsibility for their own health and safety, and not compromising the safety of others.
- following all reasonable instructions, safe work procedures and rules.
- reporting any health and safety hazards or concerns.
- reporting all injuries, incidents or near misses as soon as possible.
- participating in health and safety training as required by IES; and
- promoting a positive health and safety culture to help continuously improve.

If a staff member does experience an injury or illness, IES is committed to the safe and durable return of the injured worker and will:
- participate in the development of a return to work/suitable duties plan and ensure that injury management commences as soon as possible after the staff member is injured.
- support the injured staff member and ensure that early return to work is a normal

expectation.

- provide meaningful suitable duties that are based on medical advice as soon as possible.
- ensure that injured staff (and anyone representing them) are aware of their rights and responsibilities – including the right to choose their own doctor, and the responsibility to provide accurate information about the injury and its cause.
- consult with staff to ensure that the return-to-work program operates as smoothly as possible; and
- maintain the confidentiality of injured staff members and their records.

IES's consumers, their families and carers (with the support of staff where needed), are responsible for ensuring that their actions, or failure to act, does not intentionally put themselves, staff or others at risk (without compromising the consumer's rights and dignity of choice).

Where a consumer experiences an injury or illness in connection with the supports provided by IES, IES has in place a *Consumer Incident Management Policy and Procedure* and will protect and uphold consumer rights in accordance with this policy. A framework of open disclosure will also be followed during these instances to acknowledge the impact to the consumer – see IES's *Open Disclosure Policy and Procedure.*

IES has a goal to provide a safe and healthy work environment that is free from workplace injury and illness. This can only be achieved through the honest participation, co-operation and commitment of everyone working together.

Procedures

General
All OSH issues must be reported to the CEO/COO, who will address or respond to the issue, or nominate a suitable staff member to do so. staff can report safety concerns directly to their manager, via email or by completing an Incident Report Form. consumers can raise potential safety concerns with their support worker (who can then escalate if necessary), via email, or by submitting a Feedback, Compliments and Complaints Form.

The progress and outcomes of all OSH issues raised must be track in IES's Risk Register. Where relevant, issues should also be included in the Continuous Improvement Register.

All high-risk concerns (for instance, where there is immediate risk of death or serious injury) must be escalated to the CEO immediately so that control measures can be implemented.

IES identifies and manages workplace hazards and risks to health and safety in line with its Risk Management Policy and Procedure. For incident reporting and investigation procedures, see IES's Workplace Incident Reporting and consumer Incident Reporting policies and procedures. Emergency Procedures are set out in IES's Emergency Planning Policy and Procedure.

CEOs Responsibilities

The CEO's must:

- display this policy in a prominent location at IES premises.
- keep up to date and comply with changes in OSH legislation and practices and ensure these are communicated to staff, consumers and others where relevant.
- have designated staff who are responsible for OSH functions and activities.
- ensure staff are provided with adequate training in Safe Work Procedures and are informed of known hazards to their health and wellbeing that are associated with the work they perform.
- support access and provide information to inspectors, authorised representatives or staff who are acting within their powers under OSH legislation; and
- allocate appropriate resources to control any identified risk.

COOs Responsibilities

The COO is responsible for overseeing IES's OSH functions and activities. They must ensure that:

- there are safe systems of work in place.
- all equipment provided for use by workers is safe and meets relevant safety standards.
  substances and equipment are used, handled, and stored safely.
- there are adequate welfare facilities available for workers, such as first aid kits, first aid rooms and staff-only areas.
- IES holds all appropriate licenses, registrations and permits, where required under OSH legislation.
- every reasonable effort is made to resolve OSH issues with workers or their representatives within a reasonable timeframe; and
- safety audits and risk assessments of IES's workplaces are undertaken regularly to prevent injuries and incidents

Staff Responsibilities

OSH responsibilities and accountabilities will be included in all Position Descriptions. staff are expected to always uphold these when performing duties for or when representing IES.

Upon commencement, all staff must undergo an Induction that includes general and task-specific OSH training. staff are expected to participate in ongoing formal and on-the-job training provided by IES as required.

staff must provide appropriate health and safety information, instruction, training and supervision to all consumers, families, carers and other people in the workplace and ensure those people are not exposed to health and safety risks arising from IES's activities.

staff must also take responsibility for their own safety and the safety of others who could be affected by their actions. They must cooperate with all reasonable OSH rules and practices implemented by IES and contribute to reviews of this policy and procedure.

Responsibilities of consumers, Families, Carers and Others

consumers, families, carers and other people in IES's workplaces are expected (with the support of staff where required) to:

- be familiar with this policy and procedure
- cooperate with all reasonable OSH rules and practices implemented by IES, including providing all relevant personal information and allowing relevant risk assessments to be undertaken; and
- ensure their actions or failure to act do not put themselves, staff or others at risk.

Consultation and OSH Committees

IES must consult, as far as is reasonably practicable, with workers who are likely to be directly affected by a health and safety matter. Consultation is required when identifying hazards, assessing risks and deciding on the best method to control them.

OSH consultation should be conducted when:

- proposing changes that may affect the health and safety of workers
- introducing new equipment into the workplace
- identifying hazards and risks that may result from work being carried out; and
- making decisions on the best way to minimise or eliminate risks and hazards that have been identified.

Managers must also consult with relevant workers to develop Safe Work Procedures to help those staff undertake their duties safely.

Occupational Safety and Health (OSH) Committees

An OSH Committee will be formed in consultation with staff, based on a request from staff. The purpose of a OSH Committee is to proactively review health and safety matters together, both staff and management, to ensure that IES provides a safe and healthy work environment.   The OSH Committee is to be comprised of at least 50% staff and management representatives, or as otherwise agreed between staff and management.

Health and Safety Representatives

Currently, IES does not have an active OSH Committee, however, the CEOs/ COO and members of staff consult regularly and communicate with workers about health and safety matters that may affect them.

IES will not provide the OSH Committee or a Health and Safety Representative access to any personal or medical information concerning a worker without their consent, unless the information does not identify the worker, or could not reasonably be expected to lead to the identification of the worker.

An elected HSR will be provided with appropriate training so that they can perform their role effectively, paid by IES. Being elected as a HSR does not replace the workers' primary role. IES will provide the HSR reasonable time to tend to health and safety matters, as needed. A HSR is elected for a term of two years.

IES will keep a current list of elected HSRs and display a copy at the workplace. This will include the name of the HSR, contact details and date elected.

IES must also notify their State Regulator of their elected HSRs on the approved form, as soon as possible.

<u>WorkSafe WA</u>
Notification of election results must be provided to the WorkSafe Western Australia Commissioner, using the Notification of Election and Registration of Safety and Health Representative Form.[5] Election forms and any queries regarding election forms can be sent to:
- Email: shreps@dmirs.wa.gov.au
- Post: Locked Bag 14, Cloisters Square, Perth 6850

Issue Resolution
IES will take all reasonable steps to consult and collaborate with workers to resolve potential or reported health and safety risks that may affect them. IES also acknowledges that sometimes health and safety matters that are raised cannot be immediately resolved or actions agreed to mitigate the risk.

Where a health and safety matter has been reported to IES and it remains unresolved, the following Issue Resolution process can be followed.

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[5] https://www.commerce.wa.gov.au/worksafe/election-safety-and-health-representatives

HEALTH AND SAFETY ISSUE RAISED

Workers raise health and safety issue with IES CEOs, detailing nature and scope of issue.

DISCUSS, CONSULT AND AGREE ACTION/S

CEOs and HSR and/or affected workers meet to discuss the issue in attempt to resolve it. As part of this discussion, consider:

- the nature and severity of the risk/potential for people to be affected by the issue;

- how many people and their location who may be affected;

- what actions (both temporary/short-term and permanent/long-term must be implemented to resolve the issue; and

- who is responsible for implementing the actions and by when

AGREEMENT

If agreement is reached, document the details of the issue and agreed actions. IES CEOs will bring details of the agreement to the attention of affected workers.

NO AGREEMENT

If agreement is not reached, or if reasonable efforts have been made to resolve an issue and it continues to remain unresolved, any party to the issue can ask the Regulator to appoint an inspector to assist at the workplace.

Reporting

OSH hazards or risks should be identified, managed and reported in accordance with IES's *Risk Management Policy and Procedure*.

Incidents or injuries relating to OSH issues should be reported in accordance with IES's *Incident Management policies and procedures*.

Risk Assessments

The following approach should be taken when conducting a risk assessment in relation to a possible workplace health and safety hazard:

- conduct the risk assessment objectively - gather all available, relevant information, data and research about the hazard
- include staff and/or consumers who work with, or may be directly impacted by the hazard, in the risk assessment process – risk assessments should be a team effort
- consider all possible control options, based on the Hierarchy of Control, as outlined in IES's *Risk Management Policy and Procedure*.
- document the risk assessment, including who was involved in the risk assessment, the nature of the hazard/s, the current controls and any proposed treatments in the *Risk*
- *Assessment Form*
  - assign any proposed/future treatments to a responsible Manager and agree on a date that the action can be reasonably completed

- regularly review the progress of treatment actions to ensure they are completed, or if they cannot be completed to determine an alternate strategy to reduce the risk; and
- provide the Risk Assessment to the CEOs so that it can be entered and tracked in IES's *Risk Register*.

For additional guidance in conducting risk assessments and some practical advice for managing risks for staff working in consumer's homes, the Guidance Material "A guide to working safely in people's homes" (2018) from Workplace Health and Safety Queensland may be helpful (noting it can be applied across all States and Territories): https://www.worksafe.qld.gov.au/injury-prevention-safety/workplace-hazards/dangers-in-your-workplace/health-care-and-social-assistance/community-services.

Working in Consumer's Homes
Where supports are to be provided in a consumer's home, the *Home Risk Assessment* must be completed (and *Consumer Risk Assessment* if assessed as required), monitored and reviewed (see IES's *Risk Management Policy and Procedure*).

A consumer's home can change between visits. Changes may include:
- positioning of furniture
- inoperable electrical equipment
- people or animals are now present
- altered storage patterns
- spills or leaks
- new equipment or furniture; and
- obstructed access.

Staff must determine at each visit the safety of the consumer's home as a workplace before commencing their duties. This includes undertaking a visual scan of the home immediately on arrival, and of any equipment to be used, before use.

consumers and/or their supporters are responsible for:
- maintaining a safe work environment for staff (for example, repair broken steps, mow long grass, restrain animals, provide adequate lighting);
- looking after their own in-home safety (for example, maintaining electrical equipment and installing smoke alarms and safety switches to switchboards);
- cooperating with staff to ensure they can work in a safe way (for example, moving furniture to allow adequate workspace);
- keeping their equipment safe, well maintained and in good order; and
- informing staff of any known hazards.

Workers also face additional risks if nobody else is around to help with difficult tasks, alert them to hazards, give a second opinion about how to safely do a task, or notice if they are fatigued.

A worker may be isolated even if other people are close by, for example a community nurse carrying out clinical visits at night.

IES must manage the risks associated with isolated work. This is particularly important should a staff member require medical assistance, rescue or emergency services and exposure to violence are the main hazards that increase the risk of isolated work.

IES will ensure that it always has effective means of communication with workers while on duty. To support staff working alone or remotely, staff are provided with an outside-of-the-hours number they can call if needed. Staff are expected to have a fully charged mobile phone with them on each shift and are required to sign in and out of each service delivery on shiftcare (this client management system has real-time and GSP functionality).

Manual Handling

Manual Handling is related to the physical aspects of work, and injuries can occur from:
- using repetitive or ongoing force
- using or having sudden force
- repetitive movements
- prolonged holding in one position, or awkward postures; and/or
- exposure to vibration.

Manual Handling injuries can also be a result of moving objects or handling people, either over an extended period (gradual wear and tear), or due to a sudden incident. IES will identify potential manual handling risks in consultation with staff and consumers and implement management plans to reduce the risk of injuries.

Consumer Home Risk Assessments will also help to identify potential manual handling risks and strategies to prevent them specific to each consumer. Case Manager/Support Coordinator will ensure that staff working with each consumer are informed of any potential manual handling issues.

IES will provide Manual Handling training to all staff, at Induction and refresher training at least two yearly. This will include strategies for safely handling people for all support staff who are required to help with consumer mobility.

Workplace Violence

IES proactively works to prevent and reduce violence in the workplace, including when working in a consumer's home or in the community. The CEOs/COO will conduct risk assessments in relation to situations that may expose workers to the risk of violence, including:
- providing services to consumers who have challenging behaviours that may be related to a medical condition or cognitive decline/impairment
- performing work alone and/or in isolated environments; and
- working in an environment where other people may pose a risk to workers' personal security (e.g. consumer's family and friends).

In conjunction with IES's *Consumer Risk Assessment* and *Home Risk Assessment*, where a consumer has been identified as having challenging behavior, specific strategies and mitigations to reduce the risk of violence will be clearly outlined in their Support Plan. IES will ensure that staff are provided with de-escalation and avoidance strategies.

All injuries or incidents relating to violence must be reported – including abuse and threats, in accordance with IES's *Workplace Incident Management Policy and Procedure*.

Work Related Stress
Work related stress can be commonly experienced when working with vulnerable people or people with high or complex needs. Work related stress refers to the physical, mental and emotional reactions of workers when they perceive that their work demands are greater than their abilities and/or their resources (such as time/ help / support). Stress responses can occur when the worker perceives they are not coping in situations where it is important to them that they are.

The COO will conduct risk assessments to identify potential sources of occupational stress. These might include (but are not limited to):
- rates of absenteeism
- staff engagement/morale
- peak/seasonal demands
- incident reports and data trends
- exit interviews of past staff; and
- consumer feedback.

Risk assessments must also consider risk factors. These might include (but are not limited to):
- excessive workload from supervisors/managers
- consumers or others in the workplace
- lack of clarity about their role
- exposure to emotionally distressing situations or incidents that may threaten their wellbeing
- emotional attachment to a terminally ill consumer; and
- poor support from managers.

IES will implement control measures to prevent work related stress in consultation with its workers.

Biological Hazards
Exposure to biological hazards can cause serious illness to workers, with potential for infections and other health complications. To reduce exposure and risk from contact with biological hazards, IES has in place specific infection prevention and control strategies, refer to IES's *Infection Control Policy and Procedure*.

Safe Work Procedures

IES will develop Safe Work Procedures (SWPs) in consultation with workers and based on risk assessment. SWPs will be reviewed regularly to ensure the documented processes are current, accurate and meet legislative requirements. staff will be provided with training in IES's SWPs at induction and when they are changed/updated.

Personal Protective Equipment

Personal Protective Equipment (PPE) provides protection to workers from possible harm or illness hazards they may be in contact with. The use of PPE does not change the nature of the risk and is considered a 'last line of defense'. IES will provide the necessary PPE required to safely perform job tasks, based on risk assessment and in consultation with workers.

Staff must use appropriate (PPE) when necessary, that is suitable for the nature and degree of the identified hazard. For tasks involving hazardous chemicals, the PPE recommended in the Safety Data Sheet (SDS) must be used.

Staff must be trained in the proper selection, fitting, storage and maintenance of PPE. Training will be provided by IES at induction.

Electrical Safety

Electrical work is not to be undertaken on IES premises except by an appropriately licensed Electrical Installation worker engaged by the CEOs/COO (or delegate). The changing of light globes and lamps have been known to result in electric shock and falls from heights. This work must be completed by a licenced electrician or an appropriately trained staff member or contractor.

Testing, Tagging and Repairing Electrical Equipment

The inspection, testing and tagging of electrical equipment used at IES must be conducted for all equipment that is in use. Equipment not in use and/or beyond its testing date should be removed from service, and an isolation tag applied noting that tagging is required and must be completed prior to use. Testing and tagging of equipment must be done either by a qualified electrician or by someone who has successfully completed an approved course at a Vocational Education and Training provider. There are also several electrical contractors who specialise in the checking and tagging of electrical equipment. Electrical appliances must be inspected and tested:

- at intervals not exceeding those set out by *AS3760:2010* (a tolerance of two weeks is acceptable); and
- before being returned to service or after any repair or servicing that could have affected the electrical safety of the appliance.

Manufacturer's instructions may specify intervals appropriate to specific types of equipment.

New Equipment

Brand new electrical equipment that is 'out of the box' and unused (i.e. new equipment that is not second-hand) does not have to be tested before first use but should still be visually inspected to ensure that no damage occurred during transport, delivery, installation or

commissioning.

The date when the new electrical item was placed into service should be recorded, including:

- that the equipment is 'new to service';
- the date of entry into service; and
- the date when the first electrical safety test is due.

Any equipment purchased second-hand must be tested and tagged before first use.

Appliances Brought in from Home

Electrical appliances brought in from home by staff, or by contractors, consumers or volunteers, for use on IES premises are subject to the same testing and tagging procedures as for appliances owned or leased by IES. Appliances should be tested and tagged prior to their use on IES property.

While there is no requirement to test and tag personal computers/laptops, staff, consumers and volunteers are encouraged to have their laptops tested and tagged using an approved person or company.

In both situations above the testing and tagging is the responsibility and at the expense of the appliance owner.

Hire Equipment

While it is the responsibility of the person hiring equipment to ensure that the equipment is inspected and tested at the commencement of each hire, the person or company who hires out the equipment to IES must ensure that the equipment - for the period of the hire - meets all relevant inspection and testing requirements.

Electrical Equipment and Appliances in Consumer's Homes

While electrical equipment in a private residence does not have to be tested and tagged, IES staff must still visually inspect any electrical equipment or appliance prior to use to ensure that it is not damaged, cords are not frayed, and the item is in good working order.

As a precautionary measure, all direct care workers/staff performing duties within a consumer's home using the consumers electrical equipment and appliances must use a Residual Current Device (RCD) supplied by IES.

Portable RCD's (or Safety Switches) (see image right) provide added protection for direct care staff when using electrical equipment. RCD's cut the power supply to the electrical appliance if a current leakage fault is recognised and are designed to help prevent electrocution.

Any electrical item that is broken or damaged must not be used, and the consumer or their supporters/family informed so it can be repaired or replaced. If appropriate, it is recommended that the item is removed from use.

**Use of Electrical Portable Outlet Devices on IES Premises**

The use of double adaptors is not permitted within IES and should be removed and replaced with Electrical Portable Outlet Devices (EPODs), also known as power boards, fitted with overload protection devices.

Power boards are to be used only if they have overload protection. Home-made EPODs are illegal throughout Australia and must not be used at IES.

Ensure that any power boards are installed securely and in a location that is not susceptible to damage or exposure to water and have adequate ventilation. Where possible, power boards should be placed on their side to prevent dust build up in unused points. Each power board must be plugged into a general-purpose outlet (GPO). GPOs share power circuits. Be aware too many EPODs plugged into GPOs on the same circuit may overload the circuit and cause a power failure.

Staff must regularly check that all plugs are firmly fixed into the power board and look for any signs of damage/fraying. Any power boards that are broken or not working must be removed from use and replaced.

Examples of EPODs / Power boards in Use
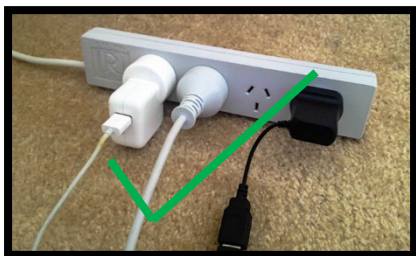
Extension leads are only suitable for temporary applications. For longer term applications a new GPO should be installed or an EPOD with overload protection used. Ensure the extension lead is placed appropriately and shielded with an appropriate extension lead cover to reduce tripping hazards. Be wary of heavy equipment rolling over or impacting the lead as it may damage the insulation and wires causing shorting.

Unsafe Electrical Equipment at the Workplace

The CEOs (or delegate) will ensure that any unsafe electrical equipment is disconnected (or isolated) from its electricity supply and, once disconnected, is not reconnected until it is repaired or tested and found to be safe or is replaced or permanently removed from use.

To ensure that unsafe electrical equipment is not used inadvertently before it can be tested, repaired or replaced, it should immediately be tagged to indicate that it has been taken out of service for safety reasons pending testing and possible repair and to warn against further use.

An *Incident Report* should be lodged when the hazard is discovered and include all details of the incident to enable accurate investigation.

Electrical Hazard and Incident Reporting

All hazards and injuries relating to electrical safety must be reported immediately in accordance with IES's *Incident Management Policies and Procedures*.

Most electrical shocks constitute a notifiable incident and must be dealt with in accordance with IES's *Workplace Incident Management Policy and Procedure*.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Policies and procedures relating to emergency planning; safety and security; vehicle safety; physical accessibility; chemical use and storage; infection control; medication management and food storage and preparation*
- *Risk Register*
- *Workplace Incident Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Emergency Management Plan*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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4	April 2024	NDIS Operations Policy and Procedure Manual

EMERGENCY PLANNING POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure the safety of staff, consumers and others during emergencies and other service interruptions. It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with IES's *Occupational Safety and Health Policy and Procedure*.

Applicable National Standards for Disability Services

- *Standard 6. Service Management*

Definitions

Altering or ceasing services – services may at times need to be altered or ceased due to emergencies. This may be due to direct risk or impact on the location itself or because travel in the area is considered too unsafe.

Leaving early – the practice of relocating well in advance of an emergency. This activity is undertaken by households in response to a range of triggers such as a weather forecast or flood warning.

Emergency planning – identification of potential events that could have a negative effect on an organisation and/or its services, and the actions that can be taken to minimise the impact or extent of damage.

Evacuation – the urgent movement of consumers to a safer location in response to an imminent threat or impact of an emergency. An evacuation without any warning is resource intensive and potentially detrimental to the health of consumers, staff and emergency services personnel. The main priority when deciding to evacuate is the protection of life. An evacuation must be effectively planned and executed.

Extreme heat or heatwave – a period of unusual and uncomfortable hot weather that could negatively affect human health. Extreme heat can also affect community infrastructure (such as power supply and public transport) and other services. Extreme heat can affect everyone, however some people, including people with a disability, are more vulnerable.

Organisational Resilience – the ability of a business to rapidly respond to and recover from emergencies, critical disruptions or threats, and continue operating with limited impact on service delivery.

Relocation – the planned movement of consumers and an appropriate number of staff from a facility or home to alternative accommodation with a similar type of care available, in response to a forecast or warning of potential or actual emergency.

Shelter in place – to remain on site within an existing facility or home during an emergency. The decision to shelter in place is based on information from a variety of sources that confirms this option is safer or more appropriate than relocation or evacuation. The movement of consumers from one facility or home to another safer building within the same location is also considered shelter in place.

Shelter indoors to remain inside a building and limit the exposure to unhealthy conditions in the air outside such as gas leaks, smoke and other air contaminants. On receiving advice to shelter indoors, people must go indoors immediately, close all doors and windows, turn off heaters, air conditioners and exhaust fans, and listen to radio or television or monitor emergency services websites for all clear messages.

Vulnerable person someone living in the community who is:
- older, frail, and/or physically, intellectually or cognitively impaired; and
- unable to comprehend warnings and directions and/or respond in an emergency[6].

Policy

IES plans for emergencies to protect the safety and wellbeing of consumers and staff and to ensure consumers have access to supports without interruption.

IES will ensure essential services are maintained as far as is practicable and that full-service delivery is recommenced as soon as possible after an emergency.

Procedures

Emergency Planning

IES must take an 'all hazards' approach when preparing for, responding to and recovering from emergencies. This includes planning for a range of possible emergencies such as fire, bushfire, flood, relocation, evacuation and prolonged service interruption.

The CEO's will prepare, test and annually review an *Emergency Plan* for IES, in consultation with all relevant staff and consumers.

The *Emergency Plan*, or a summary of key elements of the plan, must be readily accessible by staff and on display in IES's premises.

The *Emergency Plan* must include:
> How serious accidents, fire, flood, other natural disasters will be responded to, as well as how incidents relating to hazardous chemicals and clinical waste will be managed;
- contact details for key staff who have specific roles or responsibilities under the plan, for example, fire wardens and first aid officers

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[6] DHHS Vulnerable People in Emergencies Policy 2005

- contact details for local emergency services (e.g. police, fire brigade and poison information centre) and medical assistance
- a description of how people will be alerted to an emergency or possible emergency, for example, sirens or alarms (at IES's office) and by phoning affected consumers or their supporters
- a map of IES's workplace, illustrating the location of fire protection equipment, emergency exits and assembly points
  - evacuation procedures, including arrangements for assisting any people with hearing, vision or mobility impairment
  - testing of emergency procedures, including the frequency of testing; and
  - information, training and instruction to relevant staff on implementing the emergency procedures.

The *Emergency Plan* must be tailored to the business' location and circumstances and be based on consultation with local health and emergency services.

In the event of an emergency, IES's *Emergency Plan* must be implemented. Directions from emergency services workers must also be complied with.

The Board will review IES's *Emergency Plan* at least annually and:
- 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.

IES will communicate any changes to the plan because of reviews as soon as practicable to all affected staff and stakeholders.

Emergency Evacuation Plans
The CEOs must also prepare and regularly review *Emergency Evacuation Plans* for how people should evacuate IES's premises, including where they should assemble if there is an emergency. Reviews should consider the choices, safety, rights and feedback of consumers, whilst also managing IES's need to manage risk. Where there are changes to *Emergency Evacuation Plans*, these must be promptly communicated to staff and other stakeholders who access the premises.

Emergency Evacuation Plans must be displayed prominently in IES's premises. Each Plan must clearly indicate its current location, where the exits are and where the assembly area is. This information must also be included in staff Inductions and consumer intakes.

Emergency and evacuation procedures must be practised with all staff at least annually. IES will utilise different scenarios as part of the drills, e.g. fire, flood, bomb threat, mass illness. A record of who attended the exercise, who conducted the exercise and the date it was conducted will be kept with organisational records.

Operational Readiness

The Chiefs must ensure IES is prepared to rapidly respond in an emergency. This includes:

- having an *Emergency Plan* in place
- ensuring the *Emergency Plan* is tested and linked to broader community emergency frameworks
- actively engaging with local emergency service agencies and local government about how to respond in different emergencies
- regularly testing emergency management and evacuation procedures
- being prepared to make informed decisions about staff and consumer safety and whether to cease services, relocate staff or consumers, or direct staff and consumers to shelter indoors
- considering how support for consumers can be continued if services need to be altered or ceased in an emergency
- planning how to respond if critical infrastructure (e.g. shiftcare) fails during an emergency, such as power failures
- ensuring staff are aware of their roles and responsibilities in the event of an emergency
- ensuring all relevant contact details (such as staff, consumers, next of kin, emergency services, and relevant government agencies) are up to date and available; and
- training staff to implement emergency procedures, ensuring they are equipped to address individual consumer needs.

Staff must:

- ensure all consumer information, including contact details for the consumer and next of kin, are up to date and easily accessible
- consider consumers' needs in a range of possible emergency events
- communicate the Emergency Plan to relevant stakeholders, for example, consumers, family members and related service providers
- as part of support planning, ensure alternative plans for consumers exist if service delivery is interrupted.
- support consumers living independently to develop their own personal emergency plan; and
- notify consumers and their next of kin where relevant, of all relocations and service cessations related to emergencies.

Obtaining Emergency Information

In the event of an emergency, the CEOs will obtain information about current and forecast conditions from radio, television the internet and its local networks. Agencies such as the Bureau of Meteorology (weather forecasts), the State Emergency Service (floods and storms), Fire and Rescue services (fires and bushfires) and the Police monitor forecast hazards and provide advice and warnings.

For any high risk or high needs consumers, the COO will also contact local emergency services to advise of the situation and potential support that may be needed.

Fire Safety

The COO must ensure that fire equipment is installed, suitable for risks specific to IES's workplace and be readily accessible in accordance with the relevant Australian Standards. Fire extinguishers must be placed away from heat sources and regularly maintained, with at least 1 metre of clearance to access the extinguisher.

Signage within IES's premises must assist people to find fire equipment quickly and identify what type of fire it can be used on.
IES will determine which staff require training in the use of first response procedures and fire equipment, based on the nature of their position and on risk assessment. Refresher training will be provided annually.

The COO must ensure fire equipment is regularly tested by IES's local fire authority or fire equipment supplier in accordance with *Schedule 2 Internal Review and External Audit Schedule*.

Emergency exits must be always kept clear. Emergency exits must be kept unlocked and unblocked and all exit signs must be maintained and kept illuminated.

Power Failure

Power failures can be common and unexpected so the *Emergency Plan* should include a plan to ensure supports can continue to be provided during them. Strategies include:
- having access to a phone, such as a charged mobile phone or land line that doesn't rely on electricity to operate.
- having access to alternate lighting, such as a torch or a battery-operated light.
- having access to a battery-powered radio.
- having access to fresh water.
- considering the safety of food supplies and alternative cooking arrangements if the electricity in a consumer's residence has an outage, including a plan for consumers who require vitamised meals.
- where consumers require an uninterrupted power supply (for instance, for life support equipment) considering how they can be supported (such as contacting their electricity retailer and ensuring the retailer has the consumer's up-to-date contact details) or letting the consumer's supporter know to do the same.
- if a consumer's medication may have been compromised, contact the Case Manager/Support Coordinator to organise new medication to be dispensed.

Extreme Weather

The *Emergency Plan* should also plan for extreme weather (such as extreme heat or cold) that is likely to occur where IES supports are delivered. The plan should help staff identify which consumers are most at risk and the support they may require.

To support consumers on extreme heat days or during heatwaves, staff must be aware of the following:

- which consumers are most at risk.
- how to assist consumers to reduce the risk of heat related illnesses.
- how to recognise heat related symptoms; and
- what to do if a consumer is heat affected.

On days above 34 degrees Celsius, staff should encourage consumers to:
- drink plenty of water, even if they don't feel thirsty.
- spend as much time as possible in cool or air-conditioned buildings (shopping centres, libraries or community centres).
- wear light coloured, and loose-fitting clothing.
- stay out of the sun during the hottest part of the day.
- wear a hat and apply sunscreen.
- avoid strenuous activity, cancel or postpone outings.
- avoid alcohol and caffeine.
- close curtains or blinds to block out the sun; and
- use wet towels and cold foot baths to cool themselves down.

IES also requires all staff to follow the same precautions when working on hot days to ensure their health and wellbeing is maintained.

Organisational Resilience
In addition to planning for the safety and wellbeing of staff and consumers in an emergency, IES's emergency planning is also based on strengthening its organisational resilience or building the business' capacity to continue providing necessary services during emergencies.
To support this, IES undertakes organisational risk assessments related to business continuity and disaster management and recovery. It also develops specific *Business Continuity Plans* to complement its emergency planning activities. See the *Risk Management Policy and Procedure* for more detail.

Consumer Readiness
IES's services may need to be changed, ceased or relocated in the event of an emergency or other service interruption. Support planning for all consumers must consider how services can continue to be provided in these situations. This includes, for instance, considering how changes to services will be communicated to consumers and alternative services that could be provided should IES be unable to deliver normal services.

For services provided to a consumer in their own home IES expects that they (and where appropriate, the owner of the home) will be responsible for their own fire safety and ensure the home meets all relevant building laws, regulations and legislation.

consumers receiving services in their home should be encouraged and supported to develop personal emergency plans that cater for all types of emergencies and address their needs.

IES staff will support consumers with personal emergency planning in the following situations:

- where IES provides most services required by a consumer, and these services are provided in the consumer's home
- where multiple providers support the consumer, and it is agreed by all providers and the consumer that IES will support the consumer with personal emergency planning; and/or
- where assessment and planning activities identify that the consumer requires support with personal emergency planning.

staff will support consumers to exercise choice and control in emergency planning by listening to their needs and preferences and involving them and their families and carers in the planning process.

Key considerations include:

- health needs
- transportation
- location of the consumer's home regarding fire or flood risks; and
- ensuring emergency information is available and relevant for the consumer.

Personal emergency management plans should:

- be appropriate to the location, physical environment and consumer and staff profile
- include planned emergency responses for different emergency situations, such as options for altering or ceasing services, relocation, sheltering and evacuation
- include clear triggers for when the plan is activated, including processes for maintaining situational awareness and sourcing accurate and up to date information
- be tailored to meet the CALD needs of consumers, such as Aboriginal and Torres Strait Islander people and communities, to ensure a culturally responsive approach
- outline clear authority for decision making and communication arrangements; and
- include business continuity arrangements and options should emergency services be unable to respond immediately.

Personal emergency plans should be reviewed and updated regularly as part of the consumer's Support Plan reviews.

Reporting

Incidents relating to emergencies and service interruptions should be reported in accordance with IES's *Incident Management* policies and procedures.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Occupational Safety and Health Policy and Procedure*
- *Risk Register*
- *Workplace Incident Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Emergency Evacuation Plans*

- *Emergency Plan*
- *Business Continuity and Succession Plans*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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CHEMICAL USE AND STORAGE POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure the safety of staff, consumers and others when handling and storing hazardous chemicals.

It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with IES's *Occupational Safety and Health Policy and Procedure*.

Applicable National Standards for Disability Services

- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions7

Consumer products packed primarily for use by a household consumer and used in a manner consistent with normal household use. Consumer products include small quantities of domestic cleaning products and detergents, as well as chemicals used in an office such as printer toner and whiteboard cleaners. Large volumes of these products, such as a 30kg container of laundry detergent used to wash large volumes of linen, are not considered a consumer product. They should be treated as hazardous chemicals for the purpose of this policy and procedure.

Hazardous chemicals are substances that can pose significant risks to health and safety if they are not managed correctly. They may cause adverse health effects, injure people and/or damage the environment/property. Consumer products (defined above) are not considered hazardous chemicals for the purpose of this policy and procedure. Chemicals are considered hazardous if they are listed on Safe Work Australia's *Hazardous Substances Information System[8]* and are above the concentration level which is harmful to human health. Hazardous chemicals can take the form of solids, liquids or gases.

In-transit hazardous chemicals are in-transit if they are not used in the workplace and are not kept at the workplace for more than five consecutive days. However, where the workplace frequently has in-transit hazardous chemicals present, or if they are present in significant quantities, they should be treated as a hazardous chemical for the purpose of this policy and procedure.

Safety Data Sheet (SDS) – a document that provides information about a hazardous chemical to ensure users can work safely with the substance. Information in SDSs includes the substance's physical properties (e.g. melting/boiling point, toxicity, reactivity), health effects,

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[7] Based on the definitions used by Safe Work Australia, https://www.safeworkaustralia.gov.au/chemicals
[8] See http://hcis.safeworkaustralia.gov.au/

first aid requirements and safe handling procedures (e.g. personal protective equipment, safe storage/disposal and spills management).

Policy

IES ensures that when hazardous chemicals are introduced into IES workplaces that they are recorded, handled and disposed of appropriately.

Procedures

Identifying Hazardous Chemicals
Managers must ensure all hazardous chemicals are identified and clearly labeled or signed within the workplace.

Recording Hazardous Chemicals
Managers must ensure that details of all hazardous chemicals (other than in-transit or consumer products) used at IES are recorded in a *Chemical Register*.

The *Chemical Register* must be reviewed when new or additional quantities of chemicals are introduced into the workplace. Review is also required when the processes in place to protect people from harm from specific substances need to change or are no longer effective.

Handling Hazardous Chemicals
The CEOs/OO must ensure Safe Work Procedures (SWPs) are developed and implemented for handling hazardous chemicals used by IES. See IES's *Occupational Safety and Health Policy and Procedure* for more detail on developing SWPs.

Safety Data Sheets
The CEOs/COO must maintain a hard copy collection of current Safety Data Sheets (SDSs) for all hazardous chemicals used by IES. The SDS obtained for each chemical must be the current authorised version prepared by the manufacturer. SDS are valid for a period of 5 years, and the CEOs (or delegate) will check currency at least annually.

The *Chemical Register* and associated SDSs are to be kept by the CEOs (or delegate) in a suitable location which is known and accessible to all staff in the workplace, as well as any other person who is likely to be exposed to hazardous chemicals. SDS are a helpful reference as they contain information about:
- hazards of the chemical and how to handle it safely, including storage and disposal.
- physical and chemical properties of the chemical, as well as potential health and emergency response measures; and
- environmental effects of the chemical.

Health Surveillance
The CEOs/COO must regularly refer to and comply with health surveillance requirements set out in SDSs, to support the health and safety of staff exposed to hazardous chemicals.

Labelling Hazardous Chemicals

The CEOs/COO must ensure all hazardous chemical storage containers are clearly labelled and in accordance with the Globally Harmonized System (GHS) of Classification and Labelling of Chemicals. Labels must remain intact, legible and unaltered. The receipt date for hazardous chemicals should be marked on their containers so staff can monitor their age and promote the use of older materials first.

Containers with unknown substances in them should be labelled 'CAUTION DO NOT USE: UNKNOWN SUBSTANCE'. Steps must then be taken to ascertain and label the contents, or if they cannot be identified, contact a local waste management authority to arrange for the substance's safe disposal.

Refer to SafeWork Australia's *Labelling of Workplace Hazardous Chemicals Code of Practice, March 2015* for further guidance on labelling hazardous chemicals.

Storing Hazardous Chemicals

The CEOs/COO must ensure that hazardous chemicals are stored appropriately and only with other compatible substances. It is important that incompatible chemicals are separated as they may ignite or explode, release toxic, flammable or corrosive gases, or corrode the container causing them to leak if mixed.

Refer to SafeWork Australia's *Managing Risks of Hazardous Chemicals in the Workplace Code of Practice, July 2012 and Managing Risks of Storing Chemicals in the Workplace Guidance Material* for further detail on how to safely store hazardous chemicals.

Storage quantities should be kept to a minimum to cater for demand only. Excessive storage for long periods should be avoided to ensure the strength and integrity of the chemical is not compromised.

Signage

The CEOs (or delegate) must ensure that signage is put in place to provide a visual warning of any areas where hazardous chemicals are stored in large quantities.

This includes ensuring that all purpose-built cupboards, cabinets and refrigerators are labelled to indicate the type and class of chemicals being stored in them. Additional warning signs may also be required, such as "DO NOT USE TO STORE FOOD".

Risk Management

In accordance with IES's *Risk Management Policy and Procedure*, the CEOs/COO must implement a risk management process regarding chemical use and storage. This includes actively identifying hazards and implementing risk controls to eliminate or reduce the risks associated with these hazards.

Emergency Procedures

In accordance with IES's *Emergency Planning Policy and Procedure*, the IES must ensure appropriate emergency management provisions are in place to respond to incidents involving

hazardous chemicals.

These provisions may include:

- spill kits or containment equipment
- SWPs for spills or release of chemicals
- fire blankets/extinguishers
- first aid kits
- appropriate numbers of trained emergency wardens and first aiders; and
- clearly displayed emergency contact details.

Restricted Chemicals

Certain substances are restricted by law and are not permitted in IES workplaces at any time. A list of these can be found in the *Occupational Safety and Health Regulations 1996 (WA).*

Chemical Waste and Disposal of Chemicals

The CEOs/COO must ensure hazardous chemical waste is disposed of as per IES's *Waste Management Policy and Procedure*.

Consultation, Information and Training

As per IES's *Occupational Safety and Health Policy and Procedure,* Managers must consult staff about the business' hazardous chemical management. Consultation should occur in relation to:

- introduction of new chemicals to the workplace
- identification and assessment of risks associated with chemicals in the workplace
- decisions about control measures to be implemented; and
- induction and training requirements.

Reporting

Incidents relating to hazardous chemicals should be managed and reported in accordance with IES's *Incident Management* policies and procedures.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Occupational Safety and Health Policy and Procedure*
- *Risk Register*
- *Workplace Incident Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Chemical Register*
- *Safe Work Procedures*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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WASTE MANAGEMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure consumers, IES staff and others are protected from harm because of exposure to waste, infectious or hazardous substances generated during the delivery of services.

It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with IES's *Occupational Safety and Health Policy and Procedure.*

Applicable National Standards for Disability Services

- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions9 10

Bulk - free flowing liquids normally contained within a disposable vessel or tubing, not capable of being safely drained to the sewer.

Chemical Waste – waste generated using chemicals in medical, veterinary and laboratory procedures. Chemical waste should be classified in accordance with the step-by-step waste classification process in the ADG Code.

Clinical and related waste - waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity, being waste that has the potential to cause injury, infection or offence. It includes:
- clinical waste
    - pharmaceutical, drug or medicine waste; and
    - sharps waste.

Clinical waste (including pathological waste) - waste that has the potential to cause sharps injury, infection or offence. Includes:
- sharps
- human tissue (excluding hair, teeth and nails)
- bulk body fluids and blood
- visibly blood-stained body fluids and disposable material and equipment

Generator of waste – a person conducting work in a IES workplace, including consumers' homes, where waste (for the purpose of this Policy and Procedure) is created.

Pharmaceutical waste - pharmaceuticals or other chemical substances specified in the

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[9] Waste Classification Guidelines Part 1: Classifying waste, NSW Environment Protection Authority (EPA), November 2014
[10] Clinical and Related Waste Management for Health Services, NSW Department of Health, August 2007

Poisons List. Pharmaceutical substances include expired or discarded pharmaceuticals, filters or other materials contaminated by pharmaceutical products.

Sharps - any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and/or body substances. This includes needles and any other sharp objects or instruments designed to perform penetrating procedures.

Policy

IES may generate waste that is unsafe to dispose of with general waste, as part of its delivery of services. Appropriate waste disposal is important for infection control. Different types of waste have different waste management procedures that need to be followed.

When specific waste is appropriately handled and contained through safe work practices and the use of appropriate personal protective equipment (PPE), the risk of exposure to infection, chemical contamination, radiation exposure or other health and safety issues is minimised.

IES's *Emergency Plan* includes responding to clinical waste or hazardous substance management issues and accidents.

staff involved in the management of waste and hazardous substances are trained to ensure safe and appropriate handling. This includes training on any protective equipment and clothing required when handling waste or hazardous substances.

Procedures

IES will develop and implement a Waste Management Plan relevant to the types of waste it is likely to generate. The Waste Management Plan must be developed in consultation with other co-located services such as pathology services, and will cover:
- who has overall responsibility for the plan as well as the functions/responsibilities within the plan.
- strategies for:
  - ensuring waste is disposed of safely - to prevent contact with people and minimise environmental risks
  - minimising waste
  - training and waste management promotion
  - work health and safety requirements
  - auditing
  - measuring waste management performance; and
  - incident management
- procedures for segregating, collecting, transporting, storing and disposing of waste from various areas of the service
- spills management
- contract management, including contractor details, contact arrangements, auditing, safe operating and spill management procedures; and
- relevant insurances.

Waste Minimisation

IES must consider how to minimise waste, without compromising work standards, environmental outcomes or consumer and staff safety.

Strategies may include:
- reduction (e.g. product substitution, product modifications and procedural changes)
- re-use (only where clinically appropriate, environmentally sound, practical and cost effective). Items packaged as single use must never be re-used; and
- recycling.

Waste Segregation

Segregation of various streams of waste is an important part of efficient waste management. IES will ensure waste is effectively segregated through:
- education and training to all staff who generate waste
- reviewing Safety Data Sheets for waste classified as hazardous (e.g. hazardous chemicals and dangerous goods) to ensure that waste components are handled safely, including storage and disposal
- ensuring there is identifiable colour coding and labelling for waste
- providing suitable containers and bags in appropriate locations
- incorporating quick and efficient waste disposal methods into consumer care procedures; and
- ensuring all waste can be easily, safely and correctly segregated at the point of generation

Minimum Requirements for Waste Disposal

Disposal of any contaminated or hazardous waste generated by IES activities must:
- be disposed of in accordance with the legislative requirements for the type of waste
- be conducted and implemented in consultation with relevant staff; and
- occur based on a risk management process that is used when planning and implementing hazardous waste disposal.

Disposal

This Policy and Procedure covers disposal of Clinical, Pharmaceutical and Sharps waste.

Should general waste be mixed or contaminated with any of the above listed waste it must be then treated as the contaminated or hazardous waste.

Clinical Waste

Clinical waste is generally categorised as an Infectious Substance, and staff should minimise the handling of waste bags and avoid decanting waste from one bin to another. When clinical waste bags must be handled, they should be held away from the body by the closed top of the bag and placed directly into a bin appropriate to the waste. Gloves, apron and protective eyewear must be worn and any additional precautions as per IESs *Infection Control Policy and Procedure*. Waste bags must not be filled to more than two-thirds of their capacity and contents are to be secured within the bag when closing. Before closing

the bag, excess air should be excluded without compacting the waste in the bag. Waste bags should be taken out to the Council bin as soon as possible, or at the end of the shift.

Pharmaceutical Waste
<u>Disposal</u>
Pharmaceutical waste must be disposed of safely and in a manner that is not harmful to the environment. Medication to be destroyed (i.e. out of date, no longer required or incorrectly dispensed) must be labelled and disposed of in an appropriate bag and returned to the local pharmacist for disposal under the Returned Unwanted Medicine program.
If the consumer, their representative or family is unable to return pharmaceutical waste, IES's staff will dispose of it on their behalf. IES will provide staff with address and contact details of nearby pharmacies that are registered to accept unwanted medicines.
<u>Labelling</u>
Pharmaceutical waste packages/containers must be marked with the label PHARMACEUTICAL WASTE. No symbols or signage are required.

Sharps Waste
Sharps injuries are a common cause of getting infected by a blood-borne virus. The following basic requirements should apply if sharps are used or found:
- whoever uses the sharp, disposes of it
- don't pass sharps by hand, use tongs
- use disposable sharps
- don't put a used needle back in its cover, put it in a sharp's container
- don't separate a needle from a syringe
- don't break, burn or manipulate a sharp
- don't clean re-usable sharps by hand, use a long-handled brush and tongs
- don't put hands or fingers into garbage bags, laundry bags, crevices etc. where you suspect there are sharps – use tongs
- don't manually compress garbage bags – use the tie-straps to lift and carry the bag; and
- ensure that any containers are kept out of reach of children.

<u>Disposal</u>
Sharp's must be disposed of in an approved sharp's disposable container (yellow with biohazard symbol). Sharps containers that are resistant to impact, penetration and leakage, are stable, have integrity of the handles/other carrying features and closure device, and have a capacity indicator (fill line) marked on the outside wall of the container must be used. PPE must be always worn when handling sharps, including gloves and safety glasses.

IES prefers that consumers who use sharps have an appropriate sharps disposable container in their residence to reduce the risk of IES staff handling sharps waste. However, where this is not practicable, staff will be provided with a disposable sharps container that can be used if they do need to handle and dispose of sharps waste. Full disposal containers will be taken to local pharmacies in the service delivery area for appropriate

disposal.

Staff MUST NOT use drinks cans, bottles or cardboard boxes to dispose of sharp's – they may find their way into domestic waste and present a hazard to council workers and the public.

Staff should never try to retrieve anything from a sharp's container or press down on the contents to make more room. Containers must be labelled and regularly emptied.

Labelling
Sharp's disposable containers must bear the Division 6.2 label:

and be marked with the label CLINICAL SHARP'S.

Chemical Waste
Disposal
When disposing of chemicals and containers that have contained hazardous chemicals:
- check the label for advice on disposal of chemicals or containers
- triple rinse empty containers to remove all traces of the chemical; and
- uncap, puncture and/or crush all rinsed containers.

Ensure that appropriate PPE (e.g. gloves and safety glasses) are worn before handling or rinsing the empty containers.

Labelling
Chemical waste packages/containers must be labelled with the product identifier (name) and the relevant hazard pictogram/symbol depending on the type of hazard classification (e.g. corrosive, flammable, toxic). It must also include the Australian name, address and contact details of the manufacturer.

Labelling requirements do not apply to household consumer products, however, if the original label is faded, worn or illegible, a replacement label/sticker must be applied so that the contents can be easily identified.
See also IES's *Chemical Use and Storage Policy and Procedure* for further details.

Internal Transport and Tracking
IES must optimise the waste collection process, reduce handling and transportation, and

promote safe work practices.

When removing waste, staff should avoid walking through food preparation and heavily used areas (e.g. kitchen) taking a direct route to the outside bin if possible. This further reduces the risk of contamination should an accident occur (e.g. slip/trip/fall).

Storage
Waste storage areas are to be cleaned regularly and to be kept free from odour and vermin. IES must provide an enclosed structure such as a shed, garage, cage, fenced area or separate loading bays to store waste.

The holding area must be located away from food and clean storage areas, be inaccessible to the public, have a lockable door and rigid impervious flooring. If it is not practicable to lock the area, all bins in that area are to be locked. Where practicable, loading and unloading should occur within the storage area.
Clean up facilities, spills kits, appropriate drainage and bunding (i.e. retaining walls within the storage area to contain any material that has escaped) should be provided.

Managing Spills
IES must ensure that:
- its Waste Management Plan sets out procedures for waste spills
- staff involved in spill management are trained in emergency procedures and handling requirements, including use of spill kits
- spill kits are readily accessible and clearly labelled and mapped
- it stocks PPE and emergency spill kits appropriate to the waste handled
- spill kits are disposed of with the relevant waste; and
- spill kits are restocked with the necessary components immediately after use, returned to their locations and regularly inspected for malfunctioning or missing components.

Personal Protective Equipment
IES will supply the necessary Personal Protective Equipment (PPE) for the types of waste that may be handled. staff must use appropriate PPE when handling waste, including gloves, safety eyewear and in some cases, an apron.

Reporting
Incidents relating to waste management and disposal should be reported in accordance with IES's *Incident Management Policies and Procedures*.
Workers who sustain a needlestick injury or are exposed to blood and/or body fluids may need to be notified to the Regulator – refer IES's *Workplace Incident Reporting Policy and Procedure* for further guidance.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Waste Management Plan*
- *Occupational Safety and Health Policy and Procedure*
- *Emergency Plan*
- *Risk Register*
- *Infection Control Policy and Procedure*
- *Medication Management Policy and Procedure*
- *Workplace Incident Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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FOOD SAFETY (STORAGE AND PREPARATION) POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure that IES staff prepare and store food to ensure it does not become unsafe or unsuitable for consumption. It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 5. Service Access*
- *Standard 6. Service Management*

Policy

High standards of hygiene will be maintained in relation to food handling throughout all services provided by IES. IES is committed to ensuring that all food preparation processes are followed and prevent the risk of contamination.

Procedures

Staff are expected to report to work each day in clean clothing. Hair should be clean, tidy and secure in place. Appropriate hair covering must be worn if hair is longer than shoulder length.

Clean gloves must be always worn while preparing food and should be changed regularly.

Smoking, eating and drinking is not allowed in areas where food is stored, prepared or served.

Tongs or other appropriate utensils must be used in handling food where gloves are not appropriate.

Hands must be kept clean and must be washed regularly with soap and hot water, especially:
- when entering a food handling area
- before touching any cooked or prepared food and after handling raw food
- after using the toilet
- after having a cigarette
- after handling garbage or cleaning equipment and chemicals
- after using a handkerchief or tissue or stifling a sneeze or cough
- after handling money
- before resuming work after any break or change in work area; or
- after touching hair, face or other parts of the body.

Staff involved in food preparation should immediately report the following to H &R
- any skin irritations (eczema, dermatitis etc.) especially on the hands

- any stomach complaints or bowel conditions
- feeling generally unwell
- any changes in health which may affect their ability to perform duties; and
- all cuts, scratches and wounds which may contaminate food.

Staff should report any observed practice by any other person that they believe conflicts with general hygiene standards to the programs manager, to rectify the problem.

Depending on the nature of the report/situation, the programs manager will reallocate duties if necessary to ensure that food safety is not compromised.

All staff involved in food preparation and storage must familiarise themselves with this policy and procedure and follow all control measures to prevent food contamination / illness. Where further guidance is required, refer to the *Australia New Zealand Food Standards Code* and *Safe Food Australia - A Guide to the Food Safety Standards*.

Temperature Control
Staff must ensure that the temperature of potentially hazardous food is either at 5°C or colder or at 60°C or hotter when it is received, served, transported or stored.

The following are examples of potentially hazardous foods:
- raw and cooked meat or foods containing meat, such as casseroles, curries and lasagne
- dairy products, for example, milk, custard and dairy based desserts
- seafood
- processed fruits and vegetables, for example, salads
- cooked rice and pasta
- foods containing eggs, beans, nuts or other protein rich foods, such as quiche and soy products; and
- foods that contain these foods, such as sandwiches and rolls.

Staff do not have to keep potentially hazardous food at any specified temperature when preparing it because that would be impractical, but they must keep the processing or preparation time as short as possible so that bacteria do not get a chance to multiply to dangerous levels or form toxins.

Previously cooked and cooled potentially hazardous food must be reheated rapidly to 60°C or hotter. Ideally, food should be reheated to 60°C within a maximum of two hours to minimize the amount of time that food is at temperatures that favor the growth of bacteria or formation of toxins.

Potentially hazardous foods should be cooled to 5°C or colder as quickly as possible. There may be food poisoning bacteria in the food even though it has been cooked. Faster cooling times limit the time when these bacteria can grow or form toxins.

Food must be cooled from 60°C to 21°C in a maximum of two hours and from 21°C to 5°C within a further maximum period of four hours. To chill food quickly, divide it into smaller portions

in containers, taking care not to contaminate the food in the process.

Reporting

Incidents relating to infection control or infectious diseases should be reported in accordance with IES's Incident Management policies and procedures.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Occupational Safety and Health Policy and Procedure*
- *Infection Control Policy and Procedure*
- *Risk Register*
- *Workplace Incident Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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PROVIDING MEALS POLICY AND PROCEDURE
Purpose and Scope

This policy and procedure demonstrate IES's commitment to ensuring all consumers are provided with tasty, nutrient-based meals to maintain life and good health and reduce the risks of malnutrition and dehydration.

The policy and procedure apply to all staff and meets relevant legislation, regulations and Standards.

Applicable National Standards for Disability Services

- *Standard 2. Participation and Inclusion*
- *Standard 3. Individual Outcomes*
- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions

Nutrition – is taking in and using fuel in the body via eating and drinking, digestion and absorption. Effective nutrition requires consumers having food and fluids that provide enough energy and key nutrients for growth and repair.

Undernutrition - occurs when the body does not get enough energy or nutrients for good health or is unable to utilise energy or nutrients because of digestive problems or illness. Undernutrition (malnutrition) may result in starvation.

Policy

IES respects each consumer's right to have their nutrition and hydration needs met as part of their care or services.

IES staff are expected to treat all consumers in receipt of meal services respectfully and ensure their preferences are of importance, in addition to making sure they have enough to eat and drink to meet their nutrition and hydration needs (including support to eat and drink where needed).

IES staff strive to provide meal services that involve the consumer as much as possible to maintain their independence and connection to their identity.

Procedures

The Case Manager/Support Coordinators will involve the consumer and/or their representative and any other relevant health practitioner (such as the consumer's nutritionist or dietitian), in initial and ongoing decision making in relation to meal services.

All staff assessing, planning for and providing meal services must address:

- What is needed to sustain life and support ongoing good health
- Any dietary intolerances, allergies, medication contraindications or potential risks when providing meals
- The level of support or help the consumer needs and wants
- The consumer's preferences, and religious and cultural considerations; and
- The timing of mealtimes.[11]

All the above (including risks identified) is recorded in each individual consumer's Support Plan and communicated with all staff involved in the provision of providing the meal services.

Any support staff supporting the consumer will be educated prior to providing the service, of any identified risks (for example health conditions that require specific foods be avoided, swallowing difficulties or food allergies), triggers and what to do in the event of an emergency related to those risks.

At the time of Support Planning, the Case Manager/Support Coordinators are responsible for recording the consumer's preferences for level of staff intervention/support with eating and drinking, in addition to the level of involvement the consumer wishes to have (for example, assisting with meal preparation tasks).

The Case Manager/Support Coordinators are responsible for ensuring the consumer's preferences are implemented and communicated with the consumer should any alternatives need to be made (with their agreement).

Prior to the commencement of a consumer's meal service, the specific support workers involved will be educated in relation to the consumer's preferences and needs/goals for nutrition and hydration. staff responsible for the planning, preparation and presentation of meals will also be matched with each consumer based on their experience and skill level in relation to meal services.

IES staff will ensure each consumer is supported to maintain the highest level of autonomy that is possible based on their preferences, health and abilities. This includes consumers contributing towards menu planning and sharing their ideas and experiences.

staff will work with each consumer to encourage and support them to do as much for themselves as they can (for more information view IES's *Personal Care Policy and Procedure*).

Meals will be provided according to the preferences of each consumer and presented in

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[11] Services and Supports for Daily Living | Requirements. (2019). *Guidance and Resources – Standard 4*. [Internet]. Aged Care Quality and Safety Commission. Canberra, ACT. Available at: https://www.agedcarequality.gov.au/sites/default/files/media/Aged%20Care%20Quality%20Standards%20Guidance%20-%20Standard%204.pdf [accessed 10 January 2021]

such a way that they are appealing visually, texturally and familiar to each consumer. Staff responsible for the provision of meal services will ensure variety through menu research and accommodating for consumer suggestions, preferences and needs. staff will also be responsible for ensuring sufficient portion sizes for each consumer/all catered for. Staff responsible for the provision of meal services are encouraged to further develop their culinary skills (meal planning, preparation and presentation) with IES's support (through professional development appropriate to their role) as this further adds to the positive dining and meal experience of the consumer.

As per IES's *Consumer Case Notes Policy and Procedure* support staff will be responsible for documenting all meal services provided, any changes in the consumer's meal intake and condition/health as a result. This feedback is to be provided to the Case Manager/Support Coordinator for review and further action, such as escalation/referral to a health practitioner (as per IES's *Providing Information, Advice and Referral Policy and Procedure*).

Consumers are encouraged to remain actively involved in providing feedback in relation to meal services and IES staff welcome new recipes and dining ideas regularly. IES's support staff and Case Manager/Support Coordinators are responsible for discussing formal or informal feedback with consumers about their meal services and whether it is meeting their needs (in addition to any formal Feedback and Complaint processes).

As per IES's *Review Policy and Procedure*, formal reviews of each consumer's Support Plan will be conducted, and their meal service preferences and needs (medical or other) recorded and implemented.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Assessment Policy and Procedure*
- *Care Planning Policy and Procedure*
- *Personal Care Policy and Procedure*
- *Case Note Policy and Procedure*
- *Providing Information, Advice and Referral Policy and Procedure*
- *Review Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board and incorporate staff (where applicable), consumer and other stakeholder feedback.

IES *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant will be incorporated into service planning and delivery processes.

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SAFETY AND SECURITY POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out IES's security arrangements, so that it can provide a safe and secure work and service delivery environment for staff, consumers, and others. It also outlines the ongoing requirements for maintaining the premises and any equipment in good condition.

It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with IES's *Occupational Safety and Health Policy and Procedure.*

For processes relating to consumer and staff personal safety, see IES's *Protecting consumers from Harm* and *Equity, Anti-discrimination and Workplace Harassment* policies and procedures.

Applicable National Standards for Disability Services

- *Standard 5. Service Access*

Policy

IES ensures the safety and security of staff and visitors by implementing a variety of security measures in relation to its premises.

The built and landscaped environments at IES will be maintained to ensure that the facilities are adequate for the services provided, and allows safe and secure use by staff, consumers and other stakeholders.

Procedures

Entry to Premises
IES's Head Office is at Tenancy 13/80 Maffina Parade, Ellenbrook (In the Brooklane Complex). It is located around the back on the corner of Devitt Way and Bordeaux Lane. Access to the office is through the front door and into the foyer. The building is monitored by a security surveillance system and security guards.

Visitors
Visitors can access IES's Head Office at any time during businesses hours by entering the building into the foyer and announcing themselves at Reception. Visitors are required to sign-in and sign-out to ensure everyone is accounted for in the event of an emergency evacuation. All visitors must complete the *Sign-in Register* located at the reception desk when they arrive at the premises and before they leave. All visitors must be escorted by a staff member when in IES's office.

Staff

Staff can access the office during business hours without needing a key, however, managers only have access to the office key. The COO must ensure that all keys provided to staff are recorded in the *Key / Swipe Card Register* and returned prior to their employment ending. Loss of theft of staff keys or swipe cards must be reported to the COO as soon as possible.

Parking

Ample parking for visitors and staff is available on all sides of the building. Staff are advised to lock car doors and windows when leaving their vehicle in the car park for their safety.

Exit from Premises

The last Manager to leave IES each day must turn off all the office lights and lock the office door behind them.

General Premises Requirements

Entry and Exit

Entries and exits must be clearly lit, slip-resistant, signed and clearly marked. Appropriate entries and exits must be available for mobile equipment, such as wheelchairs.

Aisles and walkways must be at least 600mm wide, free of furniture and other obstacles, and where necessary, clearly marked.

Power-operated doors and gates must have safety features to prevent people being struck or trapped. They will also be suitably signed, to warn of potential hazards.

Work Areas

Staff must always maintain good housekeeping practices and a tidy workplace to reduce the risk of injury. Work areas must have enough space to allow someone to move about freely without strain or injury and evacuate quickly in the event of an emergency.

Where noise, heat or manual tasks are involved, a larger work area should be used where possible.

Floors and Other Surfaces

Floors must be slip resistant and free of any hazards, such as cables and loose tiles, which can cause slips or trips. Carpets or mats should be used in office areas and where staff are undertaking static standing work.

Lighting and Ventilation

There must be sufficient light to enable staff to perform tasks without straining their eyes or adopting awkward postures. Additional lighting should be used in areas of low lighting.

Internal workplaces must be properly ventilated with windows and doors, fans or air-conditioning.

Extreme Temperatures

The work and service delivery environment should be maintained between 20°C and 26°C.

Noise

The working environment and/or equipment in the workplace must not exceed the maximum noise levels recommended by the Standards Association of Australia. Noise is considered excessive when:

- total (continuous) noise exceeds 85 dB when averaged over an 8-hour period (known as 85dB(A); or
- noise that exceeds a peak noise level of 140 dB(C) at any time during the day.

IES will actively aim to keep noise below:

- 50 dB(A) if the work requires high concentration or effortless conversation
- 70 dB(A) if the work is routine, fast-paced and demands attentiveness, or if it is important to carry on conversations.

Equipment must not produce noise that exceeds the maximum noise level recommended by the Standards Association of Australia

Personal Facilities

Staff and visitors must have access to clean, safe and accessible toilets, drinking water, washing and eating facilities, and secure storage for personal items.

Specific Types of Work

Where staff, consumers or others are working or undertaking activities outdoors, they must have access to shelter for eating meals and taking breaks, and to protect themselves in adverse weather conditions. They must also have or be given personal protective equipment (PPE) for protection from the weather.

Working in Consumer's Homes

Where services are to be provided in a consumer's home, the *Consumer Risk Assessment* and *Home Risk Assessment* must be completed, monitored and reviewed as per IES's *Risk Management Policy and Procedure*.

A consumer's home can change between visits. Changes may include:

- furniture positioning
- faulty electrical equipment
- people or animals being present
- altered storage patterns
- spills or leaks
- new equipment or furniture; and
- obstructed access.

Staff must determine the safety of consumers' homes at each visit and before commencing their duties. This includes undertaking a visual scan of the home immediately on arrival, and of any equipment to be used, before use. Where possible, hazards should be fixed/rectified before services start. Staff must report any identified High Risks to IES's

CEOs immediately for review and action before commencing services.

Consumers, families, carers and others in the home are responsible for:
- maintaining a safe work environment for staff (for example, repairing broken steps, mowing long grass, restraining animals, providing adequate lighting, etc.)
- looking after their own in-home safety (for example, maintaining electrical equipment and installing smoke alarms and safety switches to switchboards) cooperating with staff to ensure they can work in a safe way (for example, moving furniture to allow adequate workspace, etc.)
- keeping their equipment safe, well maintained and in good order; and
- informing staff of any known hazards.

Where consumers do not have facilities for managing extreme temperatures in their home (e.g. heaters or fans/air conditioners), staff should dress appropriately to meet the expected weather temperatures. Refer to IES's *Occupational Safety and Health Policy and Procedure* for further guidance.

Remote or Isolated Work
Isolated work is work undertaken when isolated from the assistance of other people because of the location, time or the nature of the work being done. IES has in place safe systems of work to reduce the risks from working alone or isolated see IES's *Occupational Safety and Health Policy and Procedure* for further details.

In the Event of an Emergency or a Fire Drill
All staff and visitors must follow instructions given by IES's nominated fire warden during security and fire drills or an emergency. Refer to IES's *Emergency Planning Policy and Procedure* for more information.

In the event of a drill or emergency, staff must ensure that all visitors are escorted to the evacuation point, provided it is safe to do so.

Theft or Damage to Property or Premises
All staff are provided with a key lockable drawer or cabinet in which to keep their valuables.

If any personal property is lost or stolen, staff and visitors should inform their manager, who will take further action such as contacting the Police.
If any IES property is lost or stolen, staff must inform the COO, who will take further action, such as reporting to the CEOs and contacting the Police and relevant insurance company.

Training
Staff will be provided with and instructed in the use of building entry keys and swipe cards, as well as visitor and staff entry and exit procedures, as part of their Induction.

Maintenance and Management of Premises, Equipment, Furniture and Lighting
The CLO will formally inspect IES's premises on a six-monthly basis using the *Workplace Inspection Checklist*, in accordance with the *Internal Review and External Audit Schedule*.

The checklist covers items such as:

- chemicals
- electrical equipment/electricity
- storage
- furniture
- floor coverings
- ventilation
- lights
- fire extinguishers; and
- evacuation.

The COO will take necessary corrective action to ensure any unacceptable condition or identified hazard is resolved. If a maintenance issue is identified and it poses an immediate threat, the staff member must notify the COO immediately, and where possible, isolate the risk.

IES also has a *Maintenance Book* located at its premises. Staff will record any items that require maintenance in this book. The COO will engage an external maintenance person to attend to these issues. If the matter is of an urgent manner centre management will be notified immediately.

The CEOs will develop *Risk Management and Risk Treatment Plans* relating to fire safety, building and equipment maintenance and security systems. See IES's *Emergency Planning Policy and Procedure* for further details.

Equipment Hazards

All staff are required to care for IES equipment in an appropriate manner and to ensure that it is clean and safe.

Broken equipment or furniture, lighting or ventilation should be reported to the COO immediately and removed where possible. Hazardous equipment will be stored in appropriate places to prevent injury. Repairs that do not present an immediate risk to staff, consumers or other stakeholders will be assessed by the COO and passed on to the appropriate person to repair the problem.

For identified risks that relate to electrical equipment or electrical safety, refer to IES's *Occupational Safety and Health Policy and Procedure*.

Consumer Equipment

Consumers may have their own equipment that IES staff are also required to use, or that is used whilst IES staff are delivering services. To ensure the safety of both consumers and staff, prior to using any consumer equipment, staff are to inspect the equipment, looking for signs of wear and tear, or any other issues that may impact on its use.

Consumers are responsible for maintaining their own equipment as per manufacturer's guidelines, unless otherwise negotiated with IES. In either case, the schedule of equipment maintenance must be documented on the consumer's *Support Plan* summary.

Reporting

Incidents relating to safety, security or maintenance of the premises should be reported in accordance with IES's *Incident Management* policies and procedures.

If noise causes discomfort, staff, consumers and other stakeholders should report the problem to their manager and options to reduce noise/provide PPE may be considered.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Occupational Safety and Health Policy and Procedure*
- *Risk Register*
- *Key Register*
- *Consumer Risk Assessment*
- *Home Risk Assessment*
- *Workplace Incident Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Workplace Inspection Checklist*
- *Maintenance Book*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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PHYSICAL ACCESSIBILITY POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure that IES provides a physically accessible service environment that is responsive to its consumers' support and communication needs.

It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with IES *Occupational Safety and Health Policy and Procedure.*

Applicable National Standards for Disability Services

- *Standard 5. Service Access*

Policy

IES ensures its services are physically accessible and safe. It takes a continuous improvement approach to ensuring ongoing accessibility for all staff, consumers and others.

Procedures

Information
IES provides information to consumers in a variety of ways so they can more easily access the services they need.

This includes through IES's website, service menu, advertising, signage, information pack and brochures. Written information can be provided in different languages and Easy English or explained verbally by staff. IES staff can also help consumers access interpreters or advocates where required.

IES endeavors to provide information in formats that accommodate current and anticipated consumer needs. This includes considering consumers' cultural background and any specific communication needs.

Physical Accessibility
Where a consumer cannot access IES because it is physically inaccessible for them, staff must consider alternative methods for providing services, such as meeting at a different location, visiting the consumer at home, or undertaking an online or phone appointment.

Physical access issues that are identified should be reported to the CEOs for inclusion in the *Continuous Improvement Register* and actioned or monitored as per IES's *Continuous Improvement Policy and Procedure*.

Where consumers or others are unhappy with any aspect of IES's physical accessibility and wish to make a complaint or provide feedback, staff must direct them to IES's feedback and complaints processes (see the *Feedback and Complaints Policy and Procedure*).

Reporting

Incidents relating to physical accessibility should be reported in accordance with IES's *Incident Management policies and procedures*.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Occupational Safety and Health Policy and Procedure*
- *Risk Register*
- *Service Access Policy and Procedure*
- *Feedback and Complaints Policy and Procedure*
- *Workplace Incident Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES will undertake an annual accessibility audit of its premises in accordance with its *Internal Review and External Audit Schedule*. Annual satisfaction surveys will assess consumer and other stakeholder satisfaction with IES's physical access and service environment.

Six-monthly Service Delivery and Planning days and activities will include consumers and stakeholders where relevant and assess feedback provided by and to consumers and potential consumers around access and whether the information provided to consumers is appropriate and effective.

IES's *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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INFECTION CONTROL POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure that IES minimises the risk of the spread of infectious diseases in its work environments.

It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with IES's *Occupational Safety and Health Policy and Procedure* and *Waste Management Policy and Procedure.*

Applicable National Standards for Disability Services

- *Standard 1. Rights*
- *Standard 3. Individual Outcomes*
- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions

Infectious diseases - also known as communicable diseases; caused by organisms such as bacteria, viruses, fungi and parasites. These micro-organisms can invade and reproduce in the human body, and then cause harmful effects. In healthcare settings, the main modes for transmission of infectious agents are contact (including blood borne), droplet and airborne.

Personal Protective Equipment (PPE) – clothing or equipment worn by workers to protect them from possible harm or injury. PPE can include items such as eye and face protection (e.g. glasses, goggles or face shields), gloves, masks, clothing (e.g. coveralls, aprons), and safety footwear.

Standard Precautions - are the work practices required to achieve a basic level of infection prevention and control. Standard precautions are the minimum infection prevention and control practices that must be always used in all situations.

Transmission-based precautions - are used when standard precautions alone are not sufficient to prevent the spread of an infectious agent. Transmission-based precautions are based upon the mode of transmission of the infectious agent.[12]

Policy

IES has a duty of care and must take all reasonable steps to safeguard consumers, other

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[12] Infection Control Guidelines. [2018]. *Infection Control – standard and transmission-based precautions*. [Internet]. Victoria State Government, Health VIC. Available from: https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/standard-additional-precautions [accessed 3 February 2021]

staff and stakeholders from infection.

Procedures

Any staff member with any infectious disease, including the flu (influenza or similar), is required to stay away from the workplace until such time they are cleared by a doctor. A medical certificate is required to be presented with the staff member's timesheet for payment of sick days.

Notifiable diseases are diseases that must be reported to the Health Department by health practitioners. Any staff member that has a notifiable disease must not attend work until such time as they are cleared by their doctor. A list of notifiable diseases can be found at: http://www.health.gov.au/casedefinitions.

To further prevent the spread of infection, IES will have an influenza vaccination program that:
- provides staff and volunteers of the service with access to a free influenza vaccination on an annual basis, either directly provided on site or indirectly (for example planning for staff to be able to access a vaccine at a local pharmacy)
- actively promotes the benefits of an annual vaccination for their staff and volunteers, and for the health outcomes of consumers; and
- keeps records of the number of staff that receive an influenza vaccination each year.

Standard Precautions
Standard precautions must be implemented when cleaning surfaces and facilities. Staff must wear suitable gloves and other protective clothing appropriate for the task. Protective eyewear must be worn where splashing is likely to occur.

Although environmental surfaces play a minor role in the transmission of infections, a regular cleaning and maintenance schedule is necessary to maintain a safe environment. Surfaces should be cleaned on a regular basis 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 generation of aerosols.

Floors should be cleaned daily or as necessary with a vacuum cleaner. Alternatively, damp dusting or cleaning with a dust-retaining mop is acceptable.

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 in accordance with manufacturer's

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instructions
- clean and dry surfaces before and after applying disinfectants
- 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 consumers, 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 sharp's containers at point of use. Do not re-sheath sharps; and
- clean up spills with water and bleach.

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.

Transmission-based Precautions
Transmission-based precautions (TBPs) are used in addition to standard precautions when standard precautions alone may be insufficient to prevent transmission of infection.

Where it is known or suspected to IES that a consumer is infected or colonised with highly transmissible pathogens that can transmit or cause infections, transmission-based precautions must be used.

Transmission-based precautions are not required for consumers with blood-borne viruses, such as HIV, hepatitis B virus or hepatitis C virus.

The type of transmission-based precaution used depends on the mode of transmission of the pathogen. For example:
- Pulmonary Tuberculosis, Chickenpox and Measles are all airborne transmitted
- Influenza (Flu), Pertussis (Whooping Cough) and Rubella are all droplet transmitted;

and
- Viral Gastroenteritis (Gastro), Clostridium Difficile (CDI), Methicillin-resistant Staphylococcus Aureus (MRSA) (a strain of Staph) and Scabies are all contact transmitted (direct or indirect).

Table 1 outlines the transmission-based precautions to be taken when supporting consumers with airborne, droplet or contact transmission type infections (known or suspected).

Infection Control Measure	Route of Transmission		
	Airborne	**Droplet**	**Contact**
Gloves	As per Standard Precautions	As per Standard Precautions	YES *For all manual contact with consumer, equipment and immediate environmental surfaces*
Disposable (waterproof) apron/gown	As per Standard Precautions	As per Standard Precautions	YES *When direct care worker's clothing is in substantial contact with the consumer, items in contact with the consumer, and their immediate environment (for example showering and laundry services)*
P2 Respirator Mask (specific disposable with filter)	YES	Not Required	Not Required
Mask (disposable surgical style)	No (P2 Respirator instead)	YES	As per Standard Precautions
Goggles/face shields	As per Standard Precautions	As per Standard Precautions	As per Standard Precautions

Person-centered Approach to Infection Control

A person-centred approach to providing support includes putting consumers at the centre of infection prevention and control and enabling them to participate in their care process. It also includes respecting consumers right to dignity and control when determining the most appropriate standard and transmission-based precautions used during infection control planning.

To support a two-way approach to infection prevention and control and encourage consumer participation, IES will:
- provide opportunities for consumers to contribute their perspective when developing policies and programs
- familiarise consumers with its infection prevention and control strategies
- encourage consumers to disclose their health or risk status if there is a potential risk

or source of infection
- provide opportunities for consumers to identify and communicate risks and encourage them to use feedback procedures through the service's feedback and complaints processes
- provide educational materials about infection prevention and control using a variety of media (e.g. posters, printed material, educational videos) in a variety of accessible formats; and
- inform consumers about the protocols for protecting their privacy and confidentiality.

Reporting

Incidents relating to infection control or infectious diseases must be reported as soon as practicable in accordance with IES's *Incident Management policies and procedures*.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Occupational Safety and Health Policy and Procedure*
- *Risk Register*
- *Workplace Incident Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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VEHICLE POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure the safety of staff, consumers and other stakeholders when service delivery requires the use of vehicles.

It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with IES *Occupational Safety and Health Policy and Procedure.*

Applicable National Standards for Disability Services

- *Standard 6. Service Management*

Policy

The health and safety of all IES staff, volunteers, contractors, consumers and visitors are of utmost importance, including when service delivery requires the use of vehicles.

Procedures

The CEOs will:
- review the appropriateness of vehicles used by IES staff for the types of work activities they are undertaking
- ensure comprehensive insurance and a roadside assistance scheme is in place for all IES-owned vehicles
- implement a maintenance program for vehicles used in its service delivery (owned, leased and privately owned) to ensure safety, roadworthiness, reporting/clearing of defects and passenger comfort; and
- review and analyse all vehicle incidents.

The Human Resources Department will:
- ensure relevant staff have valid driver's licenses and verify these annually in accordance with IES *Human Resources Policy and Procedure*
- ensure staff using their own vehicles have current registration and compulsory third party (CTP) insurance for their vehicles in place
- ensure staff transporting consumers have current criminal history checks in place
- ensure staff have properly maintained vehicles and all vehicles are checked prior to use
- escalate concerns about vehicles and staff driving capabilities to the COO.
- ensure all vehicles are supplied with equipment such as first aid kits, fire extinguishers (where required), reflective vests, reflective triangles, emergency contact numbers, torches and other required emergency supplies; and
- report all vehicle incidents to the COO.

Staff must apply normal hazard and risk management techniques in their day-to-day work and whenever driving any vehicle.

Certain driving environments will present a greater hazard than others. staff must take the following actions to manage the risks, such as:

- not drive unlicensed
- not drive under the influence of drugs or alcohol
- conduct pre-use safety checks of vehicles (see below)
- where possible, ensure consumers being transported are not sitting behind the driver and are secured appropriately
- always follow all applicable road rules
- take regular breaks from continuous driving as required, and at least every two hours
- avoid driving vehicles in off-road environments
- report any vehicle accidents immediately to the Police and Management.
- inform their manager when entering areas where there is an increased potential for vehicle immobilisation; and
- report immobilisation events including breakdown and bogging as an incident in accordance with IES's Incident Management policies and procedures, to enable better information to be gathered regarding the suitability of vehicles and the training provided to staff.

Vehicle Safety Checks

When undertaking vehicle pre-use safety checks, staff will, at a minimum:

- ensure the manufacturer's specified service schedule is being adhered to
- inspect all external lights (grime can reduce their effectiveness by up to 40%)
- inspect wiper blades to ensure they clear the windscreen effectively and a sufficient amount of wiper fluid is contained
- clean the windscreen and rear window to ensure good visibility
- periodically check all fluid levels - engine oil, windscreen washer fluid and the radiator coolant
- ensure break systems are in effective working order
- check tyre pressure and condition; and
- ensure mirrors are present and oriented correctly for use.

Staff are required to complete the Van Safety and Pre-Use Inspection Checklist prior to vehicle use, reporting any damage of hazards directly to management.

Seat Belts

By law, all occupants of a vehicle must always wear seatbelts. If a seat belt is starting to show signs of wear and tear, (frayed, not retracting back) the vehicle needs to be seen by an authorised repairer. Staff must notify management immediately if their seatbelt/s become faulty and may present a hazard to the safety of passengers.

For IES-owned vehicles (where applicable), staff should refer the matter to Management immediately.

If transporting consumers who can't wear a seat belt, the consumer must have a doctor's certificate and staff must carry this approval with them when transporting those consumers.

Mobile Phones

Staff must not use a hand-held mobile telephone when driving. Staff must pull over and stop the vehicle's engine before answering or making phone calls or reading or responding to texts. Staff are required to adhere to the company policies regarding mobile phone use when supporting consumers.

Speed

Staff must drive at a speed that suits the road conditions, vehicle, weather conditions and their driving experience. Staff must not exceed the applicable speed limit for the road used. In the event a staff member is issued with an infringement notice while driving as part of their usual duties for IES, the staff member is responsible for payment of the infringement notice and any demerit points.

In the event a staff member is issued with an infringement notice while driving an IES-owned vehicle, the staff member will be nominated as the responsible driver and will be accountable for payment of the infringement and any demerit points.

Parking

Participants are responsible for covering parking related charges during support provision as outlined in the Service Agreement. Staff members who pay for a participants parking will not be reimbursed by the organisation, further staff are not permitted to pay on behalf of a participant due to safeguarding. Staff must find suitable FREE parking if the participant does not have funds for parking fees.

In some instances, e.g. Group Outings, the organisation may provide the Group Facilitator with a Weel Card to be used for parking related expenses.

Staff are responsible for parking fines and infringements incurred whilst on shift and are responsible for adhering to relevant road signage in all instances.

ACROD Stickers

Staff transporting consumers may use the consumers ACROD pass (if applicable) displayed on the dashboard of their personal vehicle at consumers' request. Staff are responsible for ensuring that the participant removes their ACROD pass following service delivery.

For company-owned vehicles, a company registered ACROD pass will be affixed to the interior windshield. This pass is not to be removed from the vehicle under any instances unless approved by management.

Vehicle Cleaning

Personal Vehicles
Staff are expected to keep personal vehicles used for transporting consumers clean and hygienic. Staff are required to ensure their vehicle is free from clutter, rubbish or other items which may present a hazard to consumers safe entrance to the vehicle, exit and commute. Staff are responsible for cleaning the interior and exterior of their vehicle. Under some circumstances, interior cleaning may be attributed as a consumer cost.

Company Vehicles
Staff utilising company owned vehicles for group activities and consumer transport must ensure that the vehicle is free from rubbish, and floors cleaned upon returning the vehicle to the main office. Staff will be provided with additional paid time to ensure the effective maintenance of company vehicles. Expenses for the cleaning of vehicles is to be made by staff via Weel expense card only.

Refuelling

Personal Vehicles
Staff are to ensure that personal vehicles have enough fuel prior to transporting consumers. Staff are responsible for all costs associated with their personal vehicle and receive compensation in accordance with the relevant award for use of personal vehicles for work related duties.

Company Vehicles
For company vehicles, the Programs Manager is responsible for ensuring that company owned vehicles have sufficient fuel prior to transporting consumers. Drivers of company vehicles may be required to refuel the vehicle during long-distance outings with consumers. In these instances, staff must use their designated Weel expense card for payment. Staff must ensure that the vehicle is refuelled with specified fuel type only. If unsure of Fuel type required, it is expected that staff contact their manager for clarification.

Consumer Transport Risk Assessment
Staff should undertake a risk assessment to determine if a consumer can be transported alone in a vehicle, considering the consumer's care plan and any Consumer *Risk Assessments* completed. Generally, consumers with behaviours of concern should not be seated behind the driver and must wear a seat belt.

Staff must consider how best to transfer mobility restricted consumers or handling wheelchairs or equipment, using good manual handling techniques to prevent an injury (see IESs *Occupational Safety and Health Policy and Procedure* for more instruction).

Reporting
Vehicle incidents or damage to company or personal vehicles should be reported to Management with photos, date, times and parties involved in accordance with IES's Incident Management policies and procedures.

Duty of Care

Staff are required to exercise care when operating personal vehicles with consumers present. All staff using personal vehicles for work-related duties are required to hold a current driver's license and comprehensive car insurance.

The company does not accept liability for accidents caused by staff or third parties when driving personal vehicles. This includes but is not limited to damage incurred in parking lots, damage incurred during commute, damage incurred whilst stationary.

If the staff member is in an incident, they are required to follow general processes of information exchange with the responsible party for their personal insurance claims.

Staff are required to report any vehicle damage incurred as a result of participant action to management, who will conduct an investigation into whether the incident could have been avoided and whether all reasonable actions were taken to avoid the incident occurring.

Staff may appeal the decision in writing to the companies management..

In limited circumstances, the consumer may be responsible for covering damages incurred.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Consumer Risk Assessment*
- *Occupational Safety and Health Policy and Procedure*
- *Risk Register*
- *Workplace Incident Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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PERSONAL CARE POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure demonstrate IESs commitment to providing safe and consumer focussed personal care services.

The policy and procedure apply to all staff and meets relevant legislation, regulations and Standards.

Applicable National Standards for Disability Services

- *Standard 1. Rights*
- *Standard 3. Individual Outcomes*
- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions

Personal Care – a broad range of activities that support consumers with bathing/showering, personal hygiene and grooming, eating, dressing, ambulation/mobility or toileting, also known as Activities of Daily Living (ADL's).

Personal Protective Equipment (PPE) – clothing or equipment worn by workers to protect them from possible harm or injury. PPE can include items such as eye and face protection (e.g. glasses, goggles or face shields), gloves, masks, clothing (e.g. coveralls, aprons), and safety footwear.

Policy

IES respects each consumer's right to receive personal care services that are safe and of their choosing that meet their needs and goals.

IES staff must ensure to treat all consumers in receipt of personal care services respectfully and ensure their welfare and dignity is of paramount importance.

Only staff who meet the minimum qualifications and experience requirements (as per IES's *Human Resources Policy and Procedure*) will be permitted to perform personal care services.

All staff assessing, planning for and providing personal care services must follow IES's four (4) principles of personal care:
1. Every consumer has the right to be safe
2. Every consumer has the right to personal privacy
3. Every consumer has the right to be valued as an individual; and

4. Every consumer has the right to be treated with dignity and respect.

IES staff strive to provide personal care support and services to all consumers to optimise their health and well-being including improving a consumer's physical and mental state, spiritual and emotional life and social life.

Procedures

IES supports consumers with the following types of personal care activities:
- Showering or bathing
- Dressing/undressing (and the use of dressing aids)
- Toileting
- Mobility and transfer
- Personal assistance, including individual attention, individual supervision and physical assistance, with communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries, cleaning spectacles and assistance in using the telephone
- Assistance with eating or drinking (chopping food, pouring liquids, using eating utensils and eating aids and assistance with actual feeding, if necessary)
- The care of skin or hair (except for nail care provided by a podiatrist)
- Assistance in using continence aids and appliances and managing continence
- Oral care (brushing teeth, cleaning dentures, insertion of dentures); and
- Supervision of personal care activities.

In the first instance, consumers are the person making informed decisions and choices regarding themselves and the services they receive. This applies in the instance of personal care services that the consumer chooses and needs, including how they are delivered and by whom.

During the initial assessment phase, the Case Manager/Support Coordinators are responsible for discussing with the consumer and/or their representative their personal care needs and goals in a sensitive way that respects their dignity and privacy. This includes the assessment and inclusion of any additional information provided by the consumer's healthcare providers (with consent) or other stakeholders (such as their General Practitioner or Hospital).

As per IES's *Risk Management Policy and Procedure*, the required *Home and Consumer Risk Assessments* will also be completed to identify any potential risks to consumers or IES staff during personal care services. IES staff will work with consumers and/or their representatives to address/resolve any risks prior to services commencing.

At the time of Support Planning, the Case Manager/Support Coordinators are responsible for recording the consumer's preferences for the level of staff intervention/support, support

worker gender and any other preferences for support with personal care. This also includes obtaining consent – obtained with the signing of the consumer's Support Plan.

The Case Manager/Support Coordinators are responsible for ensuring these preferences are implemented and communicated with the consumer should any alternative arrangements need to be made (with their agreement).

Given the intimate nature of personal care services, each consumer's right to dignity and privacy will be respected when determining the number of support workers a consumer is allocated. IES will aim to provide no more than 3 support workers for each consumer unless there is a substantial reason for having more than 3, in which case this will be communicated with the consumer and/or their representative and agreement sought prior. Prior to the commencement of a consumer's personal care support, the specific support workers involved will be educated in relation to the consumer's preferences and needs/goals for personal care.

IES staff will ensure each consumer is supported to maintain the highest level of autonomy that is possible based on their preferences, health and abilities. staff will work with each consumer to do as much for themselves as they can (for example support worker wash the consumer's back however they maintain washing their genitalia themselves whilst showering/bathing).

As per IES's *Review Policy and Procedure*, all the above will be reviewed, updated and, where necessary, amended annually or when there is a significant change in the needs, preferences or circumstances of the consumer. This ensures the personal care services are optimising the consumer's health and well-being including improving their physical and mental state, spiritual and emotional life and social life.

Performing Personal Care Services
Only staff who meet the minimum qualifications and experience requirements (as per IES's *Human Resources Policy and Procedure*) will be permitted to perform personal care services.

Support workers are responsible for following the below steps when assisting/supporting consumers with any personal care tasks:

1. ***Communicate and Consent*** = communicating with the consumer at the commencement of each personal care service to ensure the consumer understands the service being provided, and consents to receiving that specific personal care service.

2. ***Infection Prevention Control*** = preventing avoidable risks of infection. Support workers will manage infection risks related to the setting/environment, equipment and their own working practices. Refer to IES's *Infection Control Policy and Procedure* for further guidance.

3. ***Environment*** = assess and prepare the consumer's environment to ensure sufficient space to perform the personal care activity safely, the temperature of the space suits the consumer's needs and preferences, and the consumer's privacy can be maintained (for example internal doors are closed prior to assisting a consumer with dressing where others can see in).

4. ***Prepare equipment*** = ensure all resources, tools, materials and personal protective equipment (PPE) are available, appropriate, prepared and easily accessed during the activity.

5. ***Follow Guidance/Instruction*** = ensure any additional instructions noted within the consumer's Care Plan including those provided by the consumer at the time-of-service provision are noted and followed.

6. ***Re-confirm Consent*** = re-confirm the consumer understands the personal care service and consents to receiving support. In instances where a consumer is unable to verbally give consent due to cognitive or other limitations, support workers are still responsible for communicating with the consumer as stated above.

7. ***Commence Service*** = complete all required tasks involved in the consumer's individual personal care service. These tasks will vary dependant on the type of personal care and the individual needs, goals and preferences of each consumer.

8. ***Encourage Independence/Participation*** = each consumer will be encouraged to remain as independent as possible in relation to personal care supports/services and support workers are responsible for asking and supporting consumers to participate as much as possible/they prefer (for example consumers feeding themselves however the support worker chopping their meal into more easily scooped pieces due to the consumer's poor vision).

9. ***Monitor for Changes*** = prior to commencement of, during and at the conclusion of the personal care service support workers are responsible for noting and monitoring any changes in the consumer's health, well-being or physical appearance. Any changes must be documented and communicated with the consumer and Case Manager/Support Coordinators.

10. ***Complete Service*** = at the completion of all tasks support workers are responsible for ensuring the comfort and safety of the consumer prior to returning the personal care resources and environment to its original state.

11. ***Communicate with Consumer*** = check the consumer has been satisfied by the personal care support provided and enquire whether any further personal care tasks are required.

12. **Document/Report** = as per IES's *Case Note Policy and Procedure*, support workers are responsible for documenting any feedback notes in relation to the consumer and the tasks performed, escalating any changes or concerns in relation to the consumer or their environment to Case Manager/Support Coordinators.

Equipment Required

Where support workers support or perform personal care tasks/activities, all appropriate personal protective equipment (PPE) must be worn, including but not limited to, gloves. Please refer to IES's *Occupational Safety and Health Policy and Procedure* and *Infection Control Policy and Procedure* for further information.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Occupational Safety and Health Policy and Procedure*
- *Human Resources Policy and Procedure*
- *Infection Control Policy and Procedure*
- *Case Note Policy and Procedure*
- *Review Policy and Procedure*
- *Risk Management Policy and Procedure*
- *Home Risk Assessment Form*
- *Consumer Risk Assessment Form*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board and incorporate staff (where applicable), consumer and other stakeholder feedback.

IES *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant will be incorporated into service planning and delivery processes.

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MEDICATION MANAGEMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy is to ensure IES provides safe and effective medication management to all applicable consumers.

The policy promotes best practice in relation to medication management, services to be tailored to each consumer's needs, preferences and that the medication management support provided optimises each consumer's health and well-being.

IES upholds duty of care principles that require staff to maintain a high level of competency when reminding consumers about, supervising the intake of or administering medication.

Medication management practices place consumers at the centre of planning and delivery and maximises, as much as possible, the capacity for consumers to take control of their service provision.

It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

This policy and procedure is to be used in conjunction with IES's *Clinical Governance Framework.*

Applicable National Standards for Disability Services

- *Standard 2. Participation and Inclusion*
- *Standard 3. Individual Outcomes*
- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions

Antimicrobial Resistance and Stewardship – Antimicrobial Resistance poses one of the most important risks to our health today and occurs when an organism develops resistance to an antimicrobial that is used to treat it. Antimicrobial Stewardship is a practice that has shown to decrease inappropriate antimicrobial usage, improve consumer outcomes and reduce adverse consequences of antimicrobial use. *For more information visit* *https://www.safetyandquality.gov.au/our-work/antimicrobial-stewardship* *for resources* [13]

Dose Administration Aids – pharmacy prepared aids whereby solid oral medications are divided, sealed and packaged according to the dose schedule throughout the day. Dose

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[13] Antimicrobial Stewardship. (2019). *Preventing and Controlling Healthcare-Associated Infection Standard*. [Internet]. Australian Commission on Safety and Quality in Health Care. Sydney, NSW. Available from: https://www.safetyandquality.gov.au/our-work/antimicrobial-stewardship [accessed 3 February 2021]

administration aids are fully labelled by a pharmacist and used where persons may have specific problems preventing them from managing their medications in the original manufacturers packaging. Dose administration aids can be blister packs, sachet systems and compartmentalised boxes.

Medication Administration - If a person is unable to independently manage their medication, staff may need to ensure that the person gets offered or is given their medication. Administration of medicines is one, all, or a combination of the staff member doing the following:
- deciding which medicine(s) must be taken or applied and when this should be done
- being responsible for selecting the medicines
- giving a person medicine to swallow, apply or inhale, where the person receiving them does not have the capacity to know what the medicine is for or identify it; and
- giving medicines where the staff member must possess the appropriate training and qualifications to do so, including regular ongoing competency assessments.

Medication Assistance – as with prompting, the person is assessed as being able to self-medicate, and is in control of their medicines but needs assistance with simple mechanical tasks, these can include:
- ordering repeat prescriptions from the General Practitioner's surgery
- picking up prescriptions
- collecting dispensed medicines from the pharmacy
- bringing medicines to a person at their request so that they can take the medicines
- opening bottles or packaging at the request and direction of the person who is going to take the medicine
- reading labels and checking the time at the request of the person who is going to take the medicine; and
- ensuring the person has a drink to take with his or her medication.

Medication Prompting - reminding or encouraging a person to take their medication. The person is still in control of their medicines and may decide not to take them or to take them later. Prompting can be useful when a person knows what medicines to take and how to take them but may simply forget the time.

Non-Packaged Medication **–** any medication that is not in its original packaging as supplied by the pharmacist. This type of medication is not to be administered due to the potential risks involved.

Non-Prescription Medicine **–** any medication that has been purchased or obtained without a formal general practitioner/hospital prescription, often referred to as 'over the counter' medicines. This includes complementary and alternative medications, supplements, homeopathic medications and complementary medications and any drug (deemed illegal).

Open Disclosure – Open discussions and communication with each consumer/their

representative when something goes wrong within the service that has caused harm or may potentially cause harm to a consumer. This harm may be physical, psychological or social resulting in loss of quality of life, impairment, suffering, injury, disability or death.

Prescription Only Medication - any medication listed in Schedule 4 or Schedule 8 of the *Poisons Standard 2019* and which is only available to the public on prescription by a medical practitioner or dentist.

Pro Re Nata (PRN) Medication – PRN medication is prescribed by a health professional for a person to take as needed. PRN medication can include prescription and non-prescription medications. Persons requiring support to manage PRN medication/s must be referred to a Registered Nurse for management.

Supporting Self Medication – supporting a person with their self-medication means the person is cognitively aware, has been educated about and accepts responsibility for their own medication regime. For various reasons however the person is unable to take the medication out of the container and/or requires assistance with drinking to take the medication.

Policy

The health, safety and well-being of all IES staff and consumers is of utmost importance, including in the management and administration of consumer's medications.

IES acknowledges that medication management practices build on individual strengths and reflect individual needs, interests, goals, formal and information support networks.

All medication management practices for each consumer are informed by individual Support *Plans*.

IES will assist consumers to manage their medication based on the following order of preference:
1. the consumer self-manages all aspects of their medication
2. the consumer is supported or assisted by their family or support network to manage all aspects of their medication
3. the consumer manages their medications with IES staff providing medication prompting
4. the consumer manages their medications with IES staff providing medication assistance; or
5. IES staff managing and administering medication for the consumer.

Procedures

Consent and Considerations
When providing medication management, IES staff must first ensure the consumer has provided consent via a *Medication Plan and Consent Form*. The *Medication Plan and*

Consent Form provides detailed information about the medications, the type of support required and consent for IES to provide medication management.

Consumers must be informed about and helped to understand IES's medication management processes in a way that meets their communication needs and cognition.

IES will ensure consumers are involved in decision making as far as possible according to their capacity, including IES focussing on supporting and encouraging consumers to self-administer their medication as the first step where appropriate.

If the consumer is unable to provide consent, an authorised person responsible for making health related decisions can provide consent on their behalf.

IES will ensure to establish each consumers preferences in relation to the staff supporting them with their medication management, how that occurs, any cultural or other diversity considerations and how much involvement the consumer would like to have prior to commencing support.

Capacity Determination

Where IES is uncertain about a consumer's ability to safely manage and administer their own medication, a capacity/competency assessment can be completed by a qualified health care professional (such as a General Practitioner) in consultation with the consumer and those involved in their care.

Given capacity can vary over time, a review is to be completed regularly by a qualified health care professional to determine if the consumer's capacity has changed.

Where appropriate, consumers are to be supported to implement strategies to work towards improving their capacity to self-administer and manage their own medications.

Dignity of Risk

All consumers, regardless of level of capacity have equal rights to make decisions about their care including decisions that involve varied levels of risk.

IES respects all consumer's wishes and preferences relating to the risks they choose to take.

Where a consumer makes choices in relation to their medication management that involves a potential risk of harm, IES is responsible for ensuring each consumer understands the risk and how it can be managed to ensure the consumer can live the way they choose.

To ensure IES's legislative responsibilities can be met including managing the risks to the health and safety of their workforce and others, IES will involve consumers in conversations about the risks they may be choosing to take in relation to medication management and work together with the consumer and any other relevant stakeholders to determine solutions that are the least restrictive of the consumer's choice and independence.

Access to medication management support required by the consumer must not be withdrawn or denied solely based on a dignity of risk choice that has been made by the consumer.

All determinations and assessments in relation to a consumer's choice and dignity of risk in relation to medication management are to be documented as per IES's Consumer *Case Note Policy and Procedure*.

Staff Training and Requirements
IES, as per the *Human Resources Policy and Procedure*, will ensure that the support staff employed have a level of competency to provide appropriate and safe support including medication management.
IES must have a process in place to ensure the recruitment, training and scheduling of staff are competent in medications management.

All support staff supporting consumers with medication management (prompt, assist and administer) must have already completed training in the following, delivered by a Registered Training Organisation (RTO):
- First Aid
- Recognise Health Body Systems; and
- Assist Consumers with Medication.

An employee may also be assessed as competent if they have a higher qualification, for example a Registered Nurse who is acting within the scope of their employment.

If the support staff is required to undertake more complex medication administration to support an individual's complex health *Care Plan*, additional training relating to more complex medication administration must be arranged, and a suitably trained staff member will assist the consumer until such a time this can occur.
Support workers must participate in a review of their medication management knowledge and performance at least every 12 months by a suitability qualified staff member.

IES will ensure all support workers involved in management of consumers' medications complete refresher training at least every 3 years, including coverage of recent changes in medication management practices and review of competencies.

In addition to an annual review of knowledge and performance, IES may provide refresher training to staff should the following occur:
- an incident or error occurs that is linked to medication management competencies.
- a request is made by a support staff
- a request is made by the Case Manager/Support Coordinator where there are performance issues relating to specific medication management tasks
- there is a change in a consumer's health or medication needs requiring a different range of competencies; or
- there is a change in the consumer accommodation or environment impacting on the

support workers ability to perform the medication management tasks.

Consumers Self-administering and Managing their Own Medications
IES will support and encourage consumers to manage and administer their own medication in the first instance and where appropriate.

Where required, the Case Manager/Support Coordinators (or delegate) will request written advice from a consumer's medical practitioner or authorised representative, notifying that a consumer has appropriate training and skill to assume responsibility for the management of their own medication.

Consumer Unable to Self-administer their Own Medications
Staff members are to provide the consumer with the agreed upon assistance (prompt, assist or administer) as per the signed *Medication Plan and Consent Form* and in line with the consumer's *Care/Support Plan*.

Types of Management

1. Prompting Medication
Supporting a consumer via prompting allows the consumer to remain in control of their medicines and retain their independence in relation to the physical aspect of taking their medications, deciding on their dosage and application.

This type of management involves IES staff reminding the consumer of the need to take their medications.
The consumer's *Support Plan* must clearly stipulate the time of day for the staff member to prompt the consumer, regardless of whether the consumer chooses not to take them or take them later.

Staff remind the consumer the time of day and ask them if they have taken their medication. This may occur as a stand-alone service or part of other services provided.

Prompting does not include:
- pouring out liquid medication
- popping tablets out of containers
- physically handling tablets or medicines
- selecting the medicine for the consumer
- advising which medicine to take; or
- explaining dosage, applying creams or giving injections.

staff are required to complete the *Medication Management Checklist* for each prompting service to demonstrate correct processes have been followed.

2. Assisting with Medication
Staff are to assist consumers who can retain control of their medication management however need assistance with the mechanical tasks associated.

Assisting with medicines can include:
- take medication in its container from the area where it is stored and hand the container to the consumer as requested
- help with opening a medication container as requested by the consumer
- remove medication from a container and place it into another container (such as a Pill-Bob) or the consumer's hand as requested.
- observe the consumer to ensure they do not have trouble in administering their medication.
- assist the consumer to make a record of the medication taken.

Staff are required to complete the *Medication Management Checklist* for each assistance service to demonstrate correct processes have been followed.

3. Administration of Medication

If consumers have been assessed as unable to administer or manage their medication, the *Support Plan* and *Medication Plan and Consent Form* must contain clear instructions about the physical assistance and supervisory role the staff will take in the administration of medications.

The level of support a consumer requires varies and will regularly need to be reviewed throughout their time receiving care.

All medication to be administered by staff must be prescribed by the consumer's health practitioner and within its original packaging or a Dose Administration Aid.

An up-to-date pharmacy/health practitioner's list of the consumer's current medications must be kept with the medications to be administered. This list must be updated with each medication that changes the consumer experiences.

Staff are to follow their accredited training in medication management in relation to the rules for safe administration of medication.
Prior to administering medication, staff must prepare the consumer by communicating and discussing the procedure, encouraging participation where possible. staff must also establish the consumer's preference relating to medication administration, complete all personal hygiene steps and prepare all resources required.

Staff administering medication must ensure:
- the *right medication* is being administered
- the medication is being administered to the *right person.*
- the *right dose* is being administered
- the medication is being administered at the *right time*
- the *right route and administration method* is being used as prescribed; and
- the *right documentation* is being completed.

Staff administering medication must also ensure the consumer's *right to refuse* their medication, ensuring to document this clearly within a *Medication Incident Report Form*.

Staff administering medication should as far as possible understand:

- the reason the consumer is taking each medication
- how the medication is to be stored and administered
- the possible side effects of the medication and interactions with other medications; and
- how to utilise their first aid equipment and strategies if required.

Staff must not administer medication to consumers if:

- the above processes have not been followed
- the medication is past its use by date or has been damaged
- the consumer is asleep, unconscious, drowsy, vomiting or having a seizure or other immediate health concern; or
- the staff member identifies a medication administration error from the previous administration service (i.e. missed medication from previous staff member visiting).

Following each administration service staff must monitor the consumer for any adverse reactions and complete the *Medication Management Checklist* to demonstrate the correct processes have been followed.

Medication Refusal

Consumers have the right to refuse their medications at any point during prompting, assisting or administering.

If a consumer refuses to take any medication, staff are encouraged to:

- explore with the consumer why they are refusing to take the medication;
- explain to the consumer why the medication is needed
- wait up to 30 minutes and discuss again
- if refusal persists contact the Case Manager/Support Coordinator for further instruction; and
- record the consumer's refusal in their *Medication Management Checklist* and complete a
- *Medication Incident Report Form* immediately.

Restrictive Intervention – Use of Medication (Chemical Restraint)

Where a consumer has a plan in relation to the management of behavioural issues that involve restrictive interventions including the use of medication (chemical restraint), only staff who have expertise and the appropriate qualifications are permitted to carry out the proposed restrictive intervention. These plans and management methods must be documents via the consumers Support Plan and consent documents.

For more information on IES's restrictive intervention processes refer to the *Use of Restrictive Practices Policy and Procedure*.

Alterations to Medication

Some medications may have a reduction in effectiveness or a greater risk of toxicity or

other harm if they are altered.

Prior consent must be obtained in writing from the consumer's pharmacist or health professional and noted within the *Medication Plan and Consent Form* prior to staff altering any medications. This includes crushing or breaking tablets.

Medication is not to be hidden in food or liquids.

Prohibited Practices

Staff must not administer any medication that is not prescribed in accordance with this policy, including 'over the counter' medication.

Staff must not administer medications that require specialist or invasive techniques for example:
- Rectal administration of suppositories,
- Insulin given via pre-filled PEN devices; or
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG) tube.

Staff must not administer medication to a consumer who is clearly objecting in an informed manner unless there is an approved protocol in place, see '*Restrictive Interventions'*.

Staff must not administer medications to consumers in a manner that is clearly for organisational convenience and not reflecting the preference or needs of the consumers.

Staff must not leave medications of any type in an area where they are unsupervised and accessible to consumers or unauthorised persons.

Medication Management Documentation

A *Medication Management Checklist* is to be maintained for each consumer who receives support with medication management from IES.

The *Medication Management Checklist* must be kept in the consumer's home, easily accessible by staff.

The *Medication Management Checklist* must:
- detail the consumer's name, address and any allergies or adverse drug reactions
- detail the type of management required (prompt, assist, administer);
- allow the staff to record the date, time, source of the medication and type of support provided
- remind staff to perform the medication **Rights** and confirm they have done so
- allow the staff to record any observations of the consumer before, during and after; and
- provide space for the staff member to list and sign their name as the person responsible for that medication support delivered.

Storing Medications

consumers managing their medication are to be encouraged to store their medicines in a manner that maintains the quality of the medicine and safeguards the consumer, their family and visitors in their home.

IES does not store any consumer medications on behalf of consumers.

Disposing of Medications

Medication must be disposed of safely and in a manner that is not harmful to the environment. See IES's *Waste Management Policy and Procedure* (Pharmaceutical Waste) for further details on the appropriate disposal method.

Reporting

Where staff have any concerns or questions about a consumer's medication management or their responsibilities, they must report to the Case Manager/Support Coordinators for guidance. This includes reporting on any concerns in relation to consumers being continuously prescribed antibiotics for long term use. Staff can also seek advice from the NDIS Quality and Safeguards Commission Online: www.ndiscommission.gov.au or Phone: 1800 035 544.

Antimicrobial Stewardship

IES consumers receive routine health care, physical examinations, immunizations and assessments and treatment for health conditions including illnesses and injuries from their external General/Health Practitioner or similar. This includes the prescription of medications including antibiotics.

Whilst IES is not responsible for the prescription of consumer antibiotics, it ensures that all staff overseeing and supporting consumers medication management services are educated on antimicrobial resistance and antimicrobial stewardship to allow them to report any concerns about the constant/increasing prescription of antibiotics for consumers.

Should staff report concerns in relation to consumers antibiotics, Case Manager/Support Coordinators are responsible for communicating with the consumer and/or their representative and with the consumers treating health practitioner (with their consent).

Incidents

Incidents relating to medication refusal, misuse, errors or similar should be reported in accordance with IES's *Incident Management Policy and Procedure and Open Disclosure Policy and Procedure*. This includes the need for open disclosure should something go wrong within the medication management that has caused harm or may potentially cause harm to a consumer. Staff can also seek advice from the NDIS Quality and Safeguards Commission Online: www.ndiscommission.gov.au or Phone: 1800 035 544.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Waste Management Policy and Procedure*
- *Decision Making and Choice Policy and Procedure*
- *Workplace Incident Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Open Disclosure Policy and Procedure*
- *Medication Incident Report Form*
- *Medication Management Checklist*
- *Medication Plan and Consent Form*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board and incorporate staff (where applicable), consumer and other stakeholder feedback.

IES *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant will be incorporated into service planning and delivery processes.

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WORKPLACE INCIDENT MANAGEMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to provide guidelines for reporting, investigating and applying appropriate control measures when an accident, incident or near miss occurs that involves IES's workers. The aim is to ensure that incident response is timely, and the investigation is thorough so that it prevents the incident happening again.

This policy and procedure also set out the steps that staff and IES must follow when a staff member is injured during the course of employment, to support their return to normal duties.

It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Identifying and reporting abuse or neglect of consumers or other incidents involving consumers are covered in IES's *Consumer Incident Management Policy and Procedure*.

Applicable National Standards for Disability Services

- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions

Accident - an unforeseen event that causes damage to property, injury or death.

Harm - Includes death, or injury, illness (physical or psychological) or disease that may be suffered by a person because of exposure to a hazard.

Hazard – a situation that has the potential to harm a person (cause death, illness or injury) or environment or damage property.

Hazard Identification - A process that involves identifying all foreseeable hazards in the workplace and understanding the possible harm that each hazard may cause.

Hazard Management - A structured process of hazard identification, risk assessment and control, aimed at providing safe and healthy conditions for staff, contractors and visitors while on the premises.

Incident - an occurrence that causes (or could have caused, in the case of a 'Near Miss) damage to property, injury/illness or death.

Near Miss - any incident that, although not resulting in any injury, illness or damage, had the potential to do so.

Serious Injury or Illness - an injury or illness requiring a person to have:

- a fracture of the skull, spine or pelvis
- a fracture of any bone in the arm (other than in the wrists or hand) or in the leg (other than a bone in the ankle or foot).
- an amputation of an arm, a hand, finger, finger joint, leg, foot, toe or toe joint.
- the loss of sight of an eye; and
- any injury other than the above which, in the opinion of a medical practitioner, is likely to prevent the employee from being able to work within 10 days of the day on which the injury occurred.

Policy

IES is committed to providing a safe workplace for all staff, consumers and other stakeholders and to establishing a formal process to report and investigate all workplace accidents, incidents and near miss occurrences. This includes identifying contributing factors and making the necessary recommendations to prevent a recurrence.

IES will respond to any incident or injury immediately and will ensure the person is provided with access to the medical support they need. There are many benefits for health and wellbeing when a worker is supported by an Injury Management System and return to work program. IES will support staff to return to work in a safe and sustainable way.

Procedures

Board Responsibilities
The Board must ensure IES meets its OSH and Incident Management responsibilities. This includes:

- maintaining knowledge of OSH matters including legislative requirements for reporting incidents
- understanding the nature of IES's operations and the hazards and risks associated with those operations
- ensuring IES has appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out
- ensuring IES has appropriate resources for the management of incidents
- providing accessible first aid equipment, facilities and trained staff to respond to incidents
- ensuring it receives and considers information regarding incidents, hazards and risks and responds to this information in a timely way; and
- ensuring IES has and implements processes for complying with its incident reporting duties and obligations.

With respect to workers compensation and supporting injured staff to return to work, the CEOs must:

- appoint a responsible position for Injury Management and support them to fulfil their functions

- ensure any potential or actual conflicts of interest the COO/HR Manager has with other roles they have in the business are addressed
- ensure all staff are covered by an appropriate Workers Compensation Policy
- prominently display and/or distribute the 'Injury Management System' poster, published by WorkCover WA to all staff (available from https://www.workcover.wa.gov.au/resources/forms-publications/employer-forms/#Template); and
- ensure IES has an effective Injury Management System.
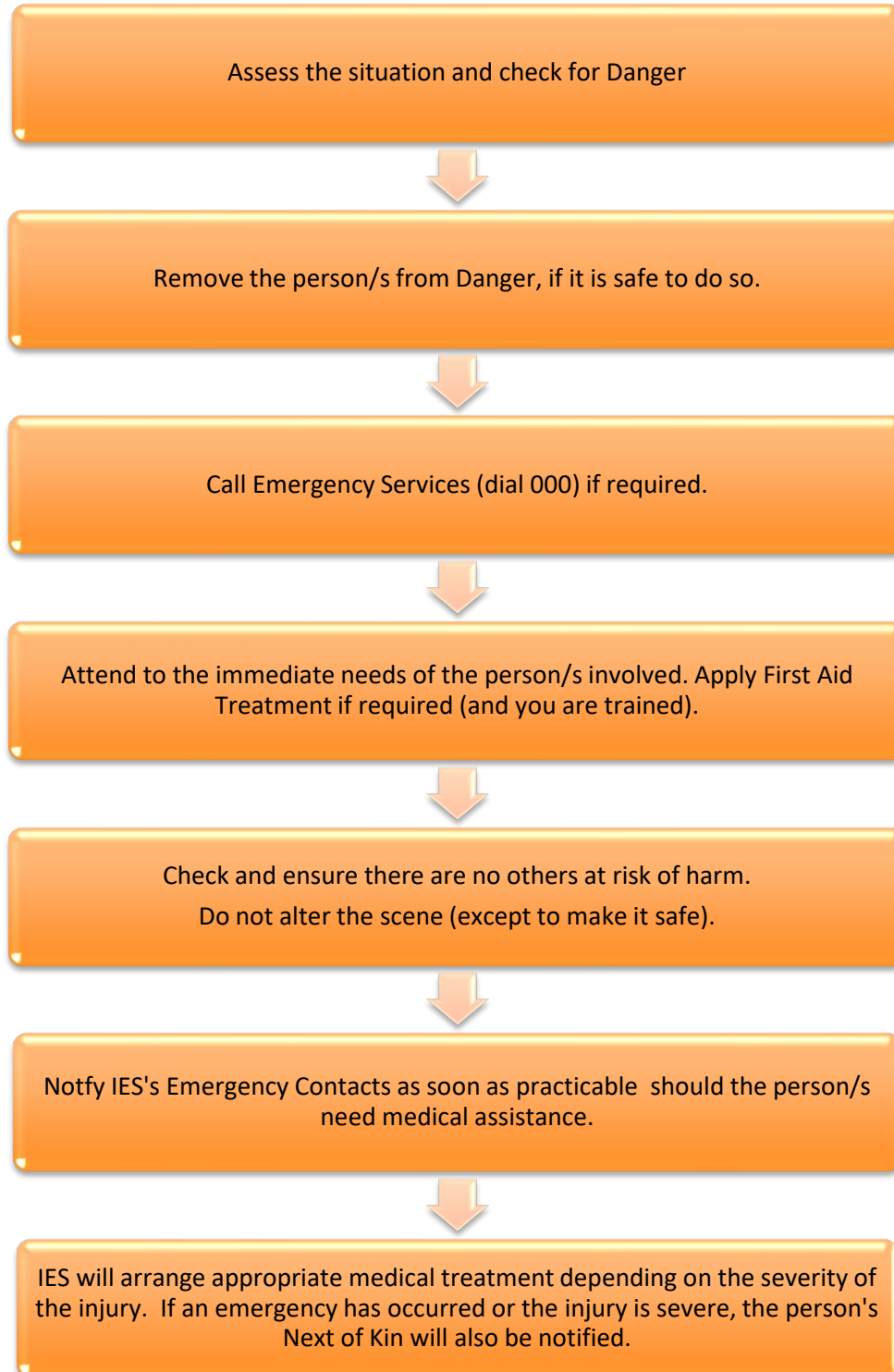
Staff Responsibilities

All staff are responsible for:
- reporting accidents, incidents or near misses as soon as practicable
- taking reasonable care for their own health and safety, and reasonable care that their acts or behaviours do not negatively affect the health and safety of others; and
- complying with reasonable instructions that are given by supervisors and managers for IES to comply with its obligations and responsibilities.

Upon commencement, all staff will undergo an Induction, which will include training in mitigating and responding to incidents. Those responsible for investigating any accident, incident or near miss as part of their role will also be trained in those areas.

Responding to Incidents

Assess the situation and check for Danger

Remove the person/s from Danger, if it is safe to do so.

Call Emergency Services (dial 000) if required.

Attend to the immediate needs of the person/s involved. Apply First Aid Treatment if required (and you are trained).

Check and ensure there are no others at risk of harm.
Do not alter the scene (except to make it safe).

Notfy IES's Emergency Contacts as soon as practicable should the person/s need medical assistance.

IES will arrange appropriate medical treatment depending on the severity of the injury. If an emergency has occurred or the injury is severe, the person's Next of Kin will also be notified.

Reporting Incidents

All incidents and near misses must be reported to the CEOs as soon as practicable and within 24 hours, through completion of a IES *Incident Report*.

If an incident is considered serious or has resulted in a death of a staff member, the CEOs must report it to WorkSafe WA, by phone (1800 678 198) immediately after becoming aware of the incident.

So far as reasonably practicable, the site where the incident occurred must not be disturbed until either WorkSafe WA or the CEOs advises that the area is no longer required to be preserved.

All incidents must be recorded in IES's *Incident Register*. If a staff member is injured in the incident, the register should be completed by them, or by someone on their behalf. The register must record the:

- name of the injured staff member; staff member's occupation or job title at the time of injury
- time and date of the injury
- staff member's exact location at the time of the injury
- nature and cause.
- names of witnesses, if any, to the injury
- treatment given
- date on which the entry in the register is made; and
- the name of the person making the entry.

Where an injury could mean the staff member will need to claim workers compensation, the CEOs must notify WorkCover within 5 days of a claim form being completed.

The CEOs may also need to inform the Western Australian Police Service and/or other relevant authorities depending on the nature of the incident

The CEOs must track progress and outcomes of accidents, incidents and near misses in IES's *Incident Register* and refer any relevant items for inclusion in IES's *Continuous Improvement Register*.

Accidents, incidents and near misses are to be reported to the Board by the CEOs as part of their WHS reporting. Incidents will be reviewed by the Board to determine if there are any trends or preventive measures that IES can take to prevent future incidents. If trends or measures are identified, these will be tracked in IES's *Continuous Improvement Register*.

Needlestick Injuries

Needlestick injuries or exposures to blood and/or body fluids (or body substances) must be reported and should be managed in accordance with *Management of Occupational Exposures to Blood and Body Fluids in the Healthcare Setting* published by the

Government of Western Australia - Department of Health.

Chemical Incidents
For any injuries or illnesses that have, or may have been caused by a hazardous chemical, ensure to follow the Emergency Response and First Aid instructions on the Safety Data Sheet.

The SDS must also be available for Emergency Services if they attend the incident.

A copy of the relevant SDS must be taken to the treating medical practitioner/hospital.

Investigating and Resolving Incidents
The CEOs will work with WorkSafe WA and/or other relevant authorities to investigate the incident.

The CEOs or their nominated representative will:
- commence investigations immediately upon receiving a completed *Incident Report* and, where a staff member is injured, involve them in the investigation
- implement the most effective controls practicable that do not introduce other hazards, and monitor and review these (based on IES's *Risk Management Policy and Procedure*)
- consult with staff who are, or are likely to be, directly affected
- provide information and feedback to the Board; and
- track all relevant information in IES's *Incident Register*.

The *Incident Register* must be updated to include:
- a summary of the incident and date the incident occurred
- any hazards identified
- corrective action or controls implemented
- outcomes of reviews of corrective actions or controls implemented.

Upon completion of the investigation the CEOs must finalise the relevant *Incident Report* and record the outcomes in the *Incident Register*.

The completed *Incident Report* should be kept on the relevant staff member's file.

Debrief and Support
For all people involved in an accident, incident or near miss, if required, the CEOs (or delegate) must:
- facilitate an informal debrief amongst supervisors, colleagues or peers; and
- ensure appropriate support and access to counselling is made available.

IES should also support staff with work-related injuries or illnesses by:
- discouraging blame. Instead, consider how to prevent future incidents and how IES can help the person to recover

- encouraging co-workers to stay in touch with injured or ill staff who are away from work
- considering whether there are any barriers to a staff member's recovery and return to work that IES can assist with; and
- ensuring injured or ill staff are aware of their obligations regarding IES's support for them to return to work.

Workers Compensation

All work-related injuries or illnesses must be reported in accordance with the 'Reporting Incidents' section of this policy and procedure.

A staff member who has a work-related injury or illness who is away from work due to that injury or illness should nominate and be assessed by a doctor. The doctor will determine the kind of treatment they require, including the frequency and duration of treatment. The doctor will also issue a *First Certificate of Capacity*, which is required to make a workers compensation claim. The original *First Certificate of Capacity* must be provided to IES.

The staff member should also complete a *Worker's Compensation Claim Form*, available from WorkCover WA, and submit it to the CEOs. The CEOs must submit the completed *Claim Form*, along with the *First Certificate of Capacity*, to WorkCover WA within 5 business days of receiving it.

WorkCover WA will write to the staff member and IES to advise if the claim has been accepted, disputed or if further information is required (pend the claim) within 14 days.

If the workers compensation claim is accepted, staff can claim medical and rehabilitation expenses and may receive compensation for wages if they need time off work. If they need more than 7 days off work, they must participate in an injury management plan.

If an injury is likely to prevent the staff member from working for 10 consecutive days, you must also notify WorkSafe WA on 1800 678 198. For a list of reportable injuries and diseases (refer to definition of Serious Injury/Illness and *Reporting Incidents* section within this policy and procedure.

For help regarding the claim process, staff should contact WorkCover WA Advisory Service on 1300 794 744. staff seeking advice about their own claim should contact IES's COO/HR Manager or may also contact WorkCover WA.

Staff making a Workers Compensation claim may be required to attend an independent medical examination, requested by WorkCover WA to make decisions about the person's possible compensation entitlements, treatment, recovery, rehabilitation and return to safe work. staff making a Workers Compensation claim may also be asked to provide a statement to the relevant WorkSafe WA Investigator.

IES will make every reasonable effort to support its staff in any claim for Workers Compensation, including adhering to this Policy and Procedure, providing staff with injury management information and assisting staff with planning their return to work.

Return to Work

Injury Management Coordinator

IES's COO/HR managers are responsible for fulfilling the day-to-day requirements of IES's Injury Management Program. They are also responsible for liaising with injured staff and their support people on behalf of IES.

The COO/HR Manager must possess the relevant training, skills and experience to fulfil their role, and be provided with sufficient time and resources for them to effectively support injured workers.

The COO/HR Managers responsible for:

- recovery at work planning
- managing staff with a work-related injury or illness
- compiling initial notification information
- coordinating staff recovery at work, including identifying suitable alternate duties
- preparing, monitoring and reviewing a *Return-to-Work Program* (in consultation with key parties) that documents the staff member's capacity and the duties available within the business for them to perform
- liaising with external stakeholders, such as the nominated treating doctor, insurer, treatment providers, union and workplace rehabilitation provider
- implementing IES's Injury Management System
- supporting the redeployment of staff (internally or externally) into suitable employment when they cannot return to their pre-injury duties
- keeping injury and recovery statistics
- keeping confidential case notes and records in line with the *Records and Information Management Policy and Procedure*
- promoting the health benefits of early return to work to staff; and
- contributing to the improvement of relevant policies and systems.

IES's Injury Management System

IES's Injury Management System is a summary of the process that will be followed to manage staff with work-related injuries or illnesses. The program must align with the injury management program administered by WorkCover WA.

IES's Board and COO/HR Manager are responsible for maintaining the program. It must be reviewed at least every two years and should be written in plain English. The policies, procedures, roles, responsibilities and communications described in the plan must support timely, safe and durable recovery at work and align with the *Occupational Safety and Health Act 1984 (WA)* and *Occupational Safety and Health Regulations 1996 (WA)*.

Recovery

IES's COO/HR Manager will explain the return-to-work process to injured or ill staff members who have been off work and support their return to work as soon as possible to encourage recovery.

The COO/HR Manager will work with returning staff members and their treating doctor to develop a *Return-to-Work Program*. The plan should adjust the staff member's duties to match their capacity for work. This may be a gradual process where the person returns to modified duties or reduced hours to accommodate their injury.

IES will provide suitable duties that are consistent with medical advice and that are meaningful, productive and appropriate for the person's physical and psychological condition depending on their individual circumstances. Suitable duties may be:

- at the same worksite or a different worksite
- the same job with different hours or modified duties
- a different job; or
- full time or part time.

Copies of the staff member's *Return to Work Program* must be provided to the staff member, their doctor, WorkCover WA, and their supervisor or manager. A copy should also be kept by the Injury Management Coordinator.

Supervisors, managers and co-workers should be informed of the types of duties that the staff member can perform, without compromising personal and confidential information about the person's injury. The COO/HR Manager will ensure the person is offered the assistance of a workplace rehabilitation provider if it becomes evident that they are not likely to resume their pre-injury duties or cannot do so without changes to the workplace or work practices.
Return to Work Programs must be monitored weekly and updated as the staff member's capacity for duties at work increase.

For more information about *Return to Work Program* including a template, see WorkCover WA's website at https://www.workcover.wa.gov.au/resources/forms-publications/employer-forms/#Template.

Reporting
The COO/HR Manager must report to the CEO on a fortnightly basis regarding IES's Injury Management program, staff members' workers compensation claims, and the status of different staff members' *Return to Work Plans*.

IES is also required to report any breaches of workers compensation legislation to WorkCover WA.

Enquiries and Complaints
Where staff, on behalf of IES have an unresolved enquiry or complaint about a workers compensation claim, they should contact WorkCover WA.

Staff who have an unresolved enquiry or complaint with WorkCover WA about their own workers compensation claim should contact WorkCover WA's Advisory Service on 1300 794 744.

Dispute Resolution

IES's COO/HR Manager will work with injured or ill staff and their representatives (including union representatives) to resolve disagreements about their *Return-to-Work* program or suitable duties.

If disagreements cannot be resolved, the COO/HR Manager can request involvement of other parties such as WorkCover WA, the staff member's treating doctor, an approved workplace rehabilitation provider or an injury management consultant. The COO/HR Manager or injured staff member may also raise their complaint with the Workers' Compensation Conciliation Service.

If a complaint or dispute relates to WorkCover WA's decision regarding a staff member's work capacity or entitlements, WorkCover WA may decide to undertake an internal review of its decision. An internal review is mandatory if it is requested by the complainant.

If a complaint or dispute remains unresolved, IES or staff may escalate their dispute to the Workers Compensation Arbitration Service. An application to the Workers' Compensation Arbitration Service can only be made if Conciliation has been attempted, and after a Certificate of Outcome has been issued by a Conciliation Officer at the end of the conciliation process.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Incident Report*
- *Incident Register*
- *WorkCover WA Workers' Compensation Claim Form*
- *WorkSafe WA Notification of Injury or Disease Form (online)*
- *staff Code of Conduct*
- *Occupational Safety and Health Policy and Procedure*
- *Human Resources Policy and Procedure*
- *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
1	February 2021	CEOs
Version History		
Version No.	Review Date	Revision Description
2	February 2022	NDIS Operations Policy and Procedure Manual
3	June 2023	NDIS Operations Policy and Procedure Manual
4	April 2024	NDIS Operations Policy and Procedure Manual

HUMAN RESOURCES POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out IES's recruitment and selection, staff management and exit procedures and to demonstrate its commitment to effective, transparent and fair human resources practices.

The purpose of this policy and procedure is to also ensure IES consumers receive the best possible care and services via a workforce that is respectful, flexible and responsive.

It applies to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 6. Service Management*

Definitions

Criminal history record check - a full-disclosure, Australia-wide criminal history record check issued by a police force or other authority of a state or territory, or the Commonwealth. It may also be referred to as a *National Police Certificate* or *Police Records Check*.

Indictable offence – considered more serious criminal charges such as murder, rape, threatening or endangering life, theft, deception, assault, stalking and gross indecency.

Policy

IES is committed to building and promoting a diverse, caring and talented workforce that has the support and capacity to deliver high quality services to its consumers.

IES will employ enough staff across all areas of the business; taking into consideration not only qualifications and experience required to meet legislative, policy and service standards, but also the staff's values and personal/professional desire to support consumers with disabilities.

staff working with IES are expected to uphold IES's values, respect and support each consumer as an individual and contribute to a positive workplace culture.

Each consumer's support needs will be met by staff who are kind, knowledgeable and competent in their role, hold appropriate qualifications and have relevant expertise and experience to provide person-centred support.

Procedures

Planning

IES's CEOs are responsible for monitoring all prospective consumer care enquiries and engagement with new consumers to determine the current and future staffing need. This includes not only the approximate number of staff required for specific positions, but also the preferences of consumers and need to meet any special needs.

The CLO is responsible for regularly reviewing key themes in relation to consumer needs and preferences identified during their assessments, support planning, reviews/monitoring and reporting these to the CEOs. This allows IES to identify continued areas of need.

The HR Officer is responsible for monitoring the current staff numbers and ensuring any staff exits are immediately planned for to prevent deficits in rostering/scheduling and ensure continuous services are provided for consumers.

IES encourages staff to provide feedback during informal and formal supervision (or at any other time), in relation to any skills or other deficits they observe across the organisation. This ensures IES acknowledges the valuable insight support workers especially have in understanding consumer need and how best the workforce can support that.

Position Requirements

It is a condition of IES as registered provider to ensure that workers in risk assessed roles have a NDIS Workers Screening check (or an acceptable check under the transitional an special arrangements) All IES staff will obtain and hold a current clear Police Records Check/NDIS Worker Screening Check.

IES staff will meet the minimum qualification and experience requirements in accordance with relevant legislation for the delivery of services for people with disability in the community. Those relevant to IES are

- Certificate III in Individual Support,
- Diploma of Community Services
- Disability Support Worker - Certificate III, IV, Diploma or Advanced Diploma in Disability Services, or another relevant qualification.

In addition to the above requirements, all staff must have, where relevant:

- medication administration credentialing/re-credentialing
- manual handling training and experience
- their own car covered by Third Party Insurance at a minimum
- a full Drivers' License
- a current National Police Records Check/NDIS Worker Screening Check; and
- a current First Aid and CPR Certificate, including Anaphylaxis and Asthma.

The COO will develop and update Position Descriptions for all positions within the business. Position Descriptions must set out the minimum qualifications, experience, skills and knowledge required, as well as the responsibilities, scope and limitations of each

position.

All Position Descriptions will stipulate that all staff must comply with IES's policies and procedures as well as their Occupational Safety and Health obligations.

Recruitment and Selection

IES's Human Resources Officer is responsible for recruiting staff and will:
- develop selection criteria for each position
- advertise positions, respond to enquiries and email application forms if requested
- contact applicants and arrange interviews (including interview panels)
- speak with nominated referees and seek opinion about the applicant's qualities, skills and capacity to fulfil the role
- support selected applicants through the appointment process, including mandatory checks and contract negotiations; and
- notify unsuccessful applicants in writing or verbally, offering feedback on application.

During the interview and selection process, applicants will be selected based on:
- their ability to articulate and demonstrate their genuine desire to support people with disabilities, in a way that recognises their value in the community
- their warm, caring and compassionate approach towards interactions with others
- feedback from referees in relation to their demeanour, respectful and kind nature; and
- merit and have respect to IES's *Disputes and Grievances* and *Equity, Anti-Discrimination and Workplace Harassment Policies and Procedures*.

Careful consideration will be taken to ensure each potential staff member aligns with IESs vision, values and ethos, not just focused on the qualifications they possess.

Mandatory Checks

As an approved NDIS provider IES must screen new and existing staff, volunteers, students and contractors who work directly with any of IES consumers before they are employed or appointed.

The mandatory checks applicable to all IES staff are:
- referee checks
- qualification/s and professional registration checks
- clean current drivers licence and vehicle insurance and registration check (for staff transporting consumers); and
- the National Police Records Check/NDIS Screening Check

The mandatory checks applicable to all Key Personnel of IES are:
- referee checks, including employment history and confirmation of Key Personnel members ability to perform their duties
- qualification/s and professional registration checks

- insolvency check via the Australian Financial and Security Authority Bankruptcy Register search; and
- the National Police Records Check/NDIS Worker Screening Check.

Prior to checks being undertaken, the person being checked must:
- consent to IES undertaking checks, including police record checks and international police record checks, or insolvency checks where applicable; and
- sign a statutory declaration stating they have fully disclosed all relevant information regarding their criminal record and employment history to IES.

IES must also provide an opportunity for prospective employees and volunteers to disclose any criminal record or disciplinary actions as part of the recruitment process.

The Human Resources Officer is responsible for:
- assessing whether a staff member needs a check
- determining who will cover the costs of mandatory record checks
- maintaining a record for IES staff including their qualifications, registrations, training and criminal history check status. The Human Resources officer must ensure these have been sighted and maintain the details on each staff record; and
- maintaining a *Criminal History Screening Register* that contains the National Police Records Check, Expiry Dates and Currency Status for all staff.

Employment contracts will stipulate that all staff are obligated to:
- advise the HR officer if they are charged with a criminal offence which is punishable by imprisonment or, if found guilty, could reasonably affect their ability to meet the inherent requirements of their job; and
- disclose formal disciplinary action taken against them by any current or former employer, including findings of improper or unprofessional conduct by a Court or Tribunal and investigations the staff member has been the subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country.

The Human Resources Officer will ensure that criminal history screening is conducted at least every three years for each staff member.

The *Criminal History Screening Register* will be reviewed by the Human Resources Officer monthly to ensure that staff hold a current National Police Records Check at all times.

The applicant must be informed that referees will be asked whether they have knowledge or information concerning the applicant, which would adversely affect the applicant from performing the job, including any relevant criminal offences.

The credentials of persons acting as referees must be verified and can include previous employers, government officials and family members.

In the case of asylum seekers and refugees who may be unable to provide character references to accompany a statutory declaration, the statutory declaration will suffice with proof of status. However, eligibility to work should be confirmed as part of the recruitment process using the Department of Immigration & Border Protection's Visa Entitlement Verification Online (VEVO) checking system at http://www.border.gov.au/Busi/Visa or their faxback service.

Results of the Police Record Check
Information released as part of a police record check is restricted according to the relevant legislation or release policies operating in the specific police jurisdiction.

Where the police record check reveals no disclosable court outcomes, outstanding charges or other matters, their appointment may be confirmed.

An applicant should not automatically be precluded from a job or placement based on having a police record, except where, in line with the *Accountability Principles 2014*, a person has been convicted of murder or sexual assault; or have been convicted of, and sentenced to, imprisonment for any other form of assault. If this applies, the applicant cannot become an IES staff member or volunteer that delivers NDIS services.

Where a person is convicted of murder or sexual assault; or have been convicted of, and sentenced to, imprisonment for any other form of assault during the period in which they work or volunteer for IES, their employment/volunteering will be ceased immediately.

Other Checks
In addition to the Mandatory Checks, the Human Resources Officer will also confirm the identity (through photo identification), qualifications and professional registrations (through sighting a copy - where relevant) of all prospective staff prior to their appointment.

If qualifications and/or professional registration/s are a mandatory requirement of the role, original qualifications and/or registration certificate/s must be copied, certified as being a true copy of the original and dated by the relevant delegate then returned to the applicant.

If there are doubts about the qualification, the Human Resources Officer should undertake an online check to verify that the qualification was awarded to the applicant. If an online check is not possible, the applicant should provide a letter from the registrar of the relevant institution confirming that the qualification was in fact awarded to the applicant. If there are any concerns about the authenticity of the qualification as presented, the issuing institution must be contacted directly to verify that the qualification was completed and issued to the relevant applicant on the date specified.

Storage of Documentation and Confidentiality
Information obtained as part of the screening process must be treated with the highest level of confidentiality and privacy in accordance with the relevant legislation and standards. See IES's *Privacy and Confidentiality and Records and Information Management Policies and Procedures.*

Employment Contracts

Employment conditions and work hours will be specified in employment contracts. Staff will be paid as per the Social Community Care and disability Services award 2010 (MAOOO1OO)

And the Health Professionals and Support Services Award 2010(mAOOOO27)

Refer to IES's *Staffing Policy and Procedure* for further details regarding working hours and entitlements.

Induction

All new staff must be provided a *Staff Handbook*, incorporating their job description, *Staff Code of Conduct*, an organisation chart highlighting their direct supervisor and other relevant information to orientate them to IES.

All staff should complete the mandatory NDIS Worker Orientation

All new staff should complete mandatory training in complaints management and incident management and reporting as per *the National Disability Insurance Scheme (Incident Management and Resolution Incidents) Rules 2018*, and *the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.*

Upon commencement and prior to engaging with consumers, all new staff will undergo a comprehensive Induction process. Induction topics will depend on the staff members role and responsibilities. This will include (but is not limited to) the provision of information and training in:

- IES's Mission and Vision and Strategic and Operational Plans
- consumer rights
- IES's compliance and program responsibilities, including obligations under relevant legislation, regulations and standards and its Policies and Procedures
- staff roles and responsibilities, professional standards, IES *Staff Code of Conduct*, and IES's philosophy
- consumer-directed-care, dignity, independence and choice
- IES's organisational and governance structures, team processes, communication channels, staffing, supervision arrangements and accountabilities
- continuous improvement, risk management and occupational safety and health, including first aid, incident reporting and emergency procedures
- staff entitlements and working conditions
- obtaining feedback and handling complaints
- privacy and confidentiality and IES records and information management processes
- supporting consumers to actively participate in their service delivery, including carers and advocates in service delivery and alternative communication needs and aids
- the safe use of goods and equipment required in the delivery of service
- the needs of vulnerable people including people with complex needs, culturally and linguistically diverse and Aboriginal and Torres Strait Islander people,

- responsibilities under anti-discrimination legislation
- use of interpreters and translators
- the role of advocates and supporting consumers to access and effectively engage with them
- the service's access and exit/transition processes
- referral processes, including target response and referral timeframes and how to make appropriate referrals.
- IES's service network, *Referral Database,* and appropriate referrals for common issues
- IES's assessment, planning and review processes
- evidence-based, person-centred approaches to service delivery and how to use a strengths-based approach to identify consumer needs and life goals
- IES's financial management processes, including supporting consumers' control over their finances
- IES's service delivery and participation processes
- Duty of Care requirements
- how to respond to actual or potential signs of abuse, neglect, domestic violence and exploitation, including their responsibilities for responding
- risks that may be experienced by people with different needs; and
- positive behaviour support strategies.

Where possible, cultural awareness/safety training will be delivered by local Aboriginal and Torres Strait Islander and CALD groups to ensure it is tailored to the organisation's service areas.

Consumer-specific inductions will be provided to individual staff as they are matched with consumers to provide support/care services.

All staff will be asked to provide feedback on the Induction process to contribute to IES continuous improvement.

Ongoing training will be provided in these areas where required.

Training and Development
Records of induction, training and organisational and professional development provided to all staff will be kept on each staff record as well as in IES's *Staff Training and Development Register*.

Ongoing Training and Development
IES is committed to ensuring staff and volunteers have the necessary skills and knowledge to competently undertake their duties.

IES encourages, advertises and provides ongoing training and development opportunities each year for all staff that extend and enhance their capabilities, as well as provide them opportunities for advancement within the organisation.

The following mandatory training will be provided to all relevant staff each year:
- Consumer Rights
- Risk Management
- Manual Handling
- Work Health and Safety; and
- Risk Assessment.

IES recognises that in valuing and providing further opportunities for growth and development to its staff, consumers will receive increasing high-quality best-practice care.

Training and development methods available to staff include on-the-job training and supervision, internal or external courses, support for undertaking research or project work, attendance at conferences or seminars, and networking, coaching and mentoring programs.

Training on specific issues or areas will be provided where a need is identified, for instance:
- dementia care
- end of life care
- disability and mental health
- cultural safety
- boundaries
- dignity of risk versus duty of care
- LGBTI awareness
- wellness and reablement approaches to care
- use of interpreters and translators
- managing challenging behaviours
- person-centred care
- pressure care management
- continence management

Staff will be encouraged to share insights and wisdom from training/professional development undertaken so that other staff members can benefit and implement positive learnings when working with consumers.

Annual staff Performance Reviews will encourage staff to take an active role in their ongoing development by identifying their training and development needs in consultation with their Manager/Supervisor or the Human Resources Officer. Performance Reviews are also an opportunity to assess the effectiveness of training provided, identifying any further skills gaps or additional training required.

The HR Officer is responsible for overseeing training and development needs for IES. They will track training undertaken and future needs in IES's *Staff Training and Development Register* and plan and publicise upcoming training and development opportunities using a *Training and Development Calendar* distributed regularly to all staff.

All training delivered to staff will be evaluated for effectiveness using IES's *Training*

Evaluation Form. Feedback obtained from evaluations will be used to inform future training provided to staff and improvements identified will be tracked in IES's *Continuous Improvement Register*.

Where the HR Officer decides, in consultation with the COOs, that it is necessary for a staff member to acquire a particular skill or qualification to carry out their duties, IES will consider being fully responsible for all costs incurred for the staff member to attend the training. Where IES has capacity and resources allow, staff will be supported to pursue further education or training that will contribute to their professional development but is not directly relevant to their current position.

Where a staff member wishes to pursue further education or professional development that is not a requirement for their current position or directly relevant to IES needs, IES will not pay for the cost of the staff member's training.

At the CEOs discretion, and considering any impact on service delivery or other staff, the staff member may be:
- permitted to take annual leave or unpaid leave that would assist them to participate in the training; and
- granted up to two days' study leave as necessary to attend examinations.

Staff must provide IES with one months' notice (where possible) of their intentions to participate in training or professional development.

Staff Management and Retention

The Board is responsible for ensuring the structure and environment of the organisation promotes cooperative work practices and encourages staff and volunteers to take responsibility and initiative.

Staff performance and retention are supported by the following organisational policies and procedures:
- Human Resources
- Staffing
- Financial Management
- Continuous Improvement
- Code of Conduct
- Disputes and Grievances
- Equity, Anti-Discrimination and Workplace Harassment; and
- Work Health and Safety.

Staff are expected to attend regular team meetings, where they will have access to information sharing, training and development, and debrief opportunities.

All staff will be provided with an Induction and ongoing training and development opportunities, team building activities and mentoring.

Supervision

IES recognises the importance of supervision as part of its commitment to quality improvement, best practice and allowing staff members the opportunity to evaluate their practice. Supervision is also an activity that demonstrates IES's commitment to valuing its staff and wanting to retain a team of capable, respectful, reliable employees.

Supervision can include individual face-to-face/telephone, in groups (staff meetings) and peer supervision.
IES's supervision approach aims to discuss any needs, challenges or feedback the staff member has in relation to administrative tasks, training and professional practices.

All staff are given opportunities for formal supervision with their direct manager/supervisor. The frequency and other details will be dependent on their role and responsibilities and determined between the two.

Support workers will be advised at Induction that although it is expected that they remain in regular contact with IES staff and provide ongoing feedback in relation to consumers as required, should they require formal supervision to debrief or work through challenges, it is available with the Case Manager/Support Coordinators as required.

Other staff with oversight of consumer care, decision making responsibilities and members of management have formal supervision (debrief and mentoring) sessions regularly with the Case Manager/Support Coordinators as well as undergo annual Performance Reviews with their manager.

The HR Officer may be invited to participate in a staff members supervision provided agreement of both staff member and supervisor.

All supervision provided formally will be documented in the staff members employee file.

Performance Reviews

Performance Reviews will be conducted for all staff on a yearly basis (or sooner should a Performance Management issue arise).

The purpose of Performance Reviews is to ensure staff are capable and confident in performing their role and understand IES's policies and procedures. This is also an opportunity to discuss with staff their future professional goals and how IES can support their development.

The HR officer will notify their staff in writing at least one week in advance of the date and time of their Performance Review. staff must complete a *staff Training Needs Self-Assessment* before the date of the review and take this with them to the interview.
Before the interview, the Manager will review the performance of their staff over the past year and make preparatory notes. This can include:
- information gathered from regular supervision
- any feedback (including complaints and compliments) from consumers over the

review period; and
- general observations of the staff members interactions with peers and other stakeholders, their commitment to upholding IESs vision, mission and goals in addition to providing safe and quality care and services to consumers.

Either party can request that a support person be present during the meeting.

Performance Reviews will seek to:
- clarify the staff members duties and responsibilities ensuring both employer and staff member continue to agree with them
- provide the staff member the opportunity to reflect on the past 12 months of performing their role and identify any successes/achievements in addition to areas they would like to improve
- identify what IES has observed as the staff members strengths and any areas where the staff member would benefit from additional training/education
- discuss the *staff Training Needs Self-Assessment* completed by the staff member
- make changes to the staff member's *staff Training Needs Self-Assessment*, where necessary. Both parties must sign this document as agreement on the staff member's training needs
- provide the staff member with the opportunity to provide feedback in relation to IESs processes, operational and strategic goals and areas for improvement (and how they would like to be involved).
- identify and confirm the actions to be taken to maintain, enhance or improve the staff members performance; and
- determine and plan for future professional goals for the staff member.

At the conclusion of the meeting, the manager will complete a *staff Performance Review Feedback Form*. This will be signed by them and the staff member. Where strategies for performance improvement are required due to a significant issue, a *Staff Performance Improvement Plan* must be completed and signed by the staff member and their manager.

After the Performance Review, any agreed training should be entered into a *Staff Training Plan* for the staff member and signed by both the staff member and the Manager. A copy of the completed *staff Training Plan* will be placed on the staff member's file and a copy given to them.

If a staff member believes that they have been directly or indirectly discriminated against in the performance review, they should act in accordance with IES's *Disputes and Grievances Policy and Procedure*.
A copy of all documentation relating to Performance Reviews will be retained in the staff member's employment file.

Performance Management
Staff who are not performing satisfactorily, engage in misconduct or do not comply with IES's Code of Conduct, Policies and Procedures or their Employment Contract may face

disciplinary action.

IES's Managers are responsible for identifying performance concerns as soon as they arise and acting. They must maintain records of all performance-related discussions and counselling sessions, and these must be kept on staff records.

In all processes the principles of natural justice must be followed. This means the staff member must have an opportunity to state their point of view before action is taken and that the decision maker must not be biased.

If a staff member engages in serious misconduct so that it is unreasonable for IES to continue their employment, they may be dismissed instantly. Examples of such misconduct include theft, assault and fraud. Such action must be supported by a high level of evidence.

Other misconduct that may result in disciplinary action includes:
- not complying with IES's *Code of Conduct*.
- intentionally causing harm / disregard for the safety and wellbeing of themselves or others; and
- preventing other staff from carrying out their duties.

If misconduct occurs, the Manager must complete a *Misconduct or Non-Performance Report* detailing relevant incidents and behaviours.

If the Manager identifies unsatisfactory performance of a staff member, they must advise the staff member. An opportunity must be provided for the staff member to improve their performance within a reasonable timeframe. This could also include the staff member attending training to improve the standard of their performance.

IES is committed to supporting staff members through the performance management process and offering every effort reasonably practical to allow them to resolve the performance issues. This may include offering additional mentoring or guidance from peer staff or training/education.

If the staff member's performance does not improve to the required standard after assistance and training has been provided within the specified time, the COO must complete a *Misconduct or Non-Performance Report* outlining specific performance problems.

The COO will meet with the staff member and inform them that a report will be written, and they will be provided with a copy.

Based on the seriousness of the misconduct or poor performance, the following may occur:
- Discussion/Counselling – between the COO and the staff member. The problem will be explained, and the staff member asked to respond. The staff member is entitled to have a support person present. If misconduct or non-performance is proved, the COO will advise the staff member of the corrective action they need to take. The COO will record details of the discussion in the *Misconduct or Non-Performance*

Report. All parties present must sign the report.

- Written warning - if the incident of misconduct is repeated or performance does not improve, the COO will issue a written warning. If the case is considered severe enough, the first written warning can also be regarded as the final warning.
- Final warning - if the problem persists, or the nature of the misconduct or poor performance is very serious, the COO will issue a final written warning to the staff member. If the issue is not resolved, the COO may proceed to dismiss the staff member.

The HR Officer will maintain formal records (*Misconduct or Non-Performance Reports*) of each counselling/disciplinary session and keep them confidential. All records must be sighted and signed by the relevant staff member as true and correct. Such records will provide important evidence if the matter proceeds to the Fair Work Commission.

If the staff member refuses to sign the record, details of when they have been provided a copy and their reason/s for refusal (if given) must be noted by the COO.

Reportable Incidents

IES must report the most serious of these incidents to the NDIS Commission as defined by reportable incidents in the NDIS Act 2013. These reporting obligations are clearly documented in IES's *Complaints and Incident Management Policy and Procedure*.

Dismissal

IES must comply with all State and Federal legislation and the staff member's Employment Contract in relation to disciplinary action and employment termination. IES must ensure:

- dismissal is not for an unfair reason
- the staff member knows the reason for dismissal and has an opportunity to respond in relation to that reason; and
- it gives the staff member appropriate notice or compensation in lieu of notice.

staff 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.

Exit Interviews

The HR Officer will ensure all staff leaving IES can complete an Exit Interview. Exit interviews are voluntary and allow departing staff to offer feedback and suggestions that IES may use to improve its workplace practices, culture and working environment.

staff who are leaving will be provided with an *Exit Interview Questionnaire* to complete their Exit Interview, which can be returned to the Human Resources Officer.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Employment Contracts*

- *Position Descriptions*
- *Statutory Declaration*
- *staff Handbook*
- *National Police Records Check*
- *Disputes and Grievances Policy and Procedure*
- *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*
- *Occupational Safety and Health Policy and Procedure*
- *Criminal History Screening Register*
- *Privacy and Confidentiality Policy and Procedure*
- *Records and Information Management Policy and Procedure*
- *Staffing Policy and Procedure*
- *Code of Conduct*
- *Referral Database*
- *Misconduct or Non-Performance Report*
- *Brokerage Policy and Procedure*
- *Induction Checklist*
- *Staff Records*
- *Staff Training Needs Self-Assessment Form*
- *Staff Performance Review Feedback Form*
- *Staff Performance Improvement Plan Form*
- *Staff Training Plan*
- *Training and Development Calendar*
- *Training and Development Register*
- *Training Evaluation Form*
- *Continuous Improvement Register*
- *Exit Interview Questionnaire*

Monitoring and Review

This policy and procedure will be reviewed at least every two years by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's feedback collection mechanisms, such as staff and consumer satisfaction surveys, will assess:
- staff access to and understanding of IES HR processes and policies and procedures relating to the provision of high quality and safe services
- staff access to and understanding of how criminal history checks are undertaken and their satisfaction with the management of these
- staff confidence in their ability to do their job based on their qualifications and experience
- staff satisfaction with supervision, training and development opportunities provided by IES

- consumer satisfaction that their specific needs, including cultural needs, are understood and supported by staff; and
- consumer satisfaction that they are actively involved in the improvement of IES services.

IES will review its HR practices in accordance with its *Internal Review and External Audit Schedule*. This schedule includes service planning and delivery activities that incorporate staff and stakeholder participation, assess feedback provided to and by staff, consumers and stakeholders and review files for alignment of practice with processes (staff file audits).

IES's *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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STAFFING POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure IES employs and rosters enough appropriately qualified staff to safely deliver quality aged care services to consumers.

It applies to all IES's Board and meets relevant legislation, regulations and standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 6. Service Management*

Definitions[14]

Ordinary hours - a staff member's normal and regular hours of work, which do not attract overtime rates.

Roster - a timetable/schedule that sets out the days and times staff are required to work.

Spread of hours - the time of the day ordinary hours are worked (e.g. 7am to 7pm).

Policy

As part of IES's commitment to reliability, flexibility and continuity for consumers, it will employ enough appropriately qualified and experienced staff, to meet legislative, policy and service standards based on the services that IES provides. See IES's *HR Policy and Procedure* for further details about staff recruitment planning.

Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of services.

In the event of staff absence or vacancy, a suitably qualified and/or experienced person will be placed in the role.

Procedures

Rosters and Ordinary Hours of Work
Ordinary hours of work are set out in employment contracts. HR are responsible for developing staff rosters and these will be provided to staff on a weekly basis via Monday.

Should a change to a staff member's regular roster or ordinary hours of work be required, the Manager will first discuss this with the staff member, providing as much notice as possible.
Because the needs of consumers change, staff rosters may need to be adjusted from time to time. IES cannot guarantee that staff will always retain the same roster they were assigned upon employment. Further, working a temporary schedule does not signify a change to the staff member's official roster.

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[14] See www.fairwork.gov.au

Overtime

Full-time staff are entitled to overtime penalty rates if they work:

- more than the maximum number of ordinary hours of work (per day or per week, as stipulated in their Award); or
- outside the spread of ordinary hours.

Part-time staff are entitled to overtime rates if they work more than the maximum number of ordinary hours of work (per day or per week). Part-time staff will not be paid overtime rates if they work more than their agreed hours, but less than full-time ordinary hours.

Casual staff will be paid overtime if they work more than the maximum number of ordinary hours of work (per day or per week).

Staff who are called back to work after finishing their shift must be given at least 2 hours of work. If they don't work these hours, they will still be paid a minimum 2 hours at overtime rates.

A staff member who works more than 4 hours of overtime when they are called back to work is entitled to an extra 20-minute paid break. They will be given a further 20-minute paid break for each 4 hours of overtime.

IES can request that a staff member works overtime, provided the following things are considered:

- any risk to their health and safety from working the extra hours
- their personal situation, including their family responsibilities
- the needs of the workplace
- if the staff member is entitled to receive overtime payments or penalty rates for working the extra hours
- if they are paid at a higher rate on the understanding that they work some overtime
- if they were given enough notice
- if they have already stated they can't ever work overtime; and
- the usual patterns of work in the industry.

Health and safety issues must be considered and managed if a staff member is required to work overtime, particularly fatigue.

The COO is responsible for approving overtime. COO may authorise short-term, emergency overtime to cover staff shortages occurring after business hours or on weekends.

For more information on overtime, breaks and other allowances, see the *Social and Community Services Award* at www.fairwork.gov.au.

Planned and Unplanned Leave

Staff are entitled to take planned leave (annual leave, long service leave and maternity

leave) or unplanned leave (sick/carer's leave, bereavement leave, domestic violence leave) in accordance with their employment contract. IES meets the minimum leave requirements as per the National Employment Standards, or the staff member's relevant Award (whichever is the greater).

For absences due to a work-related injury or illness and Worker's Compensation, refer to IES's *Workplace Incident Management Policy and Procedure*.

Requests for Flexible Working Arrangements
staff who have been employed part-time or full-time for at least 12 months have the legal right to request flexible working arrangements if they:
- have parenting or caring responsibilities
- have a disability
- are aged over 55
- are experiencing family violence; or
- care for or support someone experiencing family violence.

Casual staff can make a request if they've been working consistently for IES for at least 12 months and they and IES expect they'll continue to do so.

Staff can request to change their:
- hours of work
- pattern of work (for instance, working split shifts or job sharing); and
- work location (such as working from home).

Staff who want flexible working arrangements must submit their request to the COO/HR Manager in writing. This request must detail:
- the changes in working arrangements they want made; and
- the reason/s for seeking the change.

Staff can use the example templates provided on the [Fair Work Ombudsman's website](#) for guidance.

Before formally responding to a request, the COO/HR Manager must discuss it with the staff member and try to reach an agreement that accommodates the staff member's circumstances. As part of this process, the CEOs and COO must consider:
- the needs of the staff member
- consequences for the staff member if changes in arrangements are not made; and
- any reasonable business grounds for refusing the request.

Following their discussion, the COO/HR officer must provide a written response to the staff member. The written response must be provided within 21 days of the staff member submitting their written request. Each Award includes specific detail on what needs to be included in written responses (see [www.fairwork.gov.au](#)).

Refusal

If a request is refused, the COO/HR officer written response must provide the reasons for refusal, as well as any alternative working arrangements that IES can accommodate. Requests for flexible working arrangements can only be refused on reasonable business grounds.

Examples of reasonable business grounds are:
- the arrangements requested would be too costly to implement
- there is no capacity to change the working arrangements of other staff to accommodate the request
- it would be impractical to change the working arrangements of other staff, or recruit new staff, to accommodate the request
- the arrangements would likely result in significant loss of efficiency or productivity; and
- the arrangements would likely have a significant negative impact on customer service.

Appeal

Should a staff member disagree with the COO/HR offices decision, they can lodge an appeal.

Staff members who successfully appeal the original decision (in full or in part) will have agreed working arrangements implemented as soon as possible. staff who are not successful in their appeal will be provided advice in writing to this effect by the COO/HR officer.

It is a breach of the *Fair Work Act 2009* (Cth) if the requirements outlined above are not fulfilled. staff may also be able to take legal action under state and federal discrimination legislation, including the discrimination provisions of the *Fair Work Act 2009*, if they feel that the handling of their request for flexible working arrangements constitutes discrimination.

Any staff member who has an enquiry regarding requests for flexible working arrangements can contact the Fair Work Ombudsman by:
- making an enquiry online at https://www.fairwork.gov.au/contact-us/online-enquiries; or
- phoning 13 13 94.

Staff Absences and Vacancies

In the event of staff absence or vacancy, the Scheduler will ensure that a suitably qualified and experienced person will be organised to replace the staff member to provide continuity of services for consumers.

IES will ensure as per its *Service Delivery Policy and Procedure* that consumers are communicated with immediately should their usual staff be absent.

Staff Shortages

When an individual is unable to work their scheduled shift, a staff shortage may occur. staff who are unable to work their scheduled shift must notify the HR officer as soon as possible, with minimum 4 hours' notice (unless an emergency has occurred).

While it is IES's practice to try to fill staff shortages through voluntary means (such as swapping shifts or seeking nominations from staff who would like to work additional hours), when critical shortages occur, staff may be required to work additional hours, including overtime hours, to ensure continuity of support for consumers.

The COO/HR Officer is responsible for approving additional hours of work. Where possible, additional work will be limited to 12-hour shifts and consider any potential fatigue or safety concerns. In cases of extreme staff shortages, such as in a severe weather event, natural disaster or pandemic illness, staff may be required to work longer shifts. All staff members are expected to share the responsibility of covering unexpected staff shortages. staff are also expected to keep overtime usage to a minimum.

Routine staffing shortages are the responsibility of each Scheduler. The COO/HR Manager and the HR Officer are expected to proactively recruit and train fill-in staff so that they have resources available to deal with staffing shortages.

Vacancies

Staff vacancies must be managed in accordance with IES's *Succession Planning* and *HR* policies and procedures.

Termination of Employment

If a staff member decides to leave their employment with IES, they must provide the minimum notice as stated in their employment contract, based on the relevant industrial Award or instrument. This notice must be provided in writing.

IES has the discretion to pay the staff member their notice period in lieu of having them attend work for the notice period (in part or in full). IES will ensure all wages and entitlements are paid to the staff member within 14 days of the end of their employment and provide a final payslip.

For circumstances where IES may terminate a staff member's employment, refer to IES's *HR Policy and Procedure*.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Human Resources Policy and Procedure*
- *Emergency Planning Policy and Procedure*
- *Service Delivery Policy and Procedure*
- *Succession Planning and Human Resources*
  Workplace Incident Management Policy and Procedure

Monitoring and Review

This policy and procedure will be reviewed at least every two years by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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BROKERAGE POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure set out the arrangements for engagement between IES and any relevant persons, organisations, institutions and providers for the benefit of consumers accessing IESs services.

The policy and procedure apply to all subcontracted/brokerage arrangements entered into between IES and the other entities and meets relevant legislation, regulations and Standards.

Applicable National Standards for Disability Services

Any service or support type delivered to IES's consumers via a subcontracted/brokerage agreement must continue to meet all relevant legislation, regulations and Standards. Based on this, all 6 Standards apply to this policy and procedure.

Definitions

Brokerage – a formal relationship (as per an agreement) between IES and any other party established to achieve specified objectives (for consumers).

Policy

IES recognises the importance of offering choices and flexibility to consumers accessing their services.

In instances where:
- a consumer requests a service or resource be delivered via another entity (via Brokerage); or
- IES does not have the staffing or resources available to deliver a specific service, then

IES will enter a formal arrangement with a broad range of entities, ensuring the choices, needs and goals of consumers can be met.

All arrangements resulting in a formal agreement with IES must be approved by the CEOs.

Any brokerage arrangements must be consistent with all legislative requirements and Standards and IES policies and procedures.

Brokerage arrangements may be developed to provide single/one-off or multiple services.

As per IESs *Conflict of Interest Policy and Procedure*, IES will not enter any subcontracted/brokerage or other arrangement that could interfere with its ability or

willingness to act in consumers' best interests. This includes relationships that directly or indirectly benefit either entity financially.

Procedures

Establishment
Prior to the establishment of a formal arrangement (and signing of a subsequent *Service Provider Agreement*), the COO is responsible for providing information to the Board in relation to the proposal and will outline:
- details of the proposed entity, its Governance structure and business Vision, Mission and Values
- the capacity of the proposed entity to meet IES and its consumer's needs
- at least 3-5 references or recommendations from other approved providers or consumers currently accessing the proposed entity's services
- the risks and benefits of the arrangement
- a due diligence report on the proposed entity; and
- evidence that the proposed entity can meet NDIS legislation, regulations and Standards (for example copies of any relevant policies and procedures that meet *the National Standards for Disability Services*).

Once the Board have assessed the above information and agree the proposed entity aligns with IES's goals and objectives of providing high quality, safe care and services, a formal *Service Provider Agreement* will be entered in to.

The Agreement
The formal *Service Provider Agreement* contains:
- the date the agreement commenced
- business details of each agreeing party
- recitals in relation to the agreed service/s being provided in accordance with relevant state and commonwealth legislation
- terms of appointment and clear outlines that the arrangement does not create a relationship of employer and employee, principal and agent, or partnership between IES and the service provider, or any of its personnel
- details of who is responsible for the payment of any personnel wages, leave, entitlements etc
- fees agreed between both parties including to how and when they should be invoiced and paid (and any evidence required of the service/s that have been delivered
- expectations and responsibilities of IES and the subcontracted/brokered service provider
- qualifications, training and other personnel requirements the subcontracted/brokered service provider must meet
- occupational safety and health obligations

- reporting requirements in relation to incidents
- termination conditions and dispute resolution information
- insurance and indemnity responsibilities; and
- clear instruction in relation to confidentiality and privacy requirements.

For further details in relation to the above, please view IES's *Service Provider Agreement* document.

Support Planning (and Referral)

Prior to the connection of a consumer to a subcontracted/brokered service provider, where a consumer and/or their representative has requested a subcontracted/brokered service, the consumer and/or their representative must identify the specific need and be offered a variety of choices. First and foremost, the consumer and/or their representative is to be asked if they have a preferred subcontractor/brokerage service provider that IES will approach.

Where IES has assessed the need for outsourced services (with the consumers consent) or a consumer is unable to identify a preferred subcontractor/brokerage service provider; the consumer and/or their representative must be given detailed information (in a format and language to meet their needs) about each already established service provider IES is in agreement with. This information is provided without bias or IES's staff preference.

Referrals for a consumers subcontracted/brokered services are to be made as per IESs *Providing Information, Advice and Referral Policy and Procedure*.

IES is responsible for ensuring the agreed subcontractor/brokerage service provider has sufficient information about the consumer and their needs, preferences and goals (with the consumers and/or their representatives' consent) prior to services commencing.

Ongoing Compliance/Monitoring and Review

Whilst all subcontractor/brokered service provider are required to meet all NDIS compliance requirements (as outlined in IES's *Service Provider Agreement*, it remains IESs responsibility to ensure the ongoing compliance and high-quality services for consumers.

The CEOs are responsible for managing and monitoring all subcontracted/brokered arrangements including:

- monitoring the formal agreement and the subcontractor/brokerage providers compliance with its responsibilities
- monitoring communication between the subcontractor/brokerage provider and IES (as a way of not only reviewing the services are being provided as required, as per consumers goals but also the staff/workforce are performing their roles and responsibilities appropriately)
- regularly reporting to the Board outcomes for consumers accessing the Brokerage provider for support/services; and

- meeting with the subcontractor/brokerage provider every 3-6 months as more frequently as required to discuss any positive outcomes achieved for consumers via the Brokerage arrangement or any areas for improvement.

Cessation of Subcontracted/Brokered Arrangements

As per IES's *Service Provider Agreement,* either party may terminate the agreement without cause by giving 30 days written notice to the other party. This includes instances whereby a consumer has expressed a complaint or request to not continue using the subcontractor/brokered provider's services.

Supporting Documents

Organisational documents relevant to this policy and procedure:
- *Conflict of Interest Policy and Procedure*

- *Providing Information, Advice and Referral Policy and Procedure*

- *Records and Information Management Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Service Access Policy and Procedure*
- *Initial Assessment Policy and Procedure*
- *Review Policy and Procedure*
- *Decision Making and Choice Policy and Procedure*
- *Feedback, Compliments and Complaints Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback, where relevant.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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DISPUTES AND GRIEVANCES POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out the steps IES staff are required to take regarding disputes and grievances. Disputes and grievances raised by IES staff, volunteers and contractors would generally be dealt with under this policy and procedure, however, from time-to-time staff may raise issues or provide feedback that is best dealt with under IES's *Feedback and Complaints Policy and Procedure*.

Matters relating to Occupational Safety and Health will generally be handled in accordance with the Issue Resolution process as per IES's *Occupational Safety and Health Policy and Procedure*.

This policy and procedure apply to all staff and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 6. Service Management*

Definitions

Dispute – a disagreement or argument that can arise from discrimination, harassment or any other behaviour between staff members or between the organisation and a staff member.

Frivolous complaint – a baseless claim that has no merit or value and is made without reasonable cause.

Grievance - a formal complaint lodged by one staff member against another or against the organisation.

Sexual harassment - any form of unwanted, unwelcome or uninvited sexual behaviour that is offensive, humiliating or embarrassing.

Workplace harassment - repeated behaviour, other than behaviour amounting to sexual harassment, of one staff member or group of staff members that is unwelcome, unsolicited and considered to be offensive, intimidating, humiliating or threatening by another staff member.

Vexatious complaint – a complaint that is made without reasonable cause and is lacking substance. The complaint may be repeated, cause annoyance and/or intend to cause harm.

Policy

IES is committed to maintaining positive working relationships between its staff and management. Disputes and grievances should be addressed within the organisation in a timely and confidential manner. The process requires respectful and honest discussion between both parties to reach a fair and reasonable outcome.

Procedure

General
Sometimes situations can arise where a worker honestly believes that a decision by IES has been made that is unfair or unreasonable, or negatively affects them. Where the staff member, on reasonable grounds, feels that a decision is unjust, they can raise a grievance in accordance with this procedure.

There are some circumstances that a grievance may <u>not</u> be lodged, and these are covered in other relevant policies and procedures. These include:
- where the staff member has not already reasonably tried to resolve the matter with the person, or with their direct manager
- a complaint about performance management of a staff member
- the decision/s related to a Workers Compensation claim; and
- matters that have been or are undergoing investigation by an external authority.

Disputes and grievances must be treated by all parties with the utmost confidentiality, and the complainant must not be victimised.
All grievances will be taken seriously and investigated in an impartial manner.

Disputes
Staff should attempt to resolve disputes with the other person before lodging a grievance. If attempts to resolve the dispute fail, the COO will refer the dispute to the IES external HR Workplace
unitahr

The COO and Unitahr will mediate and seek an acceptable compromise for both parties. If the dispute involves the COO, the staff member's complaint will be directed to Unitahr and the matter mediated with the CEOs.

Issues of sexual harassment or discrimination should be brought to the notice of the CEOs and COO as soon as practicable, for investigation in accordance with IES*'s Workplace Incident Investigation Policy and Procedure*.

Formally Lodging Grievances
If a dispute cannot be resolved, the staff member should lodge a grievance in writing to the Human Resources Officer.

This should detail:
- description of the decision/s or behaviour/s that are the subject of the dispute
- the manner the decision or behaviour has adversely affected the staff member
- the time and date of the decision/s or behaviour/s
- names of witnesses
- attempts made to resolve the dispute; and
- the action the staff member deems necessary to resolve the grievance.

Investigating Grievances

Once a formal grievance is lodged, the HR Officer will provide it to the COO who will investigate the matter within 5 working days. If the HR Officer or COO has a conflict of interest in the matter, a CEO will be allocated to conduct the investigation. If this is not possible, an independent party will be appointed to conduct the investigation.

The following parties will be interviewed:
- the staff member who lodged the grievance
- the staff member against whom the grievance has been lodged
- any witnesses; and
- the relevant team leader/supervisor/s and/or manager/s.

All parties involved in the investigation will be given equal opportunity to explain the circumstances and describe the matter from their perspective. Interviews should be conducted with procedural fairness and be unbiased. Interviews and issues raised through the investigation will be documented.

Any person who is required to be interviewed as part of the investigation will be offered a support person to be present with them. The role of the support person is to provide emotional support; they are not able to answer any questions on behalf of the person they are supporting, or give their personal opinions, beliefs or perspectives. A support person cannot be another person who is involved in the investigation of the grievance.

Resolving Grievances

Where necessary, the COO will:
- appoint an independent mediator to help resolve disputes; and
- encourage a support person, union or professional association representative in dispute resolution procedures.

If the investigation reveals that the grievance is valid, and depending on the nature of the complaint and its seriousness, the staff member against whom the grievance was lodged may be:
- required to apologise to the staff member who lodged the grievance
- given a warning, counselling, transfer or demotion
- dismissed; or
- required to participate in further training.

If the grievance cannot be substantiated because of a lack of evidence, or it is considered a vexatious complaint, IES may:

- remind all staff of their obligations under the Code of Conduct and IES's *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*; and/or
- ask all staff to undertake training in negotiation skills and dispute resolution.

The outcome of the investigation

If the grievance is found to be a frivolous claim, and depending on the seriousness of the allegations, the staff member making the complaint may be:

- asked to undertake counselling or consumer in further training
- make a written apology to the staff member complained about
- given a written warning, transfer or demotion; or
- dismissed.

staff have the right to appeal decisions relating to disputes. Appeals should be directed in writing to the COO/HR Officer and a final decision will be made by the CEOs. staff who successfully appeal will have the outcome and actions reassessed for appropriateness. staff who are not successful in their appeal will have the original decision reconfirmed.

A staff member who has raised a complaint or IES may have the right to refer their complaint to an external party, such as unitahr or the Fair Work Commission, if a resolution cannot be reached.

Supporting Documents

Documents relevant to this policy:

- *Staff Code of Conduct*
- *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*
- *Human Resources Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least every two years by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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EQUITY, ANTI-DISCRIMINATION AND WORKPLACE HARASSMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to demonstrate IES's commitment to equal opportunity and a workplace free from harassment and discrimination.

It applies to all IES staff, contractors and volunteers and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 6. Service Management*

Definitions

Equity – treating all persons fairly and without discrimination.

Discrimination – treating a person less favourably than others in similar circumstances because of a personal attribute that has no relevance to the situation.

> *Age discrimination* - Discrimination based on age (regardless of age) or based on age-specific characteristics or characteristics generally associated with a person of a particular age.

> *Disability discrimination* - Discrimination based on physical, intellectual, psychiatric, sensory, neurological or learning disability, physical disfigurement, disorder, illness or disease that affects thought processes, perception of reality, emotions or judgement, or results in disturbed behaviour, and presence in body of organisms causing or capable of causing disease or illness (e.g., HIV virus).

> *Racial discrimination* - Discrimination based on race, colour, descent or national or ethnic origin and in some circumstances, immigrant status.

> *Sex discrimination* – Discrimination based on sex, marital or relationship status, pregnancy or potential pregnancy, breastfeeding, family responsibilities, sexual orientation, gender identity or intersex status.

Sexual harassment - any form of unwanted, unwelcome or uninvited sexual behaviour that is offensive, humiliating or embarrassing.

Workplace harassment - repeated behaviour, other than behaviour amounting to sexual harassment, of one staff member or group of staff members that is unwelcome, unsolicited and considered to be offensive, intimidating, humiliating or threatening by another staff member.

Policy

IES strives to provide a positive working environment in which all staff are valued and encouraged to contribute. As an equal opportunity employer, the organisation is bound by all relevant State and Federal legislation in relation to equal employment opportunity (EEO). This legislation ensures that no staff member will be discriminated against unfairly or unlawfully.

IES staff are expected to comply with equity and anti-discrimination legislation, IES's staff Code of Conduct and this policy and procedure.

Procedures

IES's work practices and processes are continuously reviewed to ensure they comply with EEO requirements. These work practices include:
- recruitment and selection
- pay and benefits
- training and development
- promotion
- performance appraisals/reviews
- grievance procedures; and
- terminations.

Discrimination
IES staff must neither be discriminated against, nor discriminate or treat unfairly or unlawfully another staff or community member on the following grounds:
- sex
- race, colour, nationality or ethnic origin
- religion
- disability
- age
- pregnancy
- marital or parental status
- political belief or activity
- trade union activity
- lawful sexual activity; or
- association with or relation to a person with any of the above attributes.

Harassment
staff must not be subject to or engage in unlawful harassment or discrimination against another staff or community member. Forms of harassment include:
- sexual harassment
- homosexual and transgender vilification
- HIV/AIDS vilification; and
- racial vilification.

Sexual harassment includes:
- unwanted attention or touching
- sexual propositions
- leering or staring
- offensive language
- displaying nude images
- persistent requests for dates; and
- crude or offensive jokes.

Harassment will not be tolerated, and disciplinary action may be taken against those responsible in accordance with IES *Human Resources Policy and Procedure*.

Inclusive Language
When writing internal or external documents, staff must ensure that non-sexist and non-racist language is used by:
- avoiding male-dominated terms (e.g. use 'chair' or 'chairperson' instead of 'chairman');
- eliminating the unnecessary use of the person's gender (e.g. 'female Manager');
- avoiding the use of 'he' or 'she' (use 'their' instead of 'his' or 'her').

Breaches of this Policy and Procedure
All breaches of this policy and procedure will be taken seriously. staff who feel they are the subject of discrimination or harassment should:
- approach their manager to discuss appropriate actions or options; or
- lodge a formal complaint or grievance which will be dealt with by the HR Officer in accordance with IES *Disputes and Grievances Policy and Procedure*.

Complaints will be dealt with promptly and in accordance with relevant State and Federal legislation and IES's *Incident Management Policies and Procedures*. Investigation of potential breaches of this policy and procedure will be undertaken discreetly, and all complaints will remain confidential.

Supporting Documents

Documents relevant to this policy:
- *Staff Code of Conduct*
- *Disputes and Grievances Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least every two years by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

Integration & Empowerment Services

DOCUMENT CONTROL

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1	February 2021	CEOs
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Version No.	**Review Date**	**Revision Description**
2	February 2022	NDIS Operations Policy and Procedure Manual
3	June 2023	NDIS Operations Policy and Procedure Manual
4	April 2024	NDIS Operations Policy and Procedure Manual

COMMUNICATION POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to demonstrate IES's commitment to effective dissemination and receipt of information and communication within the organisation and with consumer s, stakeholders, and the media (where required).

It applies to all IES staff, contractors and volunteers and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

- *Standard 5. Service Access*
- *Standard 6. Service Management*

Definitions

Communication – is the imparting or exchanging of information by speaking, writing, or using some other medium

Policy

IES communicates for several purposes, to:
- Increase awareness of the organisation, its goals, its work, and its needs,
- Enhance community understanding of its consumer target group and broader sector issues,
- Share knowledge with its stakeholders,
- Share knowledge internally for effective organisational management,
- Increase the profile of the community services sector.

Communications are undertaken not for the sole purpose of information distribution and receipt, but to be used to assist and support the achievement of IES's strategic objectives.

IES is obliged to communicate clearly and accurately to the public, its consumers and funding bodies always. IES will manage a level of confidentiality and accuracy in records and communications that inspires the confidence of consumers and networking partnerships. All employees are obliged to undertake communications internally and externally strictly in accordance with IES policies and procedures.

IES strives to support employees through communication and recordkeeping strategies that are as modern, effective and cost-efficient as possible. Record keeping will be kept current, accurate, and secure and will be compliant with legislation and funding requirements. The design of record keeping strategies links to reporting requirements and incorporates the most efficient pathways for evaluation of data. When archived, records will be easily accessible and secure for the required period of storage. When no longer

required, electronic and archived records will be disposed of confidentially.

Procedures

IES's work practices and processes ensure consumers and stakeholders are informed of and consulted on activities and operations. External communication increases awareness and understanding of issues relevant to IES, its consumers and the community care sector.

Function and Delegation

Board of Directors
- Endorse Communications Policy
- Compliance with Communications Policy
- Contribute to internal and external communication strategies and activities.

CEOs & COO
- Endorse draft media releases prepared by another employee
- Oversee the production of external communications.
- Liaise with media, including developing and responding to media releases

Marketing Officer
- Maintain operations of the website, social media (Facebook) and other promotional materials.

Management & Team Leaders
- Compliance with Communications Policy
- Contribute to internal and external communication strategies and activities
- Actively contribute/write articles and collate items of interest for IES communications.

Staff
- Compliance with Communications Policy
- Contribute to internal and external communication strategies and activities.

Types of Outgoing Communication

Outgoing communication is information and knowledge that is initiated, developed and distributed by the organisation for an external audience.

IES provides outgoing communications to the following audience:
- Consumers and potential consumers,
- Members and potential members,
- Funding bodies,
- Engaged and potential consultants,
- Partner organisations for project, policy, consumer support and other activities,

- Peak bodies/state and national,
- IES and the broader community services sector organisations,
- Government departments and branches,
- Research and academic institutes,
- Media.

Developing Outgoing Communications

IES conceptualises and develops effective communications structured around the following:

Component	Example
What: identify broadly what is to be communicated	The value of our services to consumers in the community
Message: use a message (s) to communicate	Improve health Choice Maintain independence Relieve stress
Audience: to identify who the audience is, adapt the message accordingly	Consumers, potential consumers/carers, referrers
Messenger: Identify who will do the communicating and why	Employee Member: has content knowledge & writing skills
Mechanism: how will the message be communicated?	Advertising: TV commercials, radio commercials, brochure, website, Facebook, local print media Community forums
Review: was the message received, understood, did it create interest, was there any feedback?	Increased referrals received Interest & enquiries Seek feedback

Mechanisms and Tools Used for Outgoing Communication

A range of mechanisms and tools are used to distribute outgoing communication.

Integration and Empowerment Services (myies.org.au)

A website is a primary tool for distributing outgoing information to a broad audience. Information about IES's goals, governance, membership, activities, current projects and news items is maintained by the Marketing and Communications Officer, overseen by the COO.

Social Media

Organisational Documents

IES produces several organisational and project-specific documents that provide information about its plans, achievements, and activities. Documents such as annual reports, strategic plans, consumer brochures, and project background and implementation

plans may be provided to consumers, members, stakeholders and funding bodies with current information regarding IES activities, performance and plans.

Organisational documents for outgoing communication are also to be distributed internally to all employees and Board Members.

Media Communication
IES may produce or respond to media releases on behalf of the organisation. Media releases may be developed to promote an event or project achievement, advocacy on behalf of consumers, or to counter any negative media coverage relating to the sector.

The CEOs and COO hold responsibility for liaising with the media:
- Any communication with a media organisation, e.g. newspaper, magazine, journal, radio, television or electronic communications company, must be approved in advance by the CEOs/COO.

All employees should reflect a positive image to the public concerning IES and always communicate according to the values of the organisation.

Public reference to funding bodies and community health and welfare support organisations should always reflect the IES desire for strong and positive networking partnerships.

Participation also allows for information gathering so that IES is better informed and better able to provide services for consumers.

Stakeholder Meetings
IES employees will participate in regular meetings with relevant stakeholders to provide support, share information about current projects and issues, and to gather feedback on services.

Regular contact with stakeholders is part of IES service delivery. All employees are responsible for developing and maintaining effective relationships with stakeholders.
Employees delegated with the management of specific consumer services will communicate with those consumers professionally and according to their role and responsibilities.

Branding and Corporate Messaging
All outgoing communications must carry the IES name and/or logo, including letters, reports, project materials, emails, and policy and advocacy submissions. The organisation name and logo are copyright and must not be used for communications that are not directly related to the organisation.

Use of Letterhead and Logo

The use of the IES letterhead or Logo requires delegated authority and/or specific task approval. The CEOs/COO have delegated authority for the use of the letterhead and logo. Employee should check what outgoing communications they have the delegation for with their manager.

Letterhead communication will utilise Arial 12 font, be neatly presented, error-free and will reflect positively upon the image of IES. Only a manager has delegated authority to sign letterheads; all other employees must receive specific approval for each letterhead that is to be signed.

Letterhead may not be used for any personal reference or expression of opinion unless a CEO/COO has read and approved of the communication.

The (IES) logo is a registered trademark and as such may not be used on any material that does not officially represent IES.

- The Associations Incorporation Act 2009, Section 41, quotes – "An association must not issue any letter, statement, invoice, notice, publication, order for goods or services or receipt in connection with its activities unless the association's name appears in legible characters on the document.

Incoming Communication

Incoming communication is information and knowledge that is sought and/or received from an external source to the organisation. Incoming communication supports IES in achieving its goals, strategic plans and provision of services to consumers.

IES receives communications from the following sources:
- Consumers and potential consumers,
- Members and potential members,
- Funding bodies,
- Engaged and potential consultants,
- Partner organisations for project, policy, consumers support and other activities,
- Peak bodies: state and national,
- IES and the broader community services sector organisations,
- Government departments and branches,
- Research and academic institutes,
- Media,
- Associations and professional organisations.

Mechanisms and Tools used to Receive Incoming Communication

A range of mechanisms and tools are used to receive incoming communication. Mechanisms described above in 'outgoing communication' also provide opportunities for IES to receive information.

OTHER INCOMING COMMUNICATION MECHANISMS INCLUDE:

Member, Consumer and Stakeholder Consultation
In recognition of the role members, consumer and stakeholders play in assisting in strategic endeavours regular consultation with consumers, members and stakeholders is undertaken. consultation may be informal or through formal means such as surveys, research, contracting consultants, etc. Consumers may also participate in advisory/ steering groups as a mechanism for providing expert input into activities and services

Subscriptions
Board Members and employee actively source information through numerous e-mail and hard copy subscriptions to inform activities and services at the organisation. A list of current subscriptions, both hard and e-mail, are detailed in the Memberships File.

Internal Communication
Internal communication is information and knowledge that is shared within IES effective internal communication is essential for good organisational management. All Board, Managers and employee are responsible for actively contributing to communication strategies and activities.

Mechanisms and Tools used for Internal Communication
A range of mechanisms and tools used for internal communication.

Employee, Team and Project Meetings
Employee, team and project meetings provide an opportunity for information sharing and decision making on a range of project and operational issues for the organisation. All employees are required to attend the IES Employees Meetings, and relevant employee to attend the team and project meetings. Quality Committee and OH&S Committee Meetings.

Board Meetings
Board meetings support effective governance for the organisation. Board meetings may also include time for employees (and occasionally contracted consultants) to communicate with the Board on a range of project and operational issues for the organisation.

Work Plan and Review Meetings
Work plan and review meetings between employees and supervisors allow communication on specific project and activity planning, achievements and challenges.

E-mail and Electronic Calendars
The use of e-mail and electronic calendars is essential for effective communication amongst employees. These tools are a simple and effective way to share information about projects, meetings, internal business/operations, external sector news and activity.

These tools also provide a record and may be considered formal documentation.

All employees are expected to use e-mail and share electronic calendars.
Information is also shared internally through other communication mechanisms such as:

- Notice Boards and whiteboards,
- Employee newsletters,
- Minutes of meetings,
- SMS/text,
- Employee Intranet,
- E-mails,
- Employee paper memos and forms.

Use of Internet, E-mail and Phones

All employees will use communication systems and equipment for IES purposes only. Employees will comply with all laws when using IES communication systems. Using IES computer resources to seek out, access, store or send any material of an offensive, obscene or defamatory nature is prohibited and may result in disciplinary action. All e-mails and internet use, including specific websites, visited may be monitored.

The **Acceptable Use policy** provides details for employee on the appropriate use of telecommunications and devices at the organisation.

Record Keeping

All documents bearing the IES name and/or logo, including digital and electronic materials, must be saved in the electronic and hard copy filing systems, as per the Information Management Policy.

Electronic Consumer Record-Keeping

All IES owned or leased computer facilities, and software will be kept licensed, updated and easily accessible for convenient employee access. Employees will be trained in relevant use of software programs, data records and reporting requirements.

All consumer and administrative, organisational records are confidential to IES and will be kept securely and maintained accurately by employees responsible for the administration of consumers services. CEOs/COO is responsible for the accurate maintenance and confidentiality of all IES consumer data records.

Acquisition, disposal and leasing of communication facilities will comply with the IES Finance Policy. All facilities will remain the property of IES and/or the leasing agency, and usage will be according to employee need as perceived by the IES Board and/or IES.

Guidelines have been established for employees concerning usage of all forms of communication and recordkeeping undertaken when carrying out position duties on behalf of IES. Employees use of IES's communication facilities, including computer hardware, printers, fax machines, telephone and voicemail, software, e-mail, and Internet and intranet access, will be carried out according to this communication policy and the Information Management policy.

The use of computers, software and all computer-linked electronic communications by employees will be following the legislation. Also, employees will be familiar and compliant with IES policies concerning confidentiality, bullying & harassment, and OH&S.

The COO is responsible for all aspects of computer facilities and software, acquisition and disposal, licensing, maintenance and usage procedures within the organisation, including the daily back-up of data.

Phones
IES makes available desktop and mobile phones where applicable. All phones remain the property of IES.

Fixed Phones
All employees are provided with a desktop phone where applicable. Fixed phones are to be manned by the person whom they have been allocated to. It is the responsibility of all employees to ensure they answer the phone with four rings or provide message services on their desktop phone.

Mobile Phones
Employees are issued with mobile phones where applicable. The mobile phone supplied by IES remains the property of the organisation and is to be used by the authorised employee members only.

Employees issued with the organisation's mobile phones have the responsibility to:
- Ensure only authorised employees have access to the phone, not family and friends,
- Ensure the mobile phone is kept in a safe place to minimise theft, e.g. not leaving it in the car,
- Treat the phone with care and keep it in a clean condition,
- Report immediately if the phone has been stolen or lost, and
- Report immediately any faults.

Phone Charges
The organisation pays all rental charges as well as the following call charges:
- All business calls,
- One phone call per day to a family when employees are away overnight on the organisation's business,
- A phone call home when employees run late on a working day.

Employee will check their monthly mobile phone account and pay for any private calls other than those specified above.
Employees are asked to:
- Use the phone in a hands-free position, if possible,
- Keep calls short to minimise exposure to the mobile phone and contain call costs.

Mobile Phone Contact

To ensure quality service provision to consumers, all direct support employees must be able to be contacted by mobile phone during usual working hours. Therefore, all direct support employees are required to have a mobile phone capable of receiving voice and text messages. Which allows employees to be advised of changes to their roster, urgent safety issues, cancellation of shifts etc. Telephones must be switched on during the usual hours of work, which are from 7.00am – 8.00pm, or at other times when employees are rostered to work.

Use of Mobile Phones

Mobile phones will be issued to direct support employees in the following instances:

- Where a direct support employee does not have their mobile phone, and
- Where the employee is rostered to work,
- Where any OH&S issues deem it necessary for a direct support employee to have access to a mobile phone,
- With a consumer who does not have a telephone or will not permit the direct support employee to use their phone,
- Mobile phones will be issued for the period of service required rather than on an ongoing basis,
- Mobile phones are available in each office for the use of Case Manager/Support Coordinators/Support Planners and other employees who are leaving the office to complete consumer home visits etc. to allow for contact and safety issues.

Supporting Documents

Documents relevant to this policy:

- *Disputes and Grievances Policy and Procedure*
- *Staff Code of Conduct*
- *Records and Information Management Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*

Monitoring and Review

This policy and procedure will be reviewed at least every two years by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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3	June 2023	NDIS Operations Policy and Procedure Manual
4	April 2024	CNDIS Operations Policy and Procedure Manual

RECORDS AND INFORMATION MANAGEMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to provide direction to staff on the creation and management of information and records. It meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

It applies to all:
* IES staff
* aspects of IES's business; and
* business information created and received.

This policy and procedure cover's
* information and records in all formats, including documents, emails, voice messages, memoranda, minutes, audio-visual materials and business system data
* all applications used to create, manage and store information and records, including IES's consumer and financial management systems, emails, websites, social media, databases and business information systems; and
* information and records created for IES and managed in-house and off-site.

Applicable National Standards for Disability Services

* *Standard 2. Participation and Inclusion*
* *Standard 3. Individual Outcomes*
* *Standard 5. Service Access*
* *Standard 6. Service Management*

Definitions

Information - knowledge that is communicated or received. It is the result of processing, gathering, manipulating and correlating data in a way that adds to the knowledge of the receiver.

Information management – a system for creating, collecting, organising, storing, retrieving and distributing information. This information may be in any format and available from internal or external sources.

Record – information that is information in any form (including data in a computer system) and that is required to be kept as evidence of the activities or operations of a business.

Records management – a system for creating, receiving, maintaining, using and disposing of records. This includes processes for capturing and maintaining evidence of business activities and transactions.
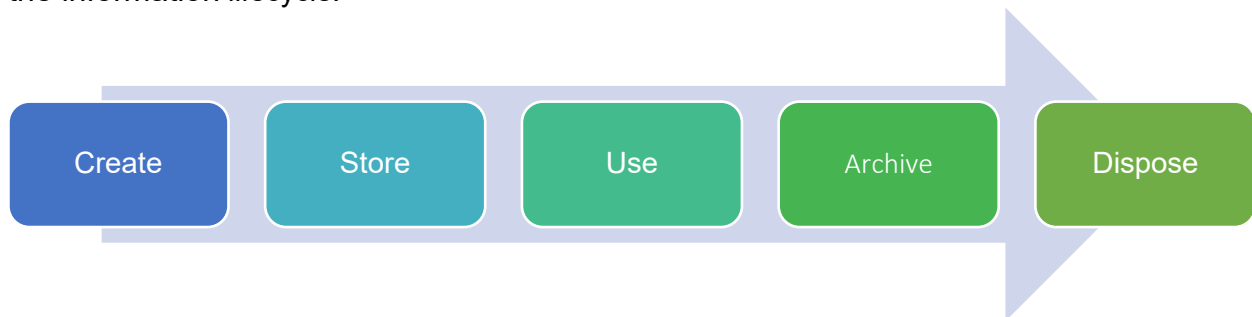
Policy

IES's information and records are a corporate asset, vital for supporting its ongoing operations and for providing evidence of business decisions, activities and transactions.

IES's information and records are also how the organisation can identify the communication needs of its consumers. The way records are taken and the information that is kept, meets the needs of consumers, including their communication preferences.

IES's information and records management practices meet its business needs, accountability requirements and stakeholder expectations. They also support all stages of the information lifecycle:

| Create | Store | Use | Archive | Dispose |

Procedures

General
As per IES's *HR Policy and Procedure*, all staff must undergo Induction, which includes training in privacy, confidentiality and information management. staff knowledge and application of confidentiality, privacy and information management processes is monitored on a day-to-day basis and through annual Performance Reviews. Additional formal and on-the-job training is provided to staff where required.

All information, in paper copy, electronic or any other format, created by IES staff in the course of their employment, or that is accessed by staff on IES's equipment, is the property of IES.

Work-related information or storage devices (such as USB drives) must not be taken from IES without permission from the CEOs.

Creating Records
All IES staff must create records of all business activities and decisions. This includes file notes of verbal conversations related to consumer support or business activities, particularly where those conversations provide directions that need to be followed or queries that need to be followed up and answered.

Information that should not be recorded includes information that is not related to IES's activities and decisions and duplicated information where an appropriate record has already been created.

Records must be created in the most appropriate format for the information being recorded. For guidance on what format should be used to create a particular record, staff should consult their manager.

Records created must contain all relevant detail and be accurate and objective. See the *Consumer Case Notes Policy and Procedure* for guidance on recording support-related case notes.

Wherever possible, records should be created in digital format. Hard copy records should only be created when necessary (such as when they are required for legal purposes).

Records must be created and retained in a way that enables IES to access all records easily and effectively. In relation to consumer records, this ensures IES staff can monitor and evaluate a consumers care in a timely manner avoiding delays in reviews, care planning and/or decision making.

Storing Records

Records must be stored securely in the most appropriate system, whether it be physical (e.g. locked filing cabinets) or electronic. For guidance on what system should be used to store a particular record, staff should consult the COO.

Records should be created and stored methodically and logically (e.g. in relevant categories, on relevant consumer or staff files, in chronological order, using naming conventions, etc.).

Where information is initially received in a digital format it should be retained in that format where possible (for instance, not printed and filed in hard copy). Digital records should only be converted to a different digital format if the content and quality of the record can be maintained.

Electronic Records

IES's electronic records are stored securely in the following information management systems:
- Xero for financial management
- Shift Care for invoicing consumer and employee information sharing and record keeping etc; and
- Microsoft Applications for business-related records, including emails.

Staff must use individual usernames, passwords and two-factor authentication to access these systems. The systems have back up and disaster management arrangements in place that are managed by the respective system suppliers.

All IES computers have password protection.

Business records must not be stored in email folders, shared folders, personal drives or external storage devices such as USBs, as they are not secure.

Where an email is considered a IES record, it must be captured in the relevant information management system as soon as possible.

Records created when using social media applications or mobile devices may also need to be captured in the relevant information management system.

Hard Copy Records

All hard copy records that contain private and confidential information about consumers, staff or IES must be stored in a locked filing cabinet. Filing cabinet keys are stored in a lockable box and are available to authorised staff when they need to access files. Access to these keys is managed by the COO using a *Key Register*.

Filing cabinets should be kept in secure, lockable areas with access limited to authorised staff only. The cabinets should be regularly maintained and cleaned and protected from pests, water, damp and mould. They should be stored away from direct sunlight, heat and risk of fire.

Where it is necessary to remove private and confidential records from IES's premises, they must be stored securely in a non-transparent container (for example, a locked briefcase).

Using Records

Access to IES's information management systems must be approved by the Directors.

Access to IES's information management systems will be reviewed regularly by the CEOs and may be amended, suspended or terminated if a staff member's employment situation changes.

Staff must only access records that are necessary for them to fulfil their duties. More detail on access to and disclosure of records is provided in IES's *Privacy and Confidentiality Policy and Procedure*.

To protect records when they are being used, staff must lock unattended computers and maintain a 'clean desk' policy.

Use of records by staff is monitored and file audits are undertaken to ensure files are complete, up-to-date, and procedures are being followed. The Directors also undertake regular physical and digital access audits to ensure IES continues to store records securely. See *Schedule 2. Internal Review and External Audit Schedule* for the regularity of these audits.

IT Employees

Osit employees are responsible for maintaining the technology for IES's business information and records systems, including maintaining appropriate system accessibility, security, and back up. Osit employees should ensure that any actions, such as removing data from systems or folders, are undertaken in accordance with this policy. Osit and

Managers have an important joint role in ensuring that systems support accountable and effective information and record management across the organisation.

An assessment of all IT equipment will be conducted annually by the COO in conjunction with Osit to maintain high levels of operational equipment throughout the organisation. All recommendations will be submitted to the CEOs for approval.

The life of computers/servers/printers will be assessed by Osit in line with relevant standards and organisational needs.

All IT equipment faults will be logged through Osit via their online reporting /ticketing system.

Retaining and Disposing of Records

Records that are not frequently used or that are not required for current business use (inactive records) may need to be:

- archived - if they need to be retained for a certain period; or
- disposed of - if they have already been kept for the required retention period.

The COO is responsible for identifying records that need to be retained or disposed as part of the file, physical and digital access audits detailed above.

Records that are considered public must be retained for the periods set out in the relevant Retention and Disposal Schedule ([State Records Office of Western Australia](#))

In most cases IES's records are not public, but contain personal information, which is subject to Western Australian and Australian Privacy Law.

All records relating to IES's operations and service delivery must be kept for a minimum of five years from the date they were created as required by the Australian Securities and Investment Commission (ASIC)

The Fair Work Ombudsman (FWO) requires businesses to keep employee records for seven years from the date they were created.

The Australian Taxation Office (ATO) requires businesses to keep records for five years from the date they were created.

Archiving Hard Copy Records

Inactive hard copy records with less than 12 months of their retention period remaining should be kept in the same way and location as active records. Inactive records with 12 months or more of their retention period remaining should be archived. Inactive records that require archiving should be grouped with other similar records and placed in an archive box.

A Contents List must be completed and attached to each archive box and the box numbered and stored in a secure location. IES's archived records are securely stored

onsite and protected from pests, water, damp and fire.

Archiving Electronic Records
Electronic records will be archived using the archive functionality in IES's electronic information management systems. Or stored on a secure internal or external storage device.

Disposing of Records
Records should be disposed of once they have been kept for the required retention period. Where a relevant Retention and Disposal Schedule (State Records Office of Western Australia) applies, IES will comply with the disposal requirements it sets out.

Disposing of Hard Copy Records
Once information can be destroyed it is to be shredded using a secure shredder.

Disposing of Electronic Records
The "delete" function is not sufficient to destroy electronic records as the information may still be recoverable. Electronic records must be destroyed either by physical destruction of the storage device they are held on or clearing/purging the records held on the device.

Status of Statements Made Via Email or Internet
- As statements made by e-mail have a similar status to those made by a hard- copy letter, A user's delegated authority regarding organisation communication still applies,
- The distribution of information via the Internet and email messaging systems is to be treated in the same manner as verbal advice,
- Users must not represent personal opinions as those of the organisation.

Procedures for Sending and Receiving E-mail Messages and Intranet Information
- Employees must adhere to the Acceptable Use of Information Systems Policy
- Employees must not upload, download, or otherwise transmit commercial software or any copyrighted materials belonging to parties outside of the organisation,
- Employees must not send emails in another person's name or log into another person's account without their permission or management's prior approval.
- All emails must include a disclaimed regarding privacy and copyright as arranged by the companies IT department.

Restrictions on Using the Internet
Anti-discrimination, anti-harassment and OH&S legislation makes it illegal to use electronic media in our workplace to:
- Visit Internet sites that contain obscene, hateful or other objectionable materials,
- Send or receive any material that is obscene or defamatory or which may annoy, harass or intimidate another person,
- Make or post indecent remarks, proposals or materials.

Staff Must Not
- Solicit non-organisation business for personal gain or profit,
- Use the Internet or email for any illegal purpose,
- Reveal or publicise confidential or proprietary information which includes, but is not limited to:
    - Consumer lists,
    - databases and the information contained therein,
    - confidential reports, financial information,
    - technical information,
    - computer software source codes, and
    - computer/network access codes.

For the protection of the integrity of the organisation's IT system employees must:
- Not intentionally interfere with the normal operation of the network, including the propagation of computer viruses and sustained high volume network traffic, which substantially hinders others in their use of the network,
- Notify Osit and the COO immediately they detect a computer virus in the system,
- Not examine, change, or use another person's files or documents.

Employees who violate any of the guidelines set in the policy may have their access privileges restricted or revoked. In the case of serious or repeated breaches of this policy, disciplinary action may be taken.

Freedom of Information
IES will provide consumers, their representatives and government agencies access to its records where this is required by law, including Freedom of Information legislation.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Privacy and Confidentiality Policy and Procedure*
- *Acceptable Use Policy /Agreement*
- *Data breach policy and procedure and Reporting Form*
- *Key Register*
- *Schedule 2. Internal Review and External Audit Schedule*

Monitoring and Review

This policy and procedure will be reviewed at least every two years by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's feedback collection mechanisms, such as staff and consumer satisfaction surveys, will assess:
- satisfaction with IES records and information management and privacy and confidentiality processes

- whether stakeholders have received adequate information about privacy and confidentiality including how their records will be stored and disposed of and how they can access and change them; and
- the extent to which consumers and their supporters feel their privacy and confidentiality has been protected.

IES's *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of IES's service planning and delivery processes.

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2	February 2022	NDIS Operations Policy and Procedure Manual
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PRIVACY AND CONFIDENTIALITY POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure explain staff responsibilities relating to collecting, using, protecting and releasing personal information, in compliance with privacy legislation. It applies to all:

- IES staff
- aspects of IES's operations; and
- staff and consumer personal information.

This policy and procedure should be read in conjunction with IES's *Records and Information Management Policy and Procedure*. It meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

Applicable National Standards for Disability Services

At any time throughout the course of providing care and services to a consumer their privacy and confidentiality must be upheld. All 6 *National Standards for Disability Services* apply to this policy and procedure.

Interaction of Applicable Legislation and Associated Definitions

Privacy Act 1988 (Cth) - regulates how personal information about individuals is handled. The Act includes thirteen Australian Privacy Principles (APPs). The APPs set out standards, rights and obligations for the handling, holding, use, accessing and correction of personal information. The Act protects the privacy of an individual's information where it relates to Commonwealth agencies and private businesses (including not-for-profit organisations) with a turnover of more than $3 million. **All** organisations that provide a health service and hold health information (other than in a staff record) are covered by the Act.

Health Information – personal information or an opinion about:
- the health, including an illness, disability or injury, (at any time) of an individual
- an individual's expressed wishes about the future provision of health services to the individual; or
- a health service provided, or to be provided, to an individual
that is also:
- Personal Information
- Other Personal Information collected to provide, or in providing, a health service to an individual
- Other Personal Information collected in connection with the donation, or intended donation, by an individual of his or her body parts, organs or body substances; or
- genetic information about an individual in a form that is, or could be, predictive of the health of the individual or a genetic relative of the individual.

Personal Information – information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- whether the information or opinion is true or not; and
- whether the information or opinion is recorded in a material form or not.

Sensitive Information – personal information or an opinion about an individual's:

- racial or ethnic origin
- political opinions
- membership of a political association
- religious beliefs or affiliations
- philosophical beliefs
- membership of a professional or trade association
- membership of a trade unio
- sexual orientation or practices
- criminal record

that is also:

- Personal Information
- Health Information about an individual
- genetic information about an individual that is not otherwise health information
- biometric information that is to be used for the purpose of automated biometric verification or biometric identification; or
- biometric templates.

Protected Information – information:

- about a person that is or was held in the records of the Agency; or
- to the effect that there is no information about a person held in the records of the Agency.

Western Australia

The state public sector in Western Australia does not currently have a legislative privacy regime. Various confidentiality provisions cover government agencies and some of the privacy principles are provided for in the ***Freedom of Information Act 1992 (WA)*** overseen by the ***Office of the Information Commissioner (WA)***.

Personal Information – information or an opinion, whether true or not, and whether recorded in a material form or not, about an individual, whether living or dead:

- whose identity is apparent or can reasonably be ascertained from the information or opinion; or
- who can be identified by reference to an identification number or other identifying such as a fingerprint, retina print or body sample.

The ***Health and Disability Services Complaints Office (HaDSCO)*** is an independent statutory authority that handles complaints relating to health and disability services in Western Australia.

Commonwealth Australia

the NDIS quality and Safeguards Commission sets out the privacy requirements of the Privacy Act, the Australian Privacy Principles and for Privacy Amendment (Notifiable Data Breaches) that are required by organisations providing disability services. Compliance means that the information we collect is only used to provide tailored services to participants in a healthy and safe environment, to meet duty of care obligations, to initiate appropriate referrals, and to conduct business activities to support those services in accordance with the *NDIS Act.*

A breach of privacy and confidentiality is an incident—staff should follow the Manage incident process to resolve the issue. A breach of privacy and confidentiality may require an investigation, and an intentional breach of privacy and confidentiality will result in disciplinary action up to and including termination of employment.

For further information or advice staff should contact:
NDIS Quality and Safeguards Commission
Online: www.ndiscommission.gov.au
Phone: 1800 035 544.

Australian Human Rights Commission
Phone: 1300 656 419
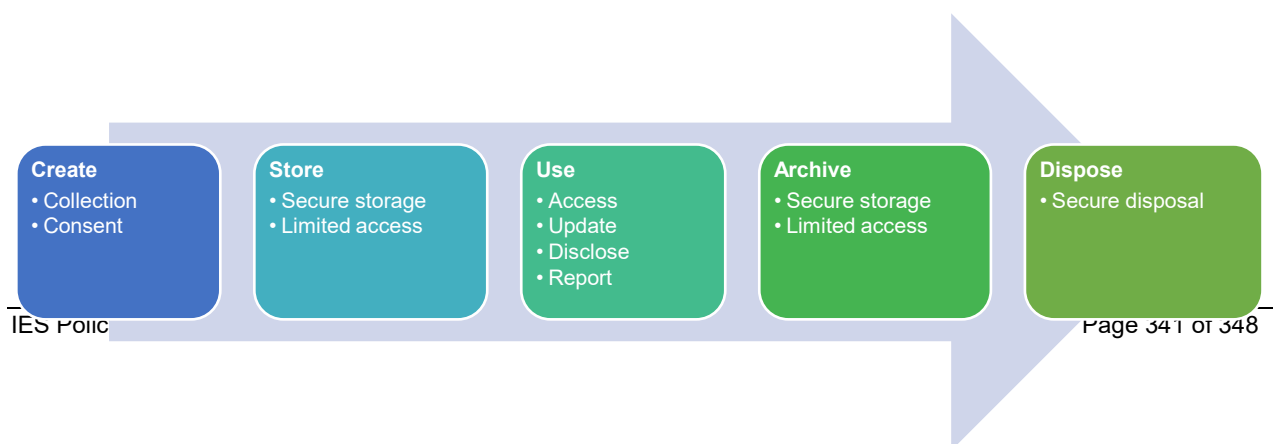Online: humanrights.gov.au

WA Ombudsman
Phone: 08 9220 7555
Online: www.ombudsman.wa.gov.au

Policy

IES recognises, respects and protects everyone's right to privacy, including the privacy of its consumers and staff. All individuals (or their legal representatives) have the right to decide who has access to their personal information.

IES's privacy and confidentiality practices support and are supported by its records and information management processes (see the *Records and Information Management Policy and Procedure*). Privacy and Confidentiality processes interact with the information lifecycle in the following ways:

Create
• Collection
• Consent

Store
• Secure storage
• Limited access

Use
• Access
• Update
• Disclose
• Report

Archive
• Secure storage
• Limited access

Dispose
• Secure disposal

All staff are responsible for maintaining the privacy and confidentiality of consumers, other staff and IES.

Procedures

General
The CEOs are responsible for ensuring IES complies with the requirements of the *Privacy Act 1988 (Cth)*. This includes developing, implementing and reviewing processes that address:

- why and how IES collects, uses and discloses personal information
- what information IES collects about individuals and its source
- who has access to the information
- information collection, storage, access, use, disclosure and disposal risks
- how individuals can consent to personal information being collected, withdraw or change their consent and change information about them held by IES
- how IES safeguards and manages personal information, including how it manages privacy queries and complaints; and
- how information that needs to be updated, destroyed or erased is managed.

The CEOs review these processes regularly, through annual Privacy Audits (see IES's *Privacy Audit Form* and *Schedule 2. External Audit and Internal Review Schedule)*.

All staff are responsible for complying with this policy and procedure and their privacy, confidentiality and information management obligations. staff must keep personal information about consumers, other staff and other stakeholders confidential, in accordance with the confidentiality provisions in their employment or engagement contract.

As per IES's *Human Resources Policy and Procedure*, all staff must undergo Induction, which includes training in privacy, confidentiality and information management. staff knowledge and application of confidentiality, privacy and information management processes is monitored on a day-to-day basis and through annual Performance Reviews. Additional formal and on-the-job training is provided to staff where required.

IES's *Privacy Statement* must be prominently displayed in IES's premises and included in IES's *Consumer Information Pack* and website*.*

A full copy of this policy and procedure must be provided upon request.

Photos and Videos
Photos, videos and other recordings are a form of personal information. staff must respect people's choices about being photographed or videoed and ensure images of people are used appropriately. This includes being aware of cultural sensitivities and the need for some images to be treated with special care.

Information Collection and Consent
Consumer Information Collection and Consent
IES will only request personal information that is necessary to:
- assess a potential consumer's eligibility for a service
- provide a safe and responsive service
- monitor the services provided; and
- fulfil government requirements for non-identifying and statistical information.

Personal consumer information that IES collects includes, but is not limited to:
- contact details for consumers and their representatives/carers
- details for emergency contacts and people authorised to act on behalf consumers
- consumers' health status and medical records
- medication records (if appropriate)
- service delivery intake, assessment, monitoring and review information
- assessments, reviews and service delivery records
- external agency information
- feedback and complaints
- incident reports
- consent forms

Prior to collecting personal information from consumers or their representatives, staff must explain:
- that IES only collects personal information that is necessary for safe and effective service delivery
- that personal information is only used for the purpose it is collected and is stored securely
- what information is required
- why the information is being collected and how it will be stored and used
- the occasions when the information may need to be shared and who or where the information may be disclosed to
- the consumer's right to decline providing information
- the consumer's rights in terms of providing, accessing, updating and using personal information, and giving and withdrawing their consent; and
- the consequences (if any) if all or part of the information required is not provided.

consumers and/or their representative must be provided with IES's *Privacy Statement* and informed that a copy of this policy and procedure is available on request.

staff must provide private information to consumers and/or their representatives in ways that suit their individual communication needs. Written information can be provided in different languages and Easy English or explained verbally by staff. staff can also help consumers access interpreters or advocates where required.

After providing the above information, staff must use a *Consent Form* to:
- confirm the above information has been provided and explained; and

- obtain consent from consumers or their legal representatives to collect, store, access, use, disclose and dispose of their personal information.

Consumers and their representatives are responsible for:
- providing accurate information when requested
- completing *Consent Forms* and returning them in a timely manner
- being sensitive and respectful to other people who do not want to be photographed or videoed; and
- being sensitive and respectful of the privacy of other people in photographs and videos when using and disposing of them.

Staff Information Collection and Consent
Personal staff information that IES collects includes, but is not limited to:
- tax declaration forms
- superannuation details
- payroll details
- employment / engagement contracts
- personal details
- emergency contact details
- medical/ health details (if appropriate)
- Police Checks
- qualifications
- First Aid, CPR, Anaphylaxis and other relevant certificates
- personal resumes
- immigration status

Where relevant, forms used to collect the above information will also obtain the staff members' consent to collect, store, access, use, disclose and dispose of their personal information.

Storage
Refer to the *Records and Information Management Policy and Procedure* for details on how IES securely stores and protects staff and consumer personal information.

Access
Staff personal information must only be accessed by Managers, who may only access the information if it is required to perform their duties. Staff must only access consumers' personal information if it is required to perform their duties.

Staff and consumers have the right to:
- request access to personal information IES holds about them, without providing a reason for requesting access
- access this information; and
- make corrections if they believe the information is not accurate, complete or up to date.

All consumer access or correction requests must be directed to a relevant staff member responsible for the maintenance of the consumer's personal information. All staff access or correction requests must be directed to the COO. Within 2 working days of receiving an access or correction request, the responding staff member will:

- provide access, or explain the reasons for access being denied
- correct the personal information, or provide reasons for not correcting it; or
- provide reasons for any anticipated delay in responding to the request.

An access or correction request may be denied in part or in whole where:

- the request is frivolous or vexatious
- it would have an unreasonable impact on the privacy of other individuals
- it would pose a serious threat to the life or health of any person; or
- it would prejudice any investigations being undertaken by IES or any investigations it may be the subject of.

Any consumer access or correction requests that are denied must be approved by the CEOs and documented in the consumer's file.
Any staff access or correction requests that are denied must be approved by the COO and documented on the staff member's file.

Disclosure
Consumer or staff personal information may only be disclosed:

- for emergency medical treatment
- to outside agencies with the person's permission
- with written consent from someone with lawful authority; or
- when required by law, or to fulfil legislative obligations such as mandatory reporting.

If a staff member is in a situation where they believe that they need to disclose information about a consumer or other staff member that they ordinarily would not disclose, they must consult the COO before making the disclosure.

International Disclosure
Under the *Privacy Act 1988*, before IES discloses personal information to an overseas recipient, it must take reasonable steps to ensure the overseas recipient does not breach the principle 8 of the Australian Privacy Principles (APPs). The CEOs are responsible for undertaking these investigations.
This requirement does not apply if:

- the overseas recipient is subject to a law or binding scheme that has the effect of protecting the information in a way that is substantially like protection given under the APPs, and
- There are mechanisms available to enforce that protection.

Reporting
Notifiable Data Breaches Scheme
The Notifiable Data Breaches (NDB) Scheme is a national scheme that operates under the

Privacy Act 1988 (Cth). requires organisations to report certain data breaches to people impacted by the breach, as well as the Australian Information Commissioner.

A data breach occurs when personal information about others is lost or subject to unauthorised access. A data breach may be caused by malicious action, human error or a failure in information management or security systems.

Examples of data breaches include:
- loss or theft of devices (such as phones, laptops and storage devices) or paper records that contain personal information
- unauthorised access to personal information by a staff member
- inadvertent disclosure of personal information due to 'human error', for example an email sent to the wrong person; and
- disclosure of an individual's personal information to a scammer, because of inadequate identity verification procedures.

In addition to harm caused to people who are the subject of data breaches, an incident like this may also cause IES reputational and financial damage.

Further detail about the NDB Scheme is contained in the *Data Breach Preparation and Response — A Guide to Managing Data Breaches in Accordance with the Privacy Act 1988 (Cth)*, published by the Office of the Australian Information Commissioner (OAIC).

IES's *Data Breach Response Plan* outlines its strategy for containing, assessing and managing data breach incidents.

Identifying a Notifiable Data Breach
A Notifiable Data Breach, also called an 'eligible data breach', occurs when:
- there is unauthorised access to or disclosure of personal information, or information is lost in circumstances where unauthorised access or disclosure is likely to occur
- the disclosure or loss is likely to result in serious harm to any of the people that the information relates to. In the context of a data breach, serious harm may include serious physical, psychological, emotional, financial, or reputational harm; and
- IES has been unable to prevent the likely risk of serious harm through remedial action.

All potential or actual data breaches must be reported to the COO, who will determine IES's response and whether the breach needs to be reported under the NDB Scheme.

If IES acts quickly to remediate a data breach and as a result it is not likely to result in serious harm, it is not considered a Notifiable Data Breach.

Responding to a Data Breach
If the COO suspects that a data breach is notifiable under the NDB Scheme, they must make an assessment to determine if this is the case.

All data breach incidents (whether notifiable or not) must be responded to in accordance with IES's *Data Breach Response Plan* and recorded in IES's *Incident Register*, with relevant actions tracked in its *Continuous Improvement Register* where appropriate. See IES's *Data Breach Response Plan* for further detail.

Notifiable Data Breaches Involving More Than One Entity
The NDB Scheme recognises that personal information is often held jointly by more than one entity. For example, one entity may have physical possession of the information, while another has legal control or ownership of it. Examples include:
- where information is held by a cloud service provider
- subcontracting or brokering arrangements; and
- joint ventures.

In these circumstances, an eligible data breach is considered the responsibility of both entities under the NDB Scheme. However, only one entity needs to take the steps required by the NDB Scheme and this should be the entity with the most direct relationship with the people affected by the data breach. Where obligations under the Scheme (such as assessment or notification) are not carried out, both entities will be in breach of the Scheme's requirements.

Other Reporting Requirements
The CEOs must immediately notify *the Health and Disability Services Complaints Office (HaDSCO)* if they become aware of a breach or possible breach of privacy legislation.

Data breaches may also trigger reporting obligations outside of the *Privacy Act 1988*, such as to:
- IES's financial services provider
- police or other law enforcement bodies
- the Australian Securities and Investments Commission (ASIC);
- the Australian Prudential Regulation Authority (APRA)
- the Australian Taxation Office (ATO);
- the Australian Transaction Reports and Analysis Centre (AUSTRAC);
- the Australian Cyber Security Centre (ACSC)
- the Australian Digital Health Agency (ADHA)
- Federal, State or Territory Government department
- professional associations and regulatory bodies; and
- insurance providers.

Archiving and Disposal
Refer to the *Records and Information Management Policy and Procedure* for details on how IES archives and disposes of consumers' personal information.

Supporting Documents

Documents relevant to this policy and procedure include:
- *Consent Form*
- *Records and Information Management Policy and Procedure*

- *Data Breach Response Plan*
- *Continuous Improvement Register*
- *Consumer Information Pack*
- *Privacy Statement*
- *Privacy Audit Form*

Monitoring and Review

This policy and procedure will be reviewed at least every two years by the Board. Reviews will incorporate staff, consumer and other stakeholder feedback.

IES's feedback collection mechanisms, such as staff and consumer satisfaction surveys, will assess:
- satisfaction with IES's privacy and confidentiality processes
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