



# NDIS Policies and Procedures Manual (Core Module)

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## RIGHTS AND RESPONSIBILITIES POLICY AND PROCEDURE

### PURPOSE

Cross Care Group recognises there are many human and legal rights participants are entitled to have acknowledge and upheld during the provision of supports and beyond.

This policy aims to ensure that Cross Care Group and its staff effectively promote, uphold and respect the legal and human rights of all participants, including their rights to freedom of expression, self-determination and decision-making.

The policy outlines the specific measures and strategies that will be implemented to ensure that these rights are promoted, upheld and respected by Cross Care Group and how these rights will be communicated to the participants, their families, carers and support network and their community.

### SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

### DEFINITIONS

Term	Definition
<b>Advocate</b>	<p>An independent advocate, in relation to a person with disability, means a person who:</p> <ul style="list-style-type: none"> <li>(a) is independent of the organisations providing supports or services to the person with disability; and</li> <li>(b) provides independent advocacy for the person with disability, to assist the person with disability to exercise choice and control and to have their voice heard in matters that affect them; and</li> <li>(c) acts at the direction of the person with disability, reflecting the person with disability’s expressed wishes, will, preferences and rights; and</li> <li>(d) is free of relevant conflicts of interest.</li> </ul> <p>Disability advocacy is acting, speaking or writing to promote, protect and defend the human rights of people with disability.</p>
<b>Choice and control</b>	<p>It means that participants have the right to make their own decisions about what is important to them and to decide how they would like to receive their supports and from whom.</p>



<p><b>Person-centred approach</b></p>	<p>A person-centred approach involves creating a partnership between the service provider and its staff, as well as the participant and their family/support network. This approach places the participant at the centre of decision-making concerning their life.</p>
<p><b>Supported decision-making</b></p>	<p>Supported decision-making is a model for supporting people with disability to make decisions. The person with disability weighs options and makes a decision, with the support of an individual such as a support worker or a network of people who they choose to involve because they trust them to provide reliable, unbiased support for decision-making.</p>

**POLICY**

Cross Care Group respects everyone’s human rights and the principle that all people should be treated with dignity and respect. Cross Care Group works to prevent or mitigate any negative impacts on human rights that may result from our operations or provision of NDIS supports and services.

Cross Care Group is committed to ensuring that each participant access supports that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control.

In keeping with its commitment to respecting all participants and staff’s human rights, Cross Care Group will ensure that:

- Each participant’s legal and human rights are understood and incorporated into everyday practice.
- The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making.
- Communication with each participant about the provision of supports is responsive to their needs and is provided in the language, mode of communication and terms that the participant is most likely to understand.
- Each participant is supported to engage with their support network and chosen community as directed by the participant.
- Its business practices are aligned with the UN Guiding Principles on Business and Human Rights.
- All staff are treated fairly and without discrimination, promoting diversity in the workplace.
- The human rights of the communities in which we operate are respected.
- Staff consult with participants on human rights issues and provide easily accessible feedback and complaints management systems to resolve grievances promptly.
- The rights of Indigenous people are recognised, and we acknowledge their connections to lands and waters and respect their culture.

Cross Care Group will ensure compliance with all relevant legislation and standards, including the NDIS Practice Standards and the NDIS Code of Conduct, related to participant rights and responsibilities.

Cross Care Group also has a responsibility to its staff to ensure their rights are acknowledged and upheld in the workplace. To achieve this, Cross Care Group requires all participants to understand their role in ensuring the rights of Cross Care Group staff are recognised and to take some responsibility to ensure they are upheld.

### **PARTICIPANTS' RIGHTS AND RESPONSIBILITIES**

Cross Care Group will place participants at the centre of its supports and services and ensure that they are informed of their rights and responsibilities before services begin via the *Participant Charter of Rights and Responsibilities, Service Agreement* and *Participant Handbook*.

Cross Care Group complies with all relevant legislation and standards, including the NDIS Practice Standards and the NDIS Code of Conduct, related to participant rights and responsibilities.

### **PERSON-CENTRED SUPPORTS**

Cross Care Group adopts a person-centred approach to service delivery. This means everything Cross Care Group does, is directed towards meeting the goals and needs of the participant.

Staff are supported to adopt the values underpinning the NDIS, including choice and control and person-centred approaches. This is reinforced by Cross Care Group's policies and procedures and at induction and annual training.

Cross Care Group will actively work with the participant to identify their goals, needs, requirements, strengths and preferences to develop a Support Plan, which is reviewed regularly. Staff must respect and respond to each participant's needs and preferences in relation to their supports and services.

Cross Care Group attempts to meet the needs of the participant and their family as appropriate and practicable (e.g., preferred worker, timing and place of appointments), respecting the values and cultures of the family and considering their individual goals.

Cross Care Group has a culture of continuous improvement and welcomes feedback from all participants and their families and support networks. Cross Care Group uses this feedback to direct quality improvement activities, staff training and the strategic direction of the organisation.

### **ADVOCATE**

All participants have the right to have a trusted/appointed decision-maker or advocate. Independent advocates assist people with disability in understanding their rights and responsibilities. Cross Care Group welcomes the opportunity to actively work with all advocates to ensure that all participants' rights are always upheld and respected. Staff must assist participants in accessing an advocate when needed.

An *Authority to Act as an Advocate Form* will be completed and signed by the participant or their representative to authorise the nominated advocate to speak, act or write on the participant's behalf to promote, protect and defend protect and defend their human rights.

Each support plan is reviewed regularly, and this is a time when the trusted or appointed decision-maker/advocate is encouraged to be involved. In addition, all support plan reviews provide an opportunity for Cross Care Group to consider the human and legal rights of the participant as well as look at how the different supports provided to the participant align with their goals.

### **INFORMED CHOICE AND CONTROL**

At the heart of choice and control is a participant's right to be an informed consumer. Participants have a right to be informed about all aspects of the delivery of services to them so they can exercise their right of choice and control about who supports them and how supports and services are delivered, and if they need to change.

Participants have the right to make choices and should always be assumed to have the capacity to make those choices. Participants also have a right to question, seek additional information about or refuse to receive any part of a service. This is central to their individual rights to freedom of expression and self-determination.

Adult participants have the right to choose who does and who does not help them to make any given decision. Partners, families of choice, families of origin, friends, carers, advocates, support persons and others can play an important role in a participant's life. But not all participants need or want support in decision-making.

For children and young people, families also have an important role. In the early years, staff must work with families to understand a child's strengths, interests and needs, and support them in their caring role. As a child grows up, they will be more involved in decision-making. Staff must involve children and young people in decisions that affect them in ways appropriate to their age and stage of development.

Staff must work directly with the participant wherever possible. They must consult them about who, if anyone, they want to involve in decisions and discussions about their services and supports.

When the participant has a legal guardian, staff must be clear on the decisions in which they need to involve the legal guardian. However, staff still have an obligation to ensure they have the capacity to listen to and support the person to make decisions. Workers can use supported decision-making to do this.

There may be times when risks need to be taken to assist the participant in attaining the necessary skills to reach their goals, e.g., when moving from one walking aid to another, there may be a risk of a fall as skills are attained.

Potential risks are discussed with the participant and/or their trusted/appointed decision-maker throughout the support plan period. Risks and their consequences are known by all staff and participants, and the participant's choice is respected by Cross Care Group. Safety for the participant is imperative, and if the risks are assessed as too high, we will discuss them with the participant and modify their support plan as appropriate.

Cross Care Group will also keep the participants informed about any potential risks and benefits associated with achieving their goals and will investigate any incidents that occur following the NDIS (Incident Management and Reportable Incidents) Rules 2018 and Cross Care Group's *Incident Management Policy and Procedure*.

## **COMMUNICATION WITH PARTICIPANTS**

Cross Care Group intake and support planning processes for new NDIS Participants include consideration of communication needs and who they wish to be involved in the assessment and support planning process (e.g., family member).

To support appropriate communication with each participant about the provision of supports that is responsive to their needs, Cross Care Group will ensure that information is provided in the language, mode of communication and terms that the participant is most likely to understand, e.g., using Easy English documents, assistive technology, modified language or interpreters.

In practice, this means staff must:

- communicate in a form, language and manner that is accessible and appropriate
- be able to use a range of communication tools to communicate with the participants they support, using assistive technology and alternative forms of communication, such as email, text messages or symbols.
- where the participant speaks a language other than English or uses Auslan, organise for someone who speaks their language or uses Auslan (where possible) to assist with important discussions, or use qualified interpreters, where this support is covered by their NDIS plan.
- confirm that the participant and their families, carers or advocates (where relevant) understand what has been explained and are aware of potential benefits and risks associated with any part of a proposed plan for the delivery of supports and services.
- respond to the will, preferences and concerns of the participant in relation to their supports and services – raising requests or complaints to be addressed by Cross Care Group, where necessary.

## **COMMUNITY PARTICIPATION**

The importance of social participation is recognised by Cross Care Group staff, and all participants are supported to engage with their family, friends and chosen community as per their direction. The preferred social environment and community participation are considered when developing each participant's support plan.

## **PROCEDURE**

Cross Care Group places a strong emphasis on considering the needs and preferences of participants at the centre of its supports and services.

### **PARTICIPANT CHARTER OF RIGHTS**

Before the provision of supports, staff will provide all participants with information on their rights and responsibilities through the *Participant Charter of Rights and Responsibilities*, *Service Agreement* and *Participant Handbook*. All these documents are part of the Participant's Welcome Pack.

Cross Care Group will provide support in a manner that is consistent with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and all relevant laws, including the National Disability Insurance Scheme Act and Rules and the Australian Consumer Law.

### **RESPONSIBILITIES**

It is the responsibility of the Senior Management Team to:

- Ensure there is an organisation-wide approach to rights and responsibilities for participants.
- Regularly review that the participant's legal and human rights are understood and integrated into everyday practice.
- Promote a culture of shared responsibility for the rights and responsibilities of participants.
- Regularly evaluate and review risks and other relevant information in relation to the rights and responsibilities of participants.
- Ensure there are appropriate escalation processes in place for the rights and responsibilities of participants that could result in substantial liability and/or have the potential to come to the attention of the Director and General Manager.
- Ensure the activities related to this policy are implemented and monitored.
- Ensure staff receive training on participants' rights and responsibilities at induction and on an annual basis.

It is the responsibility of all staff to:

- Adhere to this policy and its related procedures and guidelines.
- Provide the participant with a Welcome Pack that includes a copy of the *Participant Charter of Rights and Responsibilities*, *Service Agreement* and *Participant Handbook*.
- Provide information to the participant about their rights and responsibilities and the provision of supports in a way that is responsible to their communication needs or in

an alternative format such as a different language, Easy English, detailed verbal explanation or through the use of interpreters.

- Explain the rights and responsibilities to the participant at the time of the initial assessment.
- Endeavours to ensure the participant understands the information by using appropriate communication and interpreters if required. If staff is uncertain the participant understands their rights and responsibilities, they must seek consent to talk with a trusted decision maker, family member or advocate.
- Identify the participant's needs and preferences during the initial assessment meeting and document them in the *Participant Assessment and Support Plan*, work with the participant to establish goals and desired outcomes, and regularly communicate with them in a way that meets their identified needs and preferences.
- Empower, encourage and enable all participants to participate in decision-making for choices of support activities in their daily life.
- Provide information and support to participants to access an independent support person or advocate involved in assisting them in making decisions and choices that affect their lives.
- Respond to the changing needs, goals, aspirations and choices of participants and communicate in appropriate formats to facilitate their informed decision-making and choice.
- Facilitate the participant's engagement with their family, friends, and community as desired, create an individual file for each participant, communicate openly and honestly, and help participants access advocates, interpreters and/or other service providers, if necessary, through referrals.
- Work with the participant's advocate, trusted decision-maker, or family member to ensure that the participant's voice is heard and that they have choice and control in matters that affect them.
- Regularly review the supports provided to the participant with the participant and their advocate or trusted decision-maker.
- Be courteous and respectful towards the participant at all times.
- Respect the participant's individual values and beliefs.
- Provide high-quality, safe support that meets the participant's needs at a location and time that is convenient for them.
- Complete all mandatory training in relation to this policy.

It is the responsibility of the Director and General Manager to:

- Review this policy and procedure, the *Service Agreement*, the *Participant Handbook* and the *Participant Charter of Rights and Responsibilities* at least annually. This includes informing the participants and staff of any changes made to these documents.
- Delegate the day-to-day responsibility for ensuring the activities related to this policy are implemented and monitored by the relevant supervisors or managers.
- Oversee that participants' legal and human rights are understood and incorporated into everyday practice.

## **STAFF TRAINING**

Cross Care Group will train all workers on how to uphold and respect the participants' legal and human rights and deliver person-centred supports.

Cross Care Group policies and procedures take the participant's rights into consideration, and our staff receive training on participants' rights and responsibilities at induction and on an annual basis.

### **MONITORING AND REVIEW**

This policy and procedure will be reviewed at least annually, taking the participant's rights into consideration and any previous complaint raised by our participants regarding their rights.

Cross Care Group will regularly audit our practices, processes and systems to ensure that each participant's legal and human rights are understood and incorporated into everyday practice.

### **RELATED DOCUMENTS**

- Service Agreement
- Participant Handbook
- Participant Charter of Rights and Responsibilities
- Authority to Act as an Advocate Form
- Participant Assessment and Support Plan
- Staff Handbook
- Internal Audit Program
- Internal Audit Report
- Staff Training Plan
- Staff Induction Checklist

### **REFERENCES**

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Code of Conduct) Rules 2018
- NDIS Quality and Safeguards Commission. The NDIS Code of Conduct – Guidance for Workers – March 2019
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018
- NDIS Practice Standards and Quality Indicators – November 2021
- National Standards for Disability Services
- United Nations Convention on the Rights of Persons with Disability 2006

- Disability Services Act 1991 (ACT)
- Disability Inclusion Act 2014 (NSW)
- Disability Services Act 1993 (NT)
- Disability Services Act 2006 (QLD)
- Disability Inclusion Act 2018 (SA)
- Disability Services Act 2011 (TAS)
- Disability Act 2006 (VIC)
- Disability Services Act 1993 (WA)

## INDIVIDUAL VALUES AND BELIEFS POLICY AND PROCEDURE

### PURPOSE

People with disability come from a range of backgrounds and communities and have varying lifestyles and beliefs. People with disability may be Aboriginal and Torres Strait Islander; come from culturally and linguistically diverse communities; have a faith, or not; be married, divorced, partnered, or single; be gay, lesbian, bisexual, transgender, queer, intersex or asexual; or be parents, guardians and carers. People with disability may or may not be in paid work, or they could be engaged in education and training.

Each of these contexts can affect how, when, why, and in what form a participant accesses NDIS supports and services. For example, cultural beliefs can shape preferences around who delivers supports and how supports are delivered.

The purpose of this policy is to ensure participants access supports that respect their culture, diversity, values and beliefs.

### SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

### DEFINITIONS

Term	Definition
<b>Cultural Competence</b>	The ability to participate ethically and effectively in personal and professional intercultural settings. Cultural competence is about valuing diversity for the richness and creativity it brings to society.



<p><b>Culture</b></p>	<p>The ABS has many data standards which capture different cultural and linguistic characteristics. When these standards are used together, they allow for a broader understanding of a person’s origin and cultural diversity. They include:</p> <ul style="list-style-type: none"> <li>• country of birth standard, which includes the data items: <ul style="list-style-type: none"> <li>○ country of birth of the person</li> <li>○ country of birth of the father</li> <li>○ country of birth of the mother</li> </ul> </li> <li>• language standards, which include 5 data items: <ul style="list-style-type: none"> <li>○ main language other than English spoken at home</li> <li>○ proficiency in spoken English</li> <li>○ first language spoken</li> <li>○ languages spoken at home</li> <li>○ main language spoken at home</li> </ul> </li> <li>• Indigenous status standard</li> <li>• ancestry standard</li> <li>• religious affiliation standard</li> <li>• year of arrival standard</li> </ul>
<p><b>Diversity</b></p>	<p>The term diversity refers to a person’s differences in the following areas but not limited to:</p> <ul style="list-style-type: none"> <li>• Sexual orientation</li> <li>• Language</li> <li>• Ethnicity</li> <li>• Religious beliefs</li> <li>• Disability</li> </ul>
<p><b>Ethnicity</b></p>	<p>The shared identity or similarity of a group of people on the basis of one or more factors. These factors can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• a long-shared history, the memory of which is kept alive</li> <li>• a cultural tradition, including family and social customs, sometimes religiously based</li> <li>• a common geographic origin</li> <li>• a common language (but not necessarily limited to that group)</li> <li>• a common literature (written or oral)</li> <li>• a common religion</li> <li>• being a minority (often with a sense of being oppressed)</li> <li>• being racially conspicuous</li> </ul>

**POLICY**

Cross Care Group is committed to ensuring that each participant’s right to practice their culture, values and beliefs is supported while accessing Cross Care Group supports and services. At the participants' direction, their culture, diversity, values and beliefs will be identified in their support plans and sensitively responded to by all staff.

To achieve this commitment, Cross Care Group will:

- Identify and remove any barriers that may prevent individuals from accessing our services.
- Treat everyone equally and respect their human rights.
- Encourage the inclusion of people from diverse backgrounds, cultures, languages, beliefs, genders, ages, sexual orientations, socio-economic statuses, abilities, needs, family structures, and lifestyles.
- Promote inclusive practices and support participants in achieving their goals and aspirations through meaningful engagement in their communities.
- Seek connections with other service systems and consult with participants to ensure that Cross Care Group provide equitable and inclusive services.
- Work with community services to provide participants with relevant contacts and access to other services and community networks to help them achieve their personal goals and aspirations, as outlined in their support plans.
- Encourage and support all participants in maintaining personal connections, community ties, and participation in their communities, and use feedback from community engagement and networks to inform Cross Care Group management processes.

Cross Care Group will gather information about each participant's culture, diversity, values and beliefs during the intake, initial assessment and support planning processes. This information will be recorded in the *Participant Assessment and Support Plan*. All staff must respect and support participants' decisions and choices regarding their cultural practices.

Cross Care Group goal is to ensure that people with disabilities are connected to their communities by:

- Providing information on mainstream services and community activities that can benefit them, as well as their families/carers.
- Participating in relevant community links and networks.
- Working in partnership with community organisations.
- Identifying and engaging with other stakeholders, which may include local community support organisations, job networks, training organisations, and housing agencies, depending on the participant's needs.

Cross Care Group will work closely with individuals to understand their cultures, diversity, values, and beliefs. We acknowledge their right to practice their cultures and beliefs and will collaborate with them to determine their participation in any religious or cultural practices.

All staff is trained on how to be sensitive to each participant's needs and preferences and provide the necessary support to facilitate their participation and active involvement in their community.

Cross Care Group values cultural diversity and strives to promote and celebrate it through inclusive policies and strategies. Cross Care Group staff is dedicated to promoting social inclusion and community participation for all participants and working in partnership with diverse communities, including Aboriginal and Torres Strait Islander people, culturally and

linguistically diverse groups, people with different sexual orientations, and those with disabilities.

## PROCEDURE

Cross Care Group will ensure that the culture, diversity, values, and beliefs of each participant are respected and that their needs and preferences are responded to while they receive supports and services.

In practice, this means staff must:

- have an inclusive attitude
- acknowledge and consider individual contexts, values and histories
- work in a way that enables participants to feel as comfortable and safe as possible in their day-to-day interactions with them
- encourage participants to communicate their preferences for how their supports are delivered
- offer participants culturally-sensitive activities
- respond to needs related to gender.

Cross Care Group ensures inclusion of and access for participants to mainstream and community-based activities and other government initiatives to promote their culture, diversity, values, and beliefs. Cross Care Group will actively encourage participants to participate in various activities, such as employment, education, sports, cultural events, and other relevant activities and build relationships with key stakeholders, including governments, organisations, and local communities, to achieve the best outcomes for participants.

At the time of referral and during the intake and initial assessment processes, the needs, support requirements, strengths, goals, culture, diversity, values, and beliefs of participants are identified and documented in the *Referral Form*, *Participant Intake Form* and the *Participant Assessment and Support Plan* respectively, including input from the participant's family or support network.

Staff must recognise and respect the diverse backgrounds of participants and allow them to practice their culture, values, and beliefs while receiving support. All staff involved in delivering NDIS supports and services to participants will undertake training in Cultural Competence at the time of induction and then annually, including the presentation of case studies, and review of this policy and procedure.

Participants are provided with information in their *Service Agreement* and *Participant Handbook* on how to make a complaint if they feel their culture, values and beliefs are not supported whilst accessing Cross Care Group supports and services. The *Feedback and Complaints Management Policy and Procedure* will be followed to address and manage any complaints received from participants.

Staff must contribute to the resolution of complaints, and the implementation of any changes to the way services are delivered to improve supports and services as a result of a complaint. Staff must also comply with any reasonable direction given by their supervisor or line manager regarding how they can personally contribute to providing a better service experience for participants, their families, carers and advocates. This includes complying with directions to modify their conduct or the way they deliver services in order to address a complaint.

In order to provide a diverse and inclusive service to participants and their families, Cross Care Group will:

- Support for cultural diversity and the creation of an inclusive environment.
- Ensure that all participants are treated fairly and in a non-discriminatory manner during the intake and service delivery processes.
- Provide support to participants to access resources that align with their cultures, diversity, values, and beliefs. The type of support and responses will be determined through consultation with the participant and will follow their choices.
- Encourage participants to be active members of the community.
- At the direction of the participant, identify and sensitively respond to their culture, diversity, values, and beliefs.
- Identify participants' needs by consulting with their family members and carers.
- Create an inclusive workplace that respects the cultural, linguistic, and belief differences of all staff.
- Ensure that there is no difference in service provision between participants and the rest of society.
- Provide support to people with CALD (Culturally and Linguistically Diverse) and Aboriginal and/or Torres Strait Islander (ATSI) backgrounds in accordance with their cultural and spiritual beliefs.
- Support each participant's right to practice their culture, values, and beliefs while accessing supports.
- During the initial assessment, encourage participants to discuss their culture, diversity, values and beliefs.
- If necessary, provide interpretation support for participants whose primary language is not English. In the event of a meeting, these participants will be allowed to bring a family member who speaks English.
- Identify the cultural and linguistic needs of participants and work with other organisations to meet these needs.
- Where possible, meet the preferences of participants for the provision of supports. For example, receiving support from a worker or staff member of the same gender.
- Keep the personal information of participants confidential in order to prevent any misuse of information related to their culture, sexual orientation or any other sensitive information.
- Support the needs of those with an Aboriginal and/or Torres Strait Islander heritage by working respectfully with their families and individuals.
- Enhance the cultural competence of workers when providing services to those with an Aboriginal and/or Torres Strait Islander heritage through induction and regular training (refer to the *Staff Training Plan*).

- Promote the cultural safety of Aboriginal and Torres Strait Islander people through engagement with the participant, their community and all relevant stakeholders.
- Incorporate symbols and images that reflect the indigenous culture in our marketing material, on our website and in our environment.
- Include actions and activities in the participant's Support Plan that promote cultural safety and connectivity while respecting the cultural and spiritual identity of Aboriginal and Torres Strait Islander communities.
- Provide a work environment that supports, values and encourages cultural diversity by employing staff with qualifications that allow them to be skilled in providing access to services in a culturally sensitive way.
- Hire qualified staff and volunteers who are capable of implementing strategies for cultural competency with Aboriginal and Torres Strait Islander communities. This ensures that all front-line workers are able to effectively support Aboriginal and Torres Strait Islander individuals.

Supervisors and line managers are responsible for the following:

- Fostering a culture of inclusiveness, in which participants feel as comfortable and safe as possible in their day-to-day interactions with staff.
- Encouraging participants to communicate their preferences for how their supports are delivered.
- Discussing with participants their preferences for their support worker and responding to needs related to gender.
- Having knowledge of, respect for, and sensitivity towards, the cultural needs of the community served, including Aboriginal and Torres Strait Islander peoples and those from culturally and linguistically diverse backgrounds.
- Where appropriate, facilitating cultural awareness training to staff members to build an understanding of diverse needs and preferences.
- Providing supervision to ensure they work collaboratively with key stakeholders and members of the community to support participants in the development and review of their support plans and activities.
- Undertaking quality improvement activities to capture feedback on how Cross Care Group respects the culture, values and beliefs of their participants (i.e., *Participant Satisfaction Surveys*).

To promote inclusion and offer culturally sensitive activities to participants, all staff are responsible for the following:

- Ensuring each participant's cultural needs, diversity, values, and beliefs are documented in the *Participant Assessment and Support Plan*.
- Supporting the rights of participants to connect with relevant community members based on their wishes, goals, and aspirations.
- Connecting and collaborating with local communities, such as cultural, religious, sexual orientation groups, or spiritual groups, including Aboriginal and Torres Strait Islander communities.
- Working with government agencies to provide support for individual participants.
- Involving community members and groups in services or activities.

- Consulting with advocates to assist with the development of community support plans for participants.
- Encouraging participants to actively participate in their communities based on their aspirations and needs.
- Making relevant connections on behalf of the participant to help them get involved with their chosen group or community.
- Working with Aboriginal and Torres Strait Islander people and culturally diverse groups to actively engage with their communities and incorporate community support into the support plan of the participant. This support must be regularly evaluated and reviewed to ensure that the goals and aspirations of the participant are being met with the help of relevant community resources.
- Providing information on community events and other relevant networks that meet the needs and goals of participants.
- Providing services that align with the aspirations and goals of the participant for inclusion in their community.
- Focusing on building social inclusion and participation opportunities within the range of services they deliver.

Cross Care Group gathers feedback from participants and front-line staff regarding the cultural competence of the supports and services delivered to ensure that they are meeting the participants' preferences and the cultural needs of the community served.

## RELATED DOCUMENTS

- Participant Handbook
- Participant Charter of Rights and Responsibilities
- Service Agreement
- Participant Intake Form
- Participant Assessment and Support Plan
- Participant Satisfaction Survey
- Staff Handbook
- Complaint Report Form
- Feedback and Complaints Register
- Team Meeting Agenda & Minutes.

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Code of Conduct) Rules 2018
- NDIS Quality and Safeguards Commission. The NDIS Code of Conduct – Guidance for Workers – March 2019
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018

- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018
- NDIS Practice Standards and Quality Indicators – November 2021
- National Standards for Disability Services
- United Nations Convention on the Rights of Persons with Disability 2006
- Sex Discrimination Act 1984 (Cth)
- Disability Services Act 1991 (ACT)
- Disability Inclusion Act 2014 (NSW)
- Disability Services Act 1993 (NT)
- Disability Services Act 2006 (QLD)
- Disability Inclusion Act 2018 (SA)
- Disability Services Act 2011 (TAS)
- Disability Act 2006 (VIC)
- Disability Services Act 1993 (WA)

## **PRIVACY AND CONFIDENTIALITY POLICY AND PROCEDURE**

### **PURPOSE**

Personal information is information in any form that can identify a living person.

The Privacy Act 1988 (Cth) regulates how certain private sector organisations can collect, hold, use and disclose personal information and how the individual can access and correct that information.

The purpose of this policy is to set out how Cross Care Group will respect and protect the personal and sensitive information of participants and their dignity and right to privacy.

This policy has been developed in accordance with the Privacy Act 1988, the Australian Privacy Principles and all applicable state or territory legislation, which outline the proper collection, use, and storage of personal information.

This policy applies to all records containing personal and/or sensitive information, whether they are in hard copy or electronic form, as well as to any interviews or discussions of a sensitive personal nature.

### **SCOPE**

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

This Privacy and Confidentiality Policy covers how Cross Care Group collects, holds, uses and discloses the participant’s personal information.

This Policy applies to all personal information collected by Cross Care Group, including personal information collected through our social media websites and from other service providers.

## DEFINITIONS

Term	Definition
<b>Confidentiality</b>	It means protecting the secrecy and privacy of information collected from individuals and organisations.
<b>Data breach</b>	<p>A data breach happens when personal information is accessed, disclosed without authorisation or is lost. For example, when:</p> <ul style="list-style-type: none"> <li>• a USB or mobile phone that holds an individual’s personal information is stolen</li> <li>• a database containing personal information is hacked</li> <li>• someone’s personal information is sent to the wrong person</li> </ul> <p>A data breach can harm an individual whose personal information is affected. They can, for example, suffer distress or financial loss.</p> <p>An eligible data breach occurs when the following criteria are met:</p> <ul style="list-style-type: none"> <li>• There is unauthorised access to or disclosure of personal information held by an organisation or agency (or information is lost in circumstances where unauthorised access or disclosure is likely to occur).</li> <li>• This is likely to result in serious harm to any of the individuals to whom the information relates.</li> <li>• The organisation or agency has been unable to prevent the likely risk of serious harm with remedial action.</li> </ul>
<b>Personal information</b>	<p>Includes a broad range of information or an opinion that could identify an individual. For example, personal information may include the following:</p> <ul style="list-style-type: none"> <li>• an individual’s name, signature, address, phone number or date of birth</li> <li>• sensitive information</li> <li>• credit information</li> <li>• staff member record information</li> <li>• photographs</li> </ul>



	<ul style="list-style-type: none"> <li>• internet protocol (IP) addresses</li> <li>• voiceprint and facial recognition biometrics</li> </ul> <p>location information from a mobile device.</p>
<p><b>Sensitive information</b></p>	<p>Sensitive information means:</p> <ul style="list-style-type: none"> <li>• information or an opinion about an individual’s:             <ul style="list-style-type: none"> <li>○ racial or ethnic origin; or</li> <li>○ political opinions; or</li> <li>○ membership of a political association; or</li> <li>○ religious beliefs or affiliations; or</li> <li>○ philosophical beliefs; or</li> <li>○ membership of a professional or trade association; or</li> <li>○ membership of a trade union; or</li> <li>○ sexual orientation or practices; or</li> <li>○ criminal record; or</li> </ul> </li> <li>• health information about an individual; or</li> <li>• genetic information about an individual that is not otherwise health information; or</li> <li>• biometric information that is to be used for the purpose of automated biometric verification or biometric identification; or</li> <li>• biometric templates.</li> </ul>

**POLICY**

Cross Care Group is committed to providing high-quality support and services that respect the dignity and privacy of each participant.

To achieve this commitment, Cross Care Group will ensure that:

- Consistent processes and practices are in place that respect and protect the personal privacy and dignity of each participant.
- Each participant is advised of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand.
- Each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format.

Cross Care Group respects and protects each participant’s dignity and right to privacy by complying with the Privacy Act 1988, the NDIS Quality and Safeguarding Framework requirements, all applicable state or territory legislation and adhering to the Australian Privacy Principles in its information management practices.

Cross Care Group will maintain and protect the privacy and confidentiality of all participants and their family members, carers, guardians and/or advocates. This includes collecting, storing, and handling information about participants and the services provided to them in a way that respects their rights.

All staff and management are expected to comply with this policy, be consistent in collecting the participants' information, follow the procedures for handling their information and determine who has access to it.

Staff must ensure that each participant understands and agrees to the collection and handling of their personal information and the reasons for it. Before any audio or visual material can be recorded, the participant must give permission in writing using the *Participant Consent Form*.

Staff must also ensure that participants are aware of their rights regarding privacy and confidentiality and that they understand their obligations to protect their personal and sensitive information. To achieve this, participants will be advised of this *Privacy and Confidentiality Policy* using language, communication methods and terms that they can easily understand.

Cross Care Group will also ensure that the privacy and confidentiality of the personal information in relation to any staff member are protected. Cross Care Group follows the [Workplace privacy Best Practice Guide](#) developed by Fair Work Ombudsman to ensure we meet our obligations when managing employees' personal information. Examples of personal information relating to the employment of the employee are health information about the employee and personal information about all or any of the following:

- the engagement, training, disciplining or resignation of the employee;
- the termination of the employment of the employee;
- the terms and conditions of employment of the employee;
- the employee's personal and emergency contact details;
- the employee's performance or conduct;
- the employee's hours of employment;
- the employee's salary or wages;
- the employee's membership of a professional or trade association;
- the employee's trade union membership;
- the employee's recreation, long service, sick, personal, maternity, paternity or other leave;
- the employee's taxation, banking or superannuation affairs.

This policy applies to all records, including both hard copies and electronic versions, that contain personal information about individuals, as well as to any sensitive personal meetings, interviews or discussions.

## **PROCEDURE**

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring that the privacy and confidentiality of each participant are protected when accessing our supports and services.

### **COLLECTION OF PERSONAL INFORMATION**

During the intake and initial assessment processes and throughout service delivery, participants are informed of the types of information that will be collected about them, how their privacy will be safeguarded, and their rights in relation to their personal and sensitive information. The *Participant Handbook* and *Service Agreement* that are included in the Participants' Welcome Pack also provide information about their rights to privacy and confidentiality.

Cross Care Group may collect personal information about a participant from them, their representative or a third party such as a service provider that is referring the participant to us. Cross Care Group or people acting on its behalf (e.g., contractors) may also collect information directly.

Cross Care Group will not ask participants for any personal information that Cross Care Group does not need. The Privacy Act requires that Cross Care Group collects information for a purpose that is reasonably necessary for or directly related to its services or operations.

When staff collects personal information, they are required by the Privacy Act to notify participants of a number of matters. These include the purposes for which Cross Care Group collects the information, whether the collection is required or authorised by law and any person or body to whom Cross Care Group usually discloses the information. Cross Care Group generally provides this notification by having Privacy Notices on our paper-based forms and online portals.

Cross Care Group collects personal information through a variety of different methods including, but not limited to:

- paper-based forms
- electronic forms (including online forms)
- face-to-face meetings
- telephone communications
- email communications
- communications by fax
- Cross Care Group's website; and
- Cross Care Group's social media websites and accounts.

All personal and sensitive information must be collected, used, retained, and disclosed with the participant's consent only. Where required, Staff must collect the participant's consent using the *Participant Consent Form* or any other forms approved by Cross Care Group, which will be stored on the participant's file.

The type of personal information collected, the purpose for keeping it, the methods used for collection, use, or disclosure, and who will have access to it are clearly communicated to participants.

Cross Care Group holds personal information in a range of paper-based and electronic records. In delivering its services and performing its duties, Cross Care Group collects and

holds the following kinds of personal information (which will vary depending on the context of the collection):

- name, address and contact details (e.g., phone, email);
- photographs, video recordings and audio recordings of the participant;
- information about the participant's personal circumstances (e.g., marital status, age, gender, occupation, accommodation and relevant information about their partner or children);
- information about their identity (e.g., date of birth, country of birth);
- information about their background (e.g., the languages they speak, cultural background); and
- government identifiers (e.g., NDIS Number, Centrelink Reference Number).

Cross Care Group may also collect or hold some sensitive information about the participant, including information about their:

- racial or ethnic origin;
- health (including information about their medical history and any disability or injury they may have);
- Information about the supports or services they receive from other service providers; and
- information about the people who provide those supports or services to them.

When collecting the participants' personal information, staff must:

- Collect and store personal information from participants that is necessary for the provision of our supports and services and that is given voluntarily only.
- Utilise fair and lawful methods for collecting personal information.
- Obtain consent from participants and their carers before collecting personal information.
- Assure participants and their families and support network that their right to privacy and confidentiality is being upheld when conducting any meeting, interview or discussion of personal or sensitive nature.
- Communicate to participants and their family/carers/guardians about the type of personal information being collected and the reason for its collection, the methods used for collecting, using or disclosing it, and who will have access to it.
- Ensure participants agree in writing to any recordings made in an audio or visual format using the *Participant Consent Form*.

### **PURPOSES FOR WHICH PERSONAL INFORMATION IS COLLECTED, HELD, USED AND DISCLOSED**

Cross Care Group collects and holds personal and sensitive information of participants for a variety of different purposes relating to its responsibilities under the Service Agreement and operations, including, but not limited to:

- Intake and referral processes.
- Support planning and reviews.
- Delivering its services and supports to participants.
- Internal and external audits.

- Complaints handling.
- Incident management and investigation.
- Management of correspondence.

Cross Care Group uses and discloses personal information for the primary purposes for which it is collected. Staff must give participants and/or their families, carers, guardians or advocates information about the primary purpose of collection at the time the information is collected. Cross Care Group will only use your personal information for secondary purposes where it is able to do so in accordance with the Privacy Act, for example, where disclosure is required or authorised by the National Disability Insurance Scheme Act 2013

Cross Care Group may disclose the participant's personal information collected and held by it to other relevant parties, including the NDIA, state or territory agencies or authorities, regulatory bodies or other service providers, where Cross Care Group have the participant's consent or where Cross Care Group is otherwise legally able or required to do so.

### **HANDLING PERSONAL INFORMATION**

All staff members are responsible for handling personal information they have access to with care, ensuring that privacy and confidentiality are protected and upheld at all times.

When handling personal information, Cross Care Group staff must:

- Ensure that collected personal information is accurate, complete, and up to date, allowing individuals to review or correct any information about themselves.
- Take reasonable measures to protect personal information from misuse, loss, unauthorised access, modification, or disclosure. This includes:
  - Ensuring privacy during interviews or discussions of a sensitive nature.
  - Collecting personal information only with consent from the individual.
  - Keeping all hard copy files of participant records securely in a locked filing cabinet safeguarded by the Director and General Manager.
  - Ensuring all electronic files are password protected to ensure confidentiality and security.
- Destroy or permanently de-identify personal information that is no longer needed or that has reached the end of legal retention requirements, with the authorisation of the Director and General Manager.
- Maintain the privacy of participants' information throughout the provision of supports and services.
- Store all personal information and written consent from the participants and/or their families/carers in the participant's file.
- Verify that information provided by other agencies or external individuals aligns with our privacy principles.
- Inform participants that they have the option to opt out of any NDIS information sharing during audits.
- Obtain participants' consent before referring them to another service provider, as the referral process involves sharing personal information.

- Obtain consent from participants for any information sharing between Cross Care Group and any government agencies.

Supervisors and/or line managers are responsible for ensuring that:

- Appropriate consent is obtained for the inclusion of any personal information about any individual, including Cross Care Group personnel.
- All staff members understand and follow this policy and procedure for handling personal information.

The Director and General Manager or their delegate is responsible for the following:

- Including a Privacy Statement on our website that clearly explains the conditions for the collection of personal information from the public visiting the website.
- Protecting personal information related to Cross Care Group's staff, management, and contractors.
- Acting as Privacy Officer and addressing any queries or complaints regarding privacy issues.

The confidentiality of participant records will be maintained by staff members who are directly involved in providing services to the participant. The information contained in these records will only be shared with other parties if the participant, their advocate, guardian, or legal representative gives their consent.

Staff are required to take all reasonable steps to protect and maintain the privacy and confidentiality of personal and sensitive information for all participants, their families and support network, staff, and management.

The Senior Management Team must ensure that any additional security measure is appropriately implemented to protect personal and sensitive information from participants and staff.

Participants are encouraged to raise complaints if they think that their right to privacy and confidentiality is not being protected by Cross Care Group. The *Feedback and Complaints Management Policy and Procedure* will be followed to manage all complaints raised by the participants effectively.

### **ACCESS AND CORRECTION OF PERSONAL INFORMATION**

Participants and staff have a right under the Privacy Act to access personal information held about them. Participants and staff also have a right under the Privacy Act to request corrections to any personal information that Cross Care Group holds about them if they think the information is inaccurate, out-of-date, incomplete, irrelevant, or misleading. However, the Privacy Act sets out circumstances in which Cross Care Group may decline access to or correction of personal information (e.g., denying access is required or authorised by or under an Australian law or a court/tribunal order).

To access or seek correction of personal information Cross Care Group holds about them, participants must contact Cross Care Group's Privacy Officer using the contact details below:

- Contact Number: 1300 591 861
- Email Address: [admin@crosscaregroup.com.au](mailto:admin@crosscaregroup.com.au)

## **DATA SECURITY**

Access to personal information held within Cross Care Group is restricted to authorised persons who are Cross Care Group staff or contractors. Electronic and paper records containing personal information are protected as per the *Information Management Policy and Procedure*.

Cross Care Group regularly conducts internal audits to ensure our organisation adheres to our protective and computer security policies.

## **DATA BREACH MANAGEMENT**

Cross Care Group will take seriously and deal promptly with any accidental or unauthorised disclosure of personal information. Cross Care Group follows the OAIC's [data breach notification guide](#) when handling accidental or unauthorised disclosures of personal information.

Cross Care Group recognises the seriousness of data breaches and has put in place robust systems and procedures to detect and respond effectively.

Under the Notifiable Data Breaches scheme, Cross Care Group is obligated to inform any individual and the Office of the Australian Information Commissioner (OAIC) if a data breach is likely to cause them serious harm. The NDB scheme is designed so that only serious ('eligible') data breaches are notified.

Staff are trained and instructed to inform their supervisor or line manager or the Director and General Manager immediately if they suspect or become aware of a potential data breach. If unsure how to manage a data breach, staff must seek advice from their supervisor or line manager directly.

The Director and General Manager has appointed certain staff members who have the necessary knowledge and skills to be part of the Data Breach Response Team. The Data Breach Response Team comprises the following members:

- The Director
- The General Manager

The Data Breach Response Team is responsible for the following:

- Collecting and documenting all information and available evidence required to assess the suspected breach.
- Consult with relevant staff members regarding specific circumstances.

- Notify all individuals whose personal information is involved in the data breach that are at risk of serious harm.
- Develop and follow the *Data Breach Response Plan* to respond to all potential risks associated with data breaches.
- Follow the instructions given by the Director and General Manager to implement immediate remedial actions to reduce any potential harm to individuals caused by a suspected or eligible data breach.
- Engage independent cybersecurity or a forensic expert, as appropriate.
- Make recommendations to the Director and General Manager whether the data breach constitutes an eligible data breach or not and any remedial actions to be taken.
- Develop a communication or media strategy to reduce the impact on Cross Care Group's reputation due to the data breach or suspected data breach. This includes determining the method of communication and content.

The Director and General Manager is responsible for notifying the Office of the Australian Information Commissioner (OAIC) of any data breach that is likely to result in serious harm to an individual whose personal information is involved.

The Data Breach Response Team has developed the *Data Breach Response Plan*, which incorporates any remedial action or steps to reduce any potential harm to individuals caused by a suspected or eligible data breach and manage any reputational risks to Cross Care Group. It incorporates the requirements of the NDB scheme for assessing and responding to suspected eligible data breaches.

The data breach management procedure includes the following stages:

### **1) Assessment and identification of eligible data breaches**

If Cross Care Group suspects that it may have experienced an eligible data breach, it must quickly assess the situation to decide whether or not there has been an eligible data breach. Cross Care Group has 30 days to assess whether a data breach is likely to result in serious harm.

The Director and General Manager will conduct an assessment of any data breach or suspected data breach and determine if the data breach is likely to result in serious harm to an individual. An assessment as to whether an individual is likely to suffer 'serious harm' because of an eligible data breach depends on, among many other relevant matters:

- the kind and sensitivity of the information subject to the breach
- whether the information is protected and the likelihood of overcoming that protection
- if a security technology or methodology is used in relation to the information to make it unintelligible or meaningless to persons not authorised to obtain it - the information or knowledge required to circumvent the security technology or methodology



- the persons, or the kinds of persons, who have obtained, or could obtain, the information.
- the nature of the harm that may result from the data breach.

The assessment must be reasonable and expeditious, and the Director and General Manager must follow the following procedures for assessing a suspected data breach:

- **Initiate:** decide whether an assessment is necessary.
- **Investigate:** quickly gather relevant information about the suspected breach, including, for example, what personal information is affected, who may have had access to the information and the likely impacts.
- **Evaluate:** make a decision, based on the investigation, about whether the identified breach is an eligible data breach or not.
- **Immediate remedial actions:** during the course of an assessment, or when the assessment is complete, determine which remedial actions must be taken immediately to reduce any potential harm to individuals caused by a suspected or eligible data breach.
- **Record Keeping:** document the assessment process and outcome using the *Data Breach Assessment Report*.

## 2) Remedial actions

The Notifiable Data Breaches scheme provides entities with the opportunity to take positive steps to address a data breach in a timely manner and avoid the need to notify.

At any time, including during an assessment, the Data Breach Response Team can and should take any remedial action or steps to reduce any potential harm to individuals caused by a suspected or eligible data breach. Remedial action may include retrieval or recovery of the personal information, shutting down or isolating the affected system, ceasing unauthorised access etc.

If remedial action is successful in preventing serious harm to affected individuals, notification to individuals and the Office of the Australian Information Commissioner (OAIC) is not required.

A team member of the Data Breach Response Team will complete the *Data Breach Process Report* within 48 hours of receiving instructions from the Director and General Manager to implement immediate remedial actions. The report will contain the following:

- The description of the data breach or suspected data breach.
- Summary of action taken.
- Summary of outcomes from the action taken.
- Processes implemented to prevent a repeat situation.
- Explanation outlining why no further action is necessary.
- Signature of the Director and General Manager confirming that no further action is required.

## 3) Notification to individuals and the OAIC

Once Cross Care Group is aware that there are reasonable grounds to believe that there has been an eligible data breach — whether during the course of an assessment or when the assessment is complete — the Data Breach Response Team members must promptly notify affected individuals and the Office of the Australian Information Commissioner (OAIC) about the breach.

The Data Breach Response Team must notify individuals of the data breach immediately if they have reasonable grounds to believe that they are at risk of being affected by the data breach. The notification to individuals and OAIC will be made in the form of a statement, and it must include the following:

- The identification and contact details of our organisation and any other entity that jointly or simultaneously holds the same information. If information of this sort is included in the notification, the other entity will not need to report the eligible data breach separately.
- The description of the data breach.
- the kinds of information involved; and
- recommendations about the steps they should take in response to the data breach. This may include recommendations about changing passwords, contacting the police if their physical safety is at risk, contacting their doctor if they are experiencing distress, etc.

Individuals or organisations will be notified by email, telephone or post, depending on the circumstances. If direct notification is not practicable, Cross Care Group will publish the statement on its website and take reasonable steps to publicise its contents using different channels.

The Director and General Manager or their delegate must notify the Office of the Australian Information Commissioner (OAIC) using the online [Notifiable Data Breach Form](#). The notification of a data breach to the OAIC must occur within 30 days of becoming aware of the breach or suspected breach.

If participants think that a data breach may affect their personal information and they have not been notified, they should contact the Director and General Manager at 1300 591 861 or [admin@crosscaregroup.com.au](mailto:admin@crosscaregroup.com.au) and ask them for information about the data breach (including whether their personal information was affected).

Participants can also complain to the Office of the Australian Information Commissioner (OAIC) if they think Cross Care Group did not notify them quickly enough about a data breach that involved their personal information or if they think a data breach raises other privacy issues.

Participants must first complain to Cross Care Group and give us a reasonable period to respond (30 days is a reasonable period). If Cross Care Group does not respond to their complaint, or they are not satisfied with our response, participants can complain to the Office of the Australian Information Commissioner (OAIC) by submitting the following form: <https://www.oaic.gov.au/privacy/privacy-complaints>.

#### 4) Continuous Improvement Plan

Once the data breach has been dealt with appropriately, the Data Breach Response Team should focus on the following tasks:

- Examining what was learned and implementing measures to prevent similar breaches in the future, such as reviewing policies and procedures and providing additional training.
- Compiling a report for submission to the Senior Management Team.
- Considering the possibility of conducting further investigations or assessments.
- Updating the Continuous Improvement Plan and Register accordingly.

#### RELATED DOCUMENTS

- Participant Handbook
- Participant Consent Form
- Service Agreement
- Data Breach Response Plan
- Data Breach Assessment Report
- Staff Training Plan
- Staff Handbook
- Continuous Improvement Plan
- Continuous Improvement Register
- Easy-to-read documents
- Complaint Report Form
- Feedback and Complaints Register
- OAIC's Notifiable Data Breach form

#### REFERENCES

- Privacy Act 1988 (Cth)
- Australian Privacy Principles (APP)
- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators – November 2021
- Fair Work Ombudsman. Workplace Privacy - Best Practice Guide. January 2023
- Freedom of Information Act 1982 (Cth)
- OAIC's website - [Notifiable data breaches](#)
- Information Privacy Act 2014 (ACT)
- Privacy and Personal Information Protection Act 1998 (NSW)
- Information Act 2002 (NT)
- Information Privacy Act 2009 (QLD)

- Personal Information Protection Act 2004 (TAS)
- Privacy and Data Protection Act 2014 (VIC)
- Freedom of Information Act 1992 (WA)

## INDEPENDENCE AND INFORMED CHOICE POLICY AND PROCEDURE

### PURPOSE

The United Nations Convention on the Rights of Persons with Disabilities establishes that *“persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them”*. This policy is underpinned by this principle, including all federal and state or territory legislation.

Cross Care Group acknowledges the right of participants to make informed choices and take calculated risks. Each person should have the opportunity to experience life, take advantage of opportunities, and develop skills and independence, even if those opportunities may pose a risk to their wellbeing.

Cross Care Group understands that our organisation has a responsibility to prevent or minimise any harm to the participants and staff. Safety for participants and staff is taken into consideration alongside risk-taking and, if necessary, safety takes precedence over risk-taking, privacy, and confidentiality.

The purpose of this policy is to set out how Cross Care Group staff should promote participants’ active participation in decision-making to safeguard their human rights and wellbeing and maximise their independence.

This policy aims to ensure that staff understand and implement the principles of Duty of Care and Dignity of Risk, recognising the rights of the people Cross Care Group supports to make informed choices and take calculated risks.

### SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

### DEFINITIONS

Term	Definition
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<p><b>Advocate</b></p>	<p>A person who acts, speaks or writes to promote, protect and defend the human rights of people with disability. The Australian Government, and some state and territory governments, fund independent advocacy to help people with disability who face complex challenges or are unable to advocate for themselves and do not have family, friends or peers who can support them as informal advocates, to access advocacy support.</p> <p>An independent advocate, in relation to a person with disability, means a person who:</p> <ul style="list-style-type: none"> <li>• is independent of the organisations providing supports or services to the person with disability;</li> <li>• provides independent advocacy for the person with disability, to assist the person with disability to exercise choice and control and to have their voice heard in matters that affect them;</li> <li>• acts at the direction of the person with disability, reflecting the person with disability’s expressed wishes, will, preferences and rights; and</li> <li>• is free of relevant conflicts of interest.</li> </ul>
<p><b>Decision-making</b></p>	<p>Process of identifying and choosing alternatives based on the values, preferences, and beliefs of the decision-maker.</p>
<p><b>Dignity of Risk</b></p>	<p>Participants’ right to make an informed choice to experience life and take advantage of opportunities for learning, developing competencies and independence, and, in doing so, take a calculated risk.</p>
<p><b>Duty of Care</b></p>	<p>It means the legal responsibility to take reasonable care to avoid injury that can be reasonably foreseen to a person who might be injured by an act or omission.</p>
<p><b>Informed choice</b></p>	<p>When an individual chooses a service or product after gaining knowledge about the specific details, benefits, potential risks, and anticipated results of their decision.</p>
<p><b>Supported decision-making</b></p>	<p>Supported decision-making is a model for supporting people with disability to make decisions. The person with disability weighs options and makes a decision, with the support of an individual or a network of people who they choose to involve because they trust them to provide reliable, unbiased support for decision-making.</p>

**POLICY**

Participants have the right to make choices and should always be assumed to have the capacity to make those choices. This is central to their individual rights to freedom of expression and self-determination.

Cross Care Group is committed to supporting each participant to make informed choices and exercise control to maximise their independence and involvement relating to the supports provided, achieve their goals and enhance their outcomes.

To comply with this commitment, Cross Care Group will ensure that:

- Active decision-making and individual choice are supported for each participant, including the timely provision of information using the language, mode of communication and terms that the participant is most likely to understand.
- Each participant's right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration.
- Each participant's autonomy is respected, including their right to intimacy and sexual expression.
- Each participant has sufficient time to consider and review their options and seek advice, if required, at any stage of support provision, including assessment, planning, provision, review and exit.
- Each participant's right to access an advocate (including an independent advocate) of their choosing is supported, as is their right to have the advocate present.

Adult participants will receive the support they need to make any decision. Adult participants have the right to choose who does and who does not help them to make any given decision. Partners, families of choice, families of origin, friends, carers, advocates, support persons and others can play an important role in a person's life. But not all participants need or want support in decision-making.

For children and young people, families also have an important role. In the early years, staff must work with families to understand a child's strengths, interests and needs and support them in their caring role. As a child grows up, they will be more involved in decision-making. Staff must involve children and young people in decisions that affect them in ways appropriate to their age and stage of development. In the case of very young children, this will involve ensuring staff pay attention to the signs children give that communicate their feelings, ideas and wishes, including non-verbal indications.

When a participant has a legal guardian, staff need to be clear on the decisions in which they need to involve the legal guardian. However, staff still have an obligation to ensure they have the capacity to listen to and support the participant in making decisions. Staff can use supported decision-making to do this.

Staff must work directly with the participants wherever possible to support them to make any decision regarding the supports they receive and consult participants about who, if anyone, they want to involve in decisions and discussions about their services and supports.

Supervisors or line managers must encourage staff to engage directly with people on any choices or decisions that affect them and train them on how to support participants in making their own decisions, including everyday decisions.

## **DETERMINING DECISION-MAKING CAPACITY**

A participant is presumed to have decision-making capacity unless proven otherwise. If it has not already been predetermined that a participant has impaired decision-making capacity, they should have all decisions referred directly to them.

Cross Care Group will make sure that, in the first instance, the participant is the one making decisions about themselves and the supports they receive.

Cross Care Group acknowledges that some participants may have reduced decision-making abilities or be children and may therefore require support to make decisions that are in their own and others' best interests. In a situation where a participant has been assessed as not having the capacity to make their own decision, a decision will need to be made on the participant's behalf. This is known as substitute decision-making and can be either informal or formal.

Informal decision-making is where a person making a decision on behalf of a participant has not been legally appointed. People who can make informal decisions include the participant's family, friends, carer or nominated support. Most decisions can be made informally, including decisions about who a person wishes to see, their work, leisure, recreation, holidays or accessing services. However, there are certain situations where formal consent is required.

Cross Care Group will ensure all informal decision-making arrangements are clearly recorded and communicated to relevant staff members. Decisions can then be pursued through the agreed informal arrangements.

In situations where informal decision-making arrangements are considered to be insufficient, formal arrangements will need to be activated. Informal arrangements can be considered insufficient, for example, when:

- There is conflict over decisions being made about the participant.
- The participant's safety or the safety of others may be at risk, and an order may be required.
- Where specific legislative requirements exist (e.g., consent to medical treatment).

Formal arrangements should take a rights-based approach and consider the participant's individual wishes as much as possible, regardless of their impaired decision-making capacity.

Cross Care Group staff are required to record and maintain any formal decision-making arrangements for a participant. Any amendments to participants' decision-making arrangements must be clearly recorded and communicated as soon as practicably possible.

If there are doubts about a participant's ability to make a particular decision, staff must facilitate access to appropriate support and information to enable the person to make the decision for themselves as far as is practicable.

Cross Care Group recognises that a participant's views may be expressed through body language, behaviour, and/or through a variety of verbal or non-verbal signs. Where needed, augmentative communication aids should be used to assist communication.

Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds are to be supported to make decisions in the context of their culture and heritage.

Cross Care Group also acknowledges that capacity is decision specific. That is, a participant may have the capacity to make decisions in some circumstances or about some matters but not others. In addition;

- a participant will not be taken to be incapable of understanding information merely because the person is not able to understand matters of a technical or trivial nature
- a participant will not be taken to be incapable of retaining information merely because the person can only retain the information for a limited time
- a participant may fluctuate between having impaired decision-making capacity and full decision-making capacity
- a participant's decision-making capacity will not be taken to be impaired merely because a decision made by the person results or may result in an adverse outcome for the person.

### **DIGNITY OF RISK AND DUTY OF CARE**

Participants have the right to make informed choices to experience life and take advantage of opportunities for learning, developing competencies and independence, and, in doing so, taking calculated risks. This means that all participants have the dignity of risk to make their own decisions.

Cross Care Group will respect and support all participants' decisions. However, Cross Care Group has a duty of care to ensure participants are not exposed to unreasonable risk and will work with them to help them strike a balance between achieving their life inspirations and goals and protecting themselves from unreasonable risk and harm.

Cross Care Group will ensure that all participants have objective, accurate, and appropriate information in a format that they genuinely understand in order to make the best decisions for themselves.

Cross Care Group staff are required to support participants in articulating their decision-making arrangements and record these in their individual support plans. This should include consideration of strategies that seek to support participants in identifying and managing risks and living their lives in a way that best suits them. Where appropriate, staff will maintain ongoing liaison with a participant's family, nominated support and/or legally appointed guardian to ensure this.

Where a dignity of risk issue is in conflict with a Work Health and Safety (WHS) issue, the WHS legislation overrides dignity of risk, and where a privacy issue is in conflict with Cross



Care Group's duty of care, the duty of care responsibility will take priority, e.g., mandatory reporting.

In situations where the duty of care obligations outweighs the dignity of risk, the participant should be informed of the decision and why the decision was made.

## **PROCEDURE**

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring that each participant is supported to make informed choices, exercise control and maximise their independence relating to the supports provided.

### **SUPPORTED DECISION-MAKING**

Cross Care Group adopts the supported decision-making (SDM) approach to enhance the ability of participants to make their own decisions. This means, in practice, staff are required to routinely ask participants about their wishes, preferences, and decisions – for all types of decisions, large and small.

There are some groups of participants that are more likely to need support than others. It does not mean they cannot make their own decisions, but they may, at least, need help accessing and analysing information and communicating their decisions. For example –

- People who are non-verbal or use specific communication devices or methods.
- People from culturally and linguistically diverse (CALD) communities, who have different languages or cultural needs.
- Aboriginal and Torres Strait Island people, who may have different cultural and language needs
- People with cognitive impairments, who may sometimes have difficulty understanding some concepts.

If a participant is able to make their own decisions and can do so, then support is not needed. Still, staff could offer the availability of support if the participant would like assistance sometime in the future.

Staff who are supporting a participant to make their own decisions need to understand their specific context, identify what kind of support is needed to make decisions and support the participant to make a decision, taking into consideration their own communication methods and styles (e.g., sign language, body movements, or technology to communicate).

Staff must also respect the participant's right to take risks, even if there is the potential to make a mistake. However, as part of providing support, staff should point out potential risks and assist the participant to explore how they could avoid or handle some of the predictable risks.

To ensure effective supported decision-making in the context of service delivery, Cross Care Group will have the following systems and practices in place:

- Policies and procedures that describe participants' rights to make their own decisions and a *Participant Charter of Rights and Responsibilities*, which is provided to each participant at the beginning of service delivery as part of their Welcome Pack.
- Recruitment, training and supervision systems for all personnel that focus on respecting participants' rights.
- Staff is trained in the necessary skills to support participants to make their own decisions.
- Staff have access to resources and tools to support participants' own decision-making.
- Staff must know, for each participant, who to approach for a specific decision if the participant is unable to make it themselves. This information is recorded in the *Participant Assessment and Support Plan*.
- Systems to ensure that all decisions made on behalf of participants occur lawfully. This includes ensuring that the decision maker has appropriate or legal authorisation to make any decision.

Staff should be able to understand what difficulties the participant is having with the decision to decide the type of support required by them. Support could include one or more of the following approaches –

- Providing information about the range of available options, through one-on-one discussion, access to training and skill development.
- Talking with a peer who has already made a similar decision.
- Describing the benefits and disadvantages of each option, assisting them to weigh up the pros and cons.
- Trying out some of the options before making a decision.
- Using tools to help in the decision-making process, such as charts, diagrams, DVDs.

Staff are required to assist participants to make all day-to-day decisions, so that they develop skills, ability, confidence and experience when important or complex decisions are needed.

There is a wide variety of supported decision-making tools and resources, many of which have been developed by experts using evidence-based research. Staff will be trained to become familiar with the range of tools and resources, so that they can offer relevant support to participants.

Staff will be trained on how to support decision-making, the indicators that a person is having difficulty making a decision, and how to build the participants' skills to make decisions for themselves.

### **SUPPORTING DECISION-MAKING DURING THE DEVELOPMENT OF THE SERVICE AGREEMENT**

Throughout the process of developing the *Service Agreement*, staff must:

- Keep the participant and their substitute decision-maker/advocate informed of their options for supports and any potential risks associated with those options.

- Collaborate and consult with the participant and their substitute decision-maker/advocate by providing current, relevant information to enable informed decision-making.
- Provide information in an Easy Read format and/or using the language, mode of communication and terms that the participant is most likely to understand.
- Allow the participant sufficient time to understand all information provided before and during the decision-making process.
- Support participants to make informed choices and decisions about the supports they receive and activities they may wish to undertake. This may require the support of others with the participant's consent, such as their family, carers or advocates.
- Respect participants' autonomy to make their individual choices.

### **SUPPORTING DECISION-MAKING DURING THE INITIAL ASSESSMENT AND SERVICE DELIVERY**

When conducting the initial assessment and all subsequent interactions with each participant, staff are required to:

- Evaluate the participant's service requirements against their NDIS plan to ensure proper support and design strategies in partnership with the participant, family, and advocate.
- Schedule review meetings in which the participant, family, and advocate can provide input.
- Assess risks and their potential consequences and balance their duty of care with the dignity of risk.
- Ensure participants have enough time to consider and review their options and have access to advice at any time. Staff must not rush participants at any stage during the decision-making process.
- Allow the participant their right to intimacy and sexual expression (in the context of lawful behaviour).

Regular communications with participants will be planned and performed in a way that is identified during the initial assessment process and documented in the *Participant Assessment and Support Plan*. Cross Care Group will engage an interpreter if required for communication with the participant to support informed decision-making.

Children and young people who are participants at Cross Care Group are encouraged to be involved in decision-making to an appropriate level based on their understanding, age, stage of development and decision-making skills. Families and carers are also involved in the decision-making process. In cases where the legal age limit for consent applies, staff must contact their supervisor or line manager to seek advice to clarify the legality of choice and decision-making ability of young people.

### **DIGNITY OF RISK AND DUTY OF CARE**

Cross Care Group acknowledges the right of participants to make decisions that involve a degree of risk. In decision-making, staff must inform participants of the following:

- The various options available to them that align with their needs.
- The benefits of each option presented.
- Any associated risks for each of the options.

Participants will be given sufficient time to consider the information provided and make informed decisions regarding the associated risks. Should a participant wish to engage in an activity deemed risky by Cross Care Group, staff will:

- inform the participant of their choice to proceed with the activity;
- create a plan to identify and mitigate potential risks; and
- document in the participant's file that they were made aware of the risks and potential dangers.

When considering the balance between duty of care and the dignity of risk, staff will work with the participant to:

- Clearly outline the issues surrounding the duty of care and the dignity of risk that pertain to the specific situation at hand.
- Identify the potential consequences, including risks and likelihood of harm, of a particular action for the participant or others.
- Evaluate the type and severity of harm that could occur.
- Identify ways to minimise any identified risks or harm.
- Assess the participant's capacity to make informed decisions.
- Weigh the benefits of the activity to the participant against any negative consequences.
- Develop solutions that allow the participant to experience the benefits while minimising potential harm.

Staff can decline a request or activity where they have good reason to believe the participant's choice may cause harm or pose a threat to the safety of Cross Care Group staff or other people. In the event of a disagreement and resolution is not possible, the participant will be made aware of Cross Care Group's complaints management process.

Where the participant has chosen to proceed with the activity that may involve risk, and Cross Care Group has not declined, staff is required to provide sufficient evidence that indicates the participant has been informed about the risks. Staff must document the discussion and outcomes, including mitigation strategies, in the *Participant Assessment and Support Plan* and *Progress Notes*.

Cross Care Group fulfils its duty of care towards participants with limited decision-making abilities by:

- identifying participants who may have limited decision-making abilities;
- referring these participants to qualified professionals who can assess their decision-making capacity;
- assisting and facilitating the appointment of a substitute decision-maker for participants who are unable to make their own decisions in one or more areas of their life. This includes specifying the areas of decision-making for which the substitute decision-maker is responsible;

- respecting and supporting the substitute decision-maker's role; and
- reporting any decisions that may involve unlawful acts or that have the potential to harm the participant or others to the relevant authorities in consultation with the Director and General Manager.

If the participant has been assessed by a qualified professional as unable to give consent, then the participant's substitute decision-maker must sign on their behalf within their authority to do so. The substitute decision maker's name and contact details will be recorded in the participant's file.

If a participant has concerns about the conduct of an appointed substitute decision maker, they should be conveyed to relevant authorities in consultation with the Director and General Manager.

Cross Care Group staff must not sign any form or documentation on behalf of a participant or act as a substitute decision-maker under any circumstances. If a participant is able to give consent but is physically unable to sign, staff will note that the participant consented through an alternative method (e.g., verbal or signing) on the specific form or document.

### **SUBSTITUTE DECISION-MAKING**

In practice, many lawful decisions can be made informally for a participant who cannot do so without needing a formal decision-maker. This could be the person's family or carer, or a friend in their life with a close and continuing relationship. Ideally, informal decisions can be made when:

- The decision reflects the participant's wishes and preferences, where known; and
- The participant seems willing to go along with a proposed decision; and
- There is a shared view among the significant people in the participant's life about what should happen; and
- It is not a decision that requires a formally appointed decision-maker.

Staff cannot lawfully make important NDIS, lifestyle, health/medical and financial decisions on behalf of participants. However, staff can support and encourage informal decision-makers to respect the rights of the participant.

There are some circumstances when a necessary decision cannot be made informally for a participant who is unable to make that decision themselves, and a formal decision-maker will be needed, including:

- There are people in the participant's life who could make the decision, but there are different views or conflicts about what option is best for the person with a disability.
- When the person is objecting (verbally or by their actions) to the proposed decision
- When an organisation's rules prevent someone else from making informal decisions, such as banks, utility companies and government agencies.
- For specific types of decisions described in legislation, such as restrictive practices, sterilization, overriding a person's objections to medication or treatment, certain medical treatments, etc.

When staff are looking for another person to make any decision on behalf of a participant, they must check if that person has the specific authority to make the decision that is needed.

When a decision needs to be obtained on behalf of a participant, staff are required to assist the decision-maker to make good decisions, including providing information that the decision-maker will need to take into account, such as:

- The available options to be considered, the necessary decision, the recommended option and why it is preferred.
- Details about the efforts made to assist the person to make the decision themselves, and their wishes and preferences, where known.
- The timeframe for the decision, when the decision needs to be made so that it can be implemented effectively.
- The likely impact of that decision on the participant, where known.
- Assessments and professional reports that are relevant to that decision, where available, and where there is consent to share these.

## **ADVOCACY**

Upon initial contact with Cross Care Group, staff will inform participants of their right to access an advocate, including an independent advocate, of their choosing. They will also be advised that they have the right to have this advocate present during any interactions with Cross Care Group.

Staff will assist participants in accessing and finding an advocate using the [Disability Advocacy Finder](#) or through the [National Disability Advocacy Program](#), where required.

All staff must cooperate with and facilitate arrangements for advocates (including independent advocates) and other representatives of participants who need assistance to exercise choice and control and have their voices heard in matters that affect them.

The *Authority to Act as an Advocate Form* will be completed and signed by the participant to authorise the nominated advocate to speak, act or write on the participant's behalf to promote and protect their rights and assist the participant in exercising choice and control and having their voice heard in matters that affect them.

## **INDUCTION AND TRAINING**

Staff are trained in the necessary skills to seek participants' wishes and preferences and in providing and/or arranging support to assist participants to make their own decisions, during induction and then annually or as needed.

Supervisors and line managers are responsible for ensuring staff have access to, and have experience in using, a range of resources and tools to support participants make their own decisions.

## RELATED DOCUMENTS

- Participant Handbook
- Staff Handbook
- Service Agreement
- Participant Assessment and Support Plan
- Authority to Act as an Advocate Form
- Participant Charter of Rights and Responsibilities
- Progress Notes
- Participant Consent Form
- Easy-to-read documents

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021
- National Disability Insurance Scheme (Code of Conduct) Rules 2018
- NDIS Quality and Safeguards Commission. The NDIS Code of Conduct – Guidance for Workers – March 2019
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- United Nations Convention on the Rights of Persons with Disabilities
- National Disability Services. People with Disability and Supported Decision-Making and the NDIS. [National SDM Guide](#).

## FREEDOM FROM VIOLENCE, ABUSE, NEGLECT, EXPLOITATION AND DISCRIMINATION POLICY AND PROCEDURE

### PURPOSE

Cross Care Group upholds the right of people with disabilities to access supports free from violence, neglect, abuse, exploitation and discrimination.

Cross Care Group expects that everyone who is associated with our organisation and is involved in providing services to participants will share our commitment to maintaining an environment that is safe and welcoming for all participants.

The purpose of this policy is to:

- Promote the human rights of those accessing supports and services provided.
- Take a preventative and proactive approach to participant safety.
- Foster a Zero Tolerance culture where staff and clients feel safe and comfortable reporting experiences of violence, abuse, neglect, exploitation, and discrimination.

- Respect the diversity of cultures and child-rearing practices while keeping the participants’ safety paramount.
- Minimise risks to the rights and wellbeing of those receiving supports and services.
- Ensure that if any instance of abuse or neglect is reported, it is handled promptly, professionally, and compassionately in compliance with the NDIS Commission's guidelines.
- Ensure timely and effective responses are taken to address immediate participant safety and wellbeing.

## SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

## DEFINITIONS

Term	Definition
<b>Abuse</b>	Abuse is when the actions of someone violate a person’s human rights. Abuse can be physical, mental, psychological, sexual or even financial.
<b>Discrimination</b>	Treating or proposing to treat someone unfavourably because of a personal characteristic protected by the law. Discrimination includes bullying someone because of a protected characteristic.
<b>Duty of care</b>	A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury. In the context of this policy, the duty of care refers to the responsibility Cross Care Group has to provide its clients with an adequate level of care and protection against foreseeable harm and injury.
<b>Exploitation</b>	The action or fact of mistreating someone to benefit from their work or the action of making use of and benefiting from resources.
<b>Harm</b>	Means physical harm or psychological harm (whether caused by an act or omission) and, without limiting the generality of this subsection, includes such harm caused by sexual, physical, mental or emotional abuse or neglect.
<b>Incident</b>	An event or circumstance that occurred during service delivery and resulted in harm to a person.
<b>Neglect</b>	It means the failure to provide the basic physical and emotional necessities of life. Neglect may be an ongoing situation and can be caused by a repeated failure to meet the participant’s basic physical and psychological needs.



<b>Violence</b>	Violent behaviour by a person towards another can include abusive behaviour that is physical, sexual, intimidating and forceful.
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## POLICY

Cross Care Group is committed to ensuring the rights and wellbeing of our clients are protected and upheld, and each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.

To achieve this commitment, Cross Care Group will ensure:

- Policies, procedures and practices are in place which actively prevent violence, abuse, neglect, exploitation or discrimination.
- Each participant is provided with information about the use of an advocate (including an independent advocate), and access to an advocate is facilitated where allegations of violence, abuse, neglect, exploitation or discrimination have been made.
- Allegations and incidents of violence, abuse, neglect, exploitation or discrimination are acted upon, each participant affected is supported and assisted, records are made of any details and outcomes of reviews and investigations (where applicable), and action is taken to prevent similar incidents from occurring again.

Cross Care Group's goal is to safeguard participants from human rights violations and neglect while in our care. All participants have the right to receive services from Cross Care Group without any form of threat, intimidation, or abuse from our employees, contractors, or other clients.

Cross Care Group is dedicated to creating a safe and inclusive environment where participants feel secure and have the opportunity to have their voices heard in decisions that impact their lives. Special consideration is given to ensuring the cultural safety of participants from diverse cultural and linguistic backgrounds.

The Senior Management Team is responsible for the following:

- Safeguarding participants from human rights violations and neglect while in our care.
- Ensuring participants are not exposed to any form of violence, abuse, neglect, exploitation or discrimination from our employees, contractors, or other clients during service delivery.
- Raising awareness among families regarding their rights and expectations for their children when they are in the wider community.
- Empowering our staff and families to advocate for the rights of our clients.
- Ensuring that staff are aware of the indicators of abuse and know how to respond if they suspect abuse.
- Ensuring that staff comply with the NDIS Code of Conduct.
- Ensuring that staff follow the Zero Tolerance Framework, which includes:
  - Understanding Abuse
  - Preventing Abuse

- Identifying Additional Risks
- Responding to Abuse
- Learning and Improvement.

Cross Care Group expects that everyone who is associated with our organisation and is involved in providing services to our participants will share our commitment to maintaining an organisational culture that:

- Respects and upholds the value and dignity of participants.
- Establishes trust and open communication with participants, their families and carers.
- Offers services in a safe and welcoming environment for all.
- Supports participants in understanding their rights.
- Encourages participants and staff to speak up if they have any concerns or complaints.
- Proactively addresses any concerns or complaints that arise.
- Collaborates with other organisations to protect clients' human rights and prevent violence, abuse, neglect, exploitation and discrimination.

## **PROCEDURE**

Cross Care Group has implemented a comprehensive system to proactively prevent violence, abuse, neglect, exploitation, and discrimination, which is supported by the *Incident Management Policy and Procedure*.

## **UNDERSTANDING ABUSE**

The following practices are in place to assist staff in understanding and recognising abuse experienced by participants:

- Staff are educated and trained on how to identify and understand risk factors and signals of violence, abuse, neglect, exploitation and discrimination. Training plans are documented in the *Staff Training Plan*.
- Orientation and induction materials for staff to assist in understanding and recognising abuse.
- Brochures and manuals relating to human rights and abuse have been produced and are in use.
- Staff are trained in cultural competency to ensure the cultural needs of participants from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds are safeguarded.

Some indicators of abuse include, but are not limited to:

- a participant alleges that abuse has occurred by a staff member, volunteer, another client, or another person.
- a staff member or volunteer observes or is told about the alleged abuse.
- a staff member or volunteer suspects that abuse has occurred (for example, a participant may have unexplained injuries, a participant may be distressed or anxious, or clothes may have been ripped).

- a participant's behaviour changes significantly. This might include self-destructive behaviour, sleep disturbances, acting-out behaviour, emotional distress, or persistent and inappropriate sexual behaviour.
- a participant complains of physical symptoms or a staff member notices symptoms, such as bruises, abdominal pain, sexually transmitted diseases, or pregnancy.
- when an individual, for any reason, believes a participant is being harmed.

Where a staff member considers that a participant's behavioural changes or symptoms may be a result of abuse, they should report their concerns immediately to their supervisor or the Director and General Manager.

Cross Care Group acknowledges that participants may be at risk of abuse or harm from third parties not related to Cross Care Group. Where staff identify that a participant may be at risk of abuse or harm from third parties, they will work with the participant and their family/support network to remove the participant from this cause of harm. Actions may include but are not limited to alerting the appropriate authorities, i.e., the Police and NDIS Commission. If staff are in any doubt regarding appropriate next steps, they must discuss this with their supervisor or line manager.

The Director and General Manager may also contact the NDIS Commission for advice on appropriate next steps.

## **PREVENTING ABUSE**

Cross Care Group will foster a safe, supportive environment that encourages everyone to raise concerns without fear of retribution.

The following practices are in place to improve the prevention of abuse, neglect and violence experienced by participants:

- This policy and accompanying procedures are in place to safeguard participants' human rights and minimise the risks of abuse and neglect.
- Staff meetings will be used to remind staff of their responsibilities for safeguarding participants and to raise any matters of concern.
- All participants are encouraged to report any incidents of violence, abuse, neglect, exploitation, or discrimination.
- Collaborative relationships are in place with other service providers who provide services to our clients and with advocacy organisations.
- Internal audits confirm that concerns and allegations have been handled in accordance with Cross Care Group's policies and procedures.
- Participants and their families/support network are supported to understand their rights (see *Rights and Responsibilities Policy and Procedure*), what constitutes inappropriate behaviour, this policy and procedure, and their options for making a complaint (see *Feedback and Complaint Management Policy and Procedure*) during the initial assessment meeting and throughout service delivery.
- Information about abuse, incident reporting and advocacy is provided to participants and their families/carers through the provision of relevant policies included in the *Participant Handbook* during the intake process and on request. A copy of the

*Participant Handbook* and *Complaint Report Form* will be provided to each participant at the service initiation as part of the Participant's Welcome Pack.

- All participants' communication modes and individual needs have been documented in the *Participant Assessment and Support Plan*.
- Posters and brochures are displayed to create an organisational environment that encourages awareness of violence, abuse, neglect, discrimination and exploitation issues.
- Value statements, service principles and information about people's rights are displayed on Cross Care Group's premises, through newsletters, our website and in written material sent to new participants. Cross Care Group will use information formats that make the information as accessible as possible.
- Staff are supported to create an appropriate service culture in accordance with this policy and the vision and values of the organisation.

Cross Care Group will manage all incidents according to the NDIS (Incident Management and Reportable Incidents) Rules 2018 and the *Incident Management Policy and Procedure*. All incidents of violence, abuse, neglect, exploitation, or discrimination are documented in the *Incident Report Form* and *Incident Register*.

### **ADDRESSING RISK**

The risk of abuse for some people with disability can increase depending on a range of personal and service-type factors. This includes gender, age, disability type and complexity, behaviours of concern, communication needs, culture and Aboriginal or Torres Strait Islander identity.

The following practices are in place to assist staff in understanding the increased risk of abuse, neglect or violence to participants associated with specific services and settings:

- Staff are provided with materials and resources to help them understand and address the risks of abuse, neglect and violence.
- Staff is required to develop targeted approaches for groups at increased risk of abuse, such as people with intellectual disabilities and ABI, women and children with disabilities, people with communication support needs, Indigenous and CALD communities, and people isolated from family and community.
- Service features and settings that increase risk are understood and addressed, such as abuse in accommodation settings, personal care, and remote and unsupervised service provision.
- Staff is supported to identify and address behaviours of concern by identifying causes and using positive behaviour support, where needed.

### **RESPONDING TO ABUSE**

If a participant's rights are infringed, or Cross Care Group has reason to believe that they have been abused or neglected, Cross Care Group will respond quickly, professionally and compassionately and in accordance with NDIS (Incident Management and Reportable Incidents) Rules 2018.

All staff, including contractors, and students on placement, are responsible for promptly reporting any concerns about human rights violations or abuse or neglect of a participant to their supervisor or line manager. This must be done within 24 hours of the concern arising or immediately if the participant is believed to be at imminent risk of harm.

Allegations of abuse should always be treated seriously. If abuse is disclosed or a staff member becomes aware of abuse, an immediate response may include:

- Listening carefully to and reassuring the participant or person making the report.
- Reassuring the participant who disclosed abuse that they did the right thing by telling someone about their concerns.
- Asking the participant what can be done to make them feel safe and explain the actions staff will take next, such as reporting to their supervisor or manager.

Where Cross Care Group staff become aware of an allegation of abuse, they must, so far as is possible:

- immediately ensure the safety of the alleged victim and
- prevent any further contact between the alleged victim and the alleged perpetrator.

Where the alleged victim requires immediate medical attention, a medical practitioner or ambulance must be called, or the alleged victim must be taken to the nearest hospital accident and emergency department.

After the report has been received, the supervisor or line manager will:

- Reassure the reporting staff member or person who reported the incident or allegation that their concerns will be managed in a confidential and professional manner and that they have acted correctly in bringing their concern to attention.
- Assist the staff member raising the concern or allegation to factually and non-judgementally document an account of the concern or allegation on an *Incident Report Form*. This must be done within 24 hours of the supervisor or line manager being made aware of the concern.
- If the participant is at immediate risk, take whatever steps are required to mitigate the risk and ensure the participant's safety while the matter is fully investigated.
- Provide the *Incident Report Form* and any additional information about the concern or allegation to the Director and General Manager to assist them with the investigation.
- If the abuse or neglect is alleged to have been perpetrated by an employee or contractor, remove them from contact with participants while the incident or allegation is under investigation.

The Director and General Manager will investigate the concern or allegation and keep the participant and their family/support network informed of the investigation outcomes. To conduct the investigation, the Director and General Manager will:

- Gather all information from the relevant person(s).
- Analyse the situation and circumstances to determine what occurred, how it occurred, and the parties involved.
- Determine the effect or impact on the participant.

- Consult with relevant stakeholders.
- Inform the participant or their family that support can be provided to access an advocate.
- Review the outcome against practices.
- Undertake action to prevent the incident from re-occurring.

Except for staff who have been given specific authority to do so, any unauthorised staff member will undertake any level of investigation of a concern or allegation of violence, abuse, neglect, discrimination and exploitation.

Generally, a staff member who the participant trusts (determined by the supervisor or line manager) will inform them of the concern, reassure them and ensure their involvement in deciding the course of action to be taken. However, in some situations, this might not be possible due to the participant's disability or the nature of the concern. If the participant is not to be involved in decision-making about the concern, the reasons for this decision will be documented, and consideration will be given to the need to involve an advocate to represent their interests.

During the course of the investigation, staff will support the participant by offering to contact relevant support persons (e.g., family members or advocates). The Director and General Manager will check on the participant after the event to ensure that they are receiving any required support.

When the abuse or neglect is alleged to have been perpetrated by a staff member, the Director and General Manager and the supervisor or manager will meet with the participant's family, carer and/or the person who registered the complaint in order to obtain all relevant information. The Director and General Manager and the supervisor/line manager will also meet with the employee or contractor against whom the complaint is lodged in order to obtain all relevant information and explanation for the alleged behaviour and meet with other potential witnesses as necessary.

Depending on the nature of the allegation, the Director and General Manager's response regarding the alleged perpetrator will comply with Cross Care Group's *Human Resources Policy and Procedure*. Responses include redirecting the staff member to alternate duties that do not involve direct participant care, suspending or sending them on leave pending the results of the investigation or standing the staff member down.

The Director and General Manager will then prepare a report within 24 hours of the allegation with recommendations and an action plan to support the participant and their family/support network and the staff member.

In these circumstances, the Senior Management Team may then seek industrial or professional advice, plan further meetings, seek an external assessment or refer the matter to the authorities.

The Director and General Manager will decide on the appropriate action to be taken according to the circumstances and generally take into account the participant's view. The course of action could be:

- Managing the matter within the organisation if it does not meet reportable criteria.
- Engaging in discussion with family members, carers or advocates.
- Eliciting the advice and expertise of another organisation or individual from outside of our organisation.
- Reporting to the NDIS Commission and local authorities to take action.
- Taking no further action but continuing monitoring the situation and reviewing at a specified later date.
- Taking no further action.

The decision that is taken and the reasons that led to the decision will be documented by the Director and General Manager in the *Incident Investigation Form* and communicated to the relevant stakeholders.

Allegations or incidents where a Cross Care Group staff member is the alleged victim will be dealt with in accordance with Cross Care Group's *Incident Management Policy and Procedure*.

Cross Care Group, as a mandatory reporting body, is required to notify all reportable incidents to the relevant authorities. The Director and General Manager or their delegate is responsible for notifying all reportable incidents to the following authorities:

### 1. NDIS COMMISSION

Where the participant is the alleged victim or alleged perpetrator, the Director and General Manager or their delegate must notify the reportable incident (including allegations) to the NDIS Commission within the following timeframes:

Reportable incident	Required timeframe
Death of a person with disability	24 hours
Serious injury of a person with disability	24 hours
Abuse or neglect of a person with disability	24 hours
Unlawful sexual or physical contact with, or assault of, a person with disability	24 hours
Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity	24 hours
Use of restrictive practice in relation to a person with disability if the use is not in accordance with a required state or territory authorisation and/or not in accordance with a behaviour support plan.	5 business days

The Director and General Manager or their delegate will use the NDIS Commission Portal 'My Reportable Incidents' page to notify and manage all reportable incidents and must

submit an *Immediate Notification Form* via the NDIS Commission Portal within 24 hours of key personnel becoming aware of a reportable incident or allegation.

The Director and General Manager or their delegate must then submit the 5-Day form via the 'My Reportable Incidents' portal within five business days of key personnel becoming aware of a reportable Incident. This provides additional information and actions taken by Cross Care Group.

In all cases, the Director and General Manager or their delegate must inform the following to the NDIS Commission:

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

## **2. POLICE**

If a participant or staff member is in imminent danger or in a life-threatening situation, staff must call the Police on 000 immediately to inform them of the suspected abuse. Immediately after reporting to the Police, staff must notify the Director and General Manager or their delegate of the report made.

A participant with a cognitive disability must have an independent third person present during the police interview, and this will be arranged by Police. Where the participant is under the age of eighteen years, an independent third person must also be present during the police interview.

If the participant is under 18 years, staff must ensure that the next of kin or guardian is contacted to ensure that the participant has legal representation and is assisted during the investigation and hearing. If the participant is over 18 years of age, they may decide whether or not to inform the next of kin of the allegations. Their informed decision will be clearly documented in the participant's file. If the participant is unable to make an informed decision and does not have a legal guardian, staff will contact the next of kin as appropriate. If a participant has a legal guardian, staff must ensure they are contacted.

The Director and General Manager or their delegate must explain the following to the next of kin or guardian:

- the nature of the allegation
- the standard procedure for reporting allegations to the Police
- that it is a matter for the client to decide whether or not to participate in the police investigation (the Police may also provide this information)
- any action taken by Cross Care Group since reporting the allegation.

## **3. CHILD PROTECTION AUTHORITY**



If it is suspected that a child is being harmed or neglected, the Director and General Manager or their delegate must report the incident or allegation to the Child Protection Authority.

The Director and General Manager or their delegate is responsible for contacting the relevant state / territory child protection authority at the contact numbers provided in the following table.

Australian State / Territory	Child Protection Authority	Contact Number
ACT	Child and Youth Protection Services	1300 556 729
NSW	Child Protection Helpline	13 21 11
NT	Child Protection	1800 700 250
QLD	Child Safety	1800 811 810
SA	Child Abuse Report Line	131 478
TAS	Strong Families, Safe Kids	1800 000 123
VIC	Child Protection	13 12 78
WA	Child Protection	1800 273 889

All staff who provide services to children and young people must undertake mandatory training in Child Safety to support them in recognising, reporting and responding to children or young people who may be at risk of harm and build their capacity to provide safe environments within the organisation.

In circumstances of suspected harm to children and young people, staff must comply with the internal reporting requirements by informing their supervisor/line manager or the Director and General Manager immediately after becoming aware of the abuse or neglect. The Director and General Manager or their delegate will decide the course of action based on the information and evidence provided.

Staff must not seek further information from children as this requires specialist intervention.

The Director and General Manager must provide the following information to the authorities:

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

The Director and General Manager is responsible for fully comprehending and adhering to all necessary reporting or disclosure requirements, including those specific to state or territory mandatory reporting laws, where applicable, in order to safeguard participants from harm or abuse. Failure to report a harmful situation may result in a criminal offence.

## **ANALYSIS, LEARNING AND IMPROVEMENT**

Debriefing will be undertaken with all relevant individuals when the matter reaches a conclusion. The Director and General Manager will determine who the appropriate person is to conduct the debriefing.

When the matter is concluded, the Director and General Manager will arrange for a review to be conducted to evaluate the organisation's performance in responding to the matter and to identify opportunities to develop strategies to prevent a future occurrence of a similar incident.

The Director and General Manager will ensure there are systems in place to identify and remedy gaps which contributed to a participant experiencing abuse, neglect or exploitation by:

- Reviewing and analysing individual incidents to evaluate improvement opportunities.
- Review our incident management system to identify if any additional preventative measures could be introduced to improve organisational practices.
- Adopting a continuous improvement approach by reviewing staff knowledge and competencies through annual performance reviews.
- Using data to inform improvements to abuse prevention and response processes, exploring systemic safeguarding gaps, and addressing the organisational impact of abuse.
- Support initiatives to reduce abuse by using referee checks to identify people of concern, working collaboratively with mainstream, specialist support services and advocacy, and contributing to cross-sector approaches.

## **RESPONSIBILITIES**

It is the responsibility of the Senior Management Team to:

- Ensure there is an organisation-wide approach to human rights and a Zero Tolerance commitment.
- Ensure there are effective organisation-wide governance systems in place for preventing violence, abuse, neglect, exploitation and discrimination.
- Take all reasonable steps to prevent and respond to all forms of violence, abuse, neglect, exploitation, and discrimination against participants.
- Ensure staff are trained in early intervention approaches where potential or actual violence, abuse, neglect, exploitation or discrimination of participants is identified.
- Promote a culture of no retribution for any person who reports abuse, neglect or exploitation of a participant.
- Provide training to staff on appropriate conduct and behaviour towards participants and actively monitor the standards of care and behaviour.
- Engage only the most suitable people to work with participants, conduct pre-employment checks and reference checks and ensure superior quality staff, volunteer supervision and professional development.

- Keep all records of staff pre-employment checks, including Police Checks, Working with Children Checks, and NDIS Worker Screening clearances, as well as the mandatory training certificates, in their personnel file.
- Monitor the implementation of the NDIS Code of Conduct and Cross Care Group's Code of Conduct.

It is the responsibility of all supervisors or line managers to:

- Conduct risk assessments regularly to identify any potential risks of violence, abuse, neglect, exploitation and discrimination to participants in the course of service delivery.
- Monitor the implementation of the NDIS Code of Conduct and Cross Care Group's Code of Conduct.
- Review and plan how to make all activities and services as safe as possible.

It is the responsibility of all staff involved in participant-related work to:

- Understand the critical and specific role they play, both individually and collectively, to ensure the wellbeing and safety of all participants.
- Comply with the NDIS Code of Conduct and Cross Care Group's Code of Conduct included in the *Staff Handbook* by observing expectations for appropriate and acceptable behaviour.
- Ensure participants know who to talk to if they are worried or feeling unsafe and that they are comfortable and encouraged to raise any issues.
- Listen and respond to the views and concerns of the participant if they are reporting that they or another person have been harmed; or that they are worried about their safety or the safety of another participant. Staff must not ignore or disregard any concerns, suspicions or disclosures of harm.
- Provide appropriate support to the person making the report.
- Report all alleged or suspected instances of abuse, neglect and exploitation in accordance with this policy, as well as the *Incident Management Policy and Procedure*.
- Promote the cultural safety, participation and empowerment of Aboriginal and Torres Strait Islander people through interactions with their community members.
- Identify themselves to a participant upon entering the premises and show any required identification.
- In reporting a concern/allegation, ensure that the participant's right to dignity, confidentiality and privacy is maintained in accordance with NDIS (Incident Management and Reportable Incidents) Rules 2018 and the requirements of the Privacy Act 1988, and any relevant state or territory legislation.
- Cooperate with the investigation of any complaint or grievance relating to the provision of Cross Care Group services.
- Record the participant's preferred communication method in their support plan and assess any potential risk for the participant.
- Explain to the participant and their representatives the purpose of any physical contact and/or conversations on sexual support/family planning and how it relates to the participant's support plan. Document all meetings and discussions in the participant's file.

- Ensure that they work within the limits of their skill and knowledge and within the scope of the purpose of their work with the participant (see Cross Care Group's Code of Conduct and relevant *Position Description*).

Staff involved in participant-related work must not:

- Disregard or overlook any reports, suspicions, or disclosures of harm.
- Form relationships with participants that could be perceived as biased or grooming, such as offering gifts.
- Engage in behaviours or activities with participants that can be considered harmful or unjustifiable in an educational, therapeutic, or service delivery context.
- Discriminate against a participant based on their disability, age, gender, race, culture, vulnerability, sexuality, or ethnicity.
- Ignore inappropriate or overly familiar behaviour from other adults towards young participants.
- Speak about intimate topics or use sexual innuendo with participants unless it is relevant in the context of parental/advocate guidance or therapy.
- Communicate directly with an underage participant through personal or private channels such as social media, email, instant messaging, or texting unless it is deemed reasonable in the circumstances, related to work or activities, or there is a safety concern or other urgent matter.

It is the responsibility of the Director and General Manager to:

- Review this policy and procedure at least annually in consultation with participants, their families and support network, and staff.
- Ensure any concerned person, including but not limited to the person receiving services, another client, family member, friend or person from the community, is able to make a report or an allegation of abuse, neglect and exploitation without fear of retaliation or retribution.
- Investigate and report all incidents or alleged incidents following the *Incident Management Policy and Procedure*.
- Value the input of families and advocates and communicate regularly with them.
- Act as the Approved Reportable Incident Approver and submit reportable incident reports to the NDIS Commission or funding body within the relevant timeframes mentioned above and in accordance with the Incident Management Policy and Procedure.
- Appoint the Authorised Reportable Incidents Notifier, who will support them in collating the required information about the reportable incident to be reported to the NDIS Commission or funding body.
- Report suspected harm, neglect or mistreatment promptly to the appropriate authorities.
- Share information appropriately and lawfully with other organisations where the safety and wellbeing of the participant is at risk.
- Provide feedback to support the staff member who raised the concern or made the allegation regarding the outcome.

## **STAFF RECRUITMENT PROCEDURES**

Cross Care Group has developed robust recruitment procedures to ensure the right staff are appointed through pre-employment screening, reference checks, induction, and orientation processes, as well as regular performance appraisals. Refer to Cross Care Group's *Human Resource Management Policy and Procedure*.

Staff orientation and induction will include information about human rights, abuse and incident reporting. The *Staff Handbook* includes information about how to prevent violence, abuse, neglect, exploitation or discrimination in the workplace.

Following initial training of all staff in relation to the Zero Tolerance Framework and the NDIS Code of Conduct, Cross Care Group will conduct a refresher training at least once every year.

## RELATED DOCUMENTS

- Participant Handbook
- Staff Handbook
- Incident Report Form
- Incident Investigation Form
- Incident Register
- Complaint Report Form
- Feedback and Complaints Register
- Feedback and Complaints Register
- Authority to Act as an Advocate Form
- Participant Assessment and Support Plan
- Annual Training Plan
- Training Attendance Record

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators – November 2021
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Convention on the Rights of the Child 1989
- Children and Young People Act 2008 (ACT)
- Children and Young Persons (Care and Protection) Act 1998 (NSW)
- Care and Protection of Children Act 2007 (NT)
- Child Protection Act 1999 (QLD)
- Children and Young People (Safety) Act 2017 (SA)
- Children, Young Persons and their Families Act 1997 (TAS)
- Children, Youth and Families Act 2005 (VIC)
- Children and Community Services Act 2004 (WA)
- Information Privacy Act 2014 (ACT)

- Privacy and Personal Information Protection Act 1998 (NSW)
- Information Act 2002 (NT)
- Information Privacy Act 2009 (QLD)
- Personal Information Protection Act 2004 (TAS)
- Privacy and Data Protection Act 2014 (VIC)
- Freedom of Information Act 1992 (WA)

## **GOVERNANCE AND OPERATIONAL MANAGEMENT POLICY AND PROCEDURE**

### **PURPOSE**

Governance encompasses the system by which Cross Care Group is controlled and operates and the mechanisms by which it, and its staff, are held accountable.

The purpose of this policy is to establish governance and operational systems that ensure:

- the organisation's operations meet the legislative, regulatory, financial and contractual responsibilities;
- measures to evaluate performance and continuous improvement in management practices;
- responsibility, authority and accountability are clearly defined, as well as appropriate authority delegation systems;
- the involvement of participants and their families/support network in the development of our policies and processes; and
- effective conflict of interest management.

This policy demonstrates Cross Care Group’s commitment to sound governance and describes how the organisation’s governance is established and reviewed.

### **SCOPE**

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

### **DEFINITIONS**

<b>Term</b>	<b>Definition</b>
<b>Governance</b>	It means the process by which organisations are directed, controlled and held to account. It encompasses authority,

	accountability, delegation of authority, directions and controls exercised within the organisation.
<b>Organisational structure</b>	A system used to define a hierarchy within an organisation. It identifies each job, its function and where it reports to within the organisation. This structure is developed to establish how an organisation operates and assists an organisation in obtaining its goals to allow for future growth. The structure is illustrated using an organisational chart.

## POLICY

Cross Care Group is committed to providing high-quality supports to participants overseen by robust governance and operational management systems.

Cross Care Group encourages a culture of continuous improvement to enhance its services and procedures. All staff must seek feedback from internal and external stakeholders relevant to service provision and the protection of participants' rights to identify improvement opportunities and enhance the governance of our organisation.

Following the NDIS Practice Standards and Quality Indicators, Cross Care Group will ensure the following:

- Opportunities are provided by the Governing Body for people with disability to contribute to the governance of the organisation and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights.
- A defined structure is implemented by the Governing Body to meet all financial, legislative, regulatory and contractual responsibilities and to monitor and respond to quality and safeguarding matters associated with delivering supports to participants.
- The skills and knowledge required for the Governing Body to govern effectively are identified, and relevant training is undertaken by members of the Governing Body to address any gaps.
- The Governing Body ensures that business, strategic and operational planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS (for example, Agency requirements and guidance), participants' and workers' needs and the wider organisational environment.
- The performance of management, including responses to individual issues, is monitored by the Governing Body to drive continuous improvement in management practices.
- Our organisation is managed by suitably qualified and/or experienced persons with clearly defined responsibility, authority and accountability for the provision of supports.
- There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place.
- Perceived and actual conflicts of interest are proactively managed and documented, including through the development and maintenance of organisational policies.

Cross Care Group is committed to the following:

- Working to an agreed organisational vision, mission and set of values, and using these to inform service planning and delivery.
- Ensuring that our organisation complies with the range of legislative, regulatory and contractual requirements that apply to its operations and keeps abreast of changes to these requirements.
- Reviewing and monitoring services regularly to identify improvement opportunities and deliver high-quality and safe services to all participants.
- Conducting risk assessments regularly to identify any risks to our business, staff or participants.
- Consulting with participants and their families/support network regarding our operations and development of organisational policies and processes.
- Implementing strategies and processes to review all systems, policies and procedures regularly.
- Ensuring that all planning processes incorporate our staff and participants' input.
- Identify any skills and knowledge gaps of the members of the Senior Management Team through the annual management review process to ensure that all members responsible for the executive decisions of our organisation govern effectively.
- Reviewing and updating the organisational structure as a result of new opportunities within the organisation, leadership updates and the need to drive cultural change or accountability and informing all staff and participants of the changes.
- Managing conflicts of interest openly and transparently at all levels in the organisation and complying with NDIS rules and other obligations.

## **PROCEDURE**

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of implementing robust governance and operational management systems:

### **GOVERNING BODY**

The Management Board at Cross Care Group has the overall responsibility for overseeing the entire governance and operations management system according to the organisational policies and procedures and other requirements related to operating under the NDIS rules.

The Governing Body undertakes a rights-based approach to governance, which means that the people with disability that our organisation serve have a right to participate in decision-making regarding programs and services that they are involved in.

The Governing Body performance review is undertaken by an external consultant. Typically, the following areas are covered in a performance review:

- Mission and goals
- Performance against the strategic plan
- Performance against governing laws and legislation
- Performance against quality and safeguards
- Operations and processes



- Relationships with stakeholders
- Competencies and skills of the Governing Body members (individually and as a whole).

The skills and knowledge required for the Governing Body to govern effectively have been identified, and relevant training is undertaken by members of the Governing Body to address any gaps. The members of the Governing Body must have the skills, experience or knowledge in at least one of the following fields:

- the delivery or use of disability services;
- the operation un the NDIS, other schemes or Government-funded programs;
- financial management;
- corporate governance.

### **BUSINESS, STRATEGIC AND OPERATIONAL PLANNING**

The Governing Body must ensure that business, strategic and operational planning considers Commonwealth and state and territory legislative requirements, organisational risks, and other requirements related to operating under the NDIS, including the participants and workers' needs and the wider organisational environment.

Cross Care Group's business, strategic and operational plans outline the organisation's strategies, goals and objectives and the steps necessary to accomplish them, considering business risk management outcomes. The plans serve as a roadmap for the organisation's actions, outline the service delivery models, and facilitate monitoring of progress and success, in line with the NDIS Practice Standards and Quality Indicators.

The Governing Body is responsible for setting the organisation's long-term goals and making sure it pursues its mission, vision and values. The includes:

- Overseeing the *Business Plan* for the organisation, which is a framework of strategies and initiatives to start a new business program or service.
- Developing and overseeing the *Strategic Plan*, which must be developed every three years. The *Strategic Plan* gives a high-level overview of the aspirations and purpose of Cross Care Group, identifies the organisation's priorities for future strategic direction and defines key performance indicators or outcomes the organisation aims to achieve in alignment with its vision and values. The *Strategic Plan* is a key document to support good governance and helps the Governing Body to perform its responsibilities.
- Overseeing the *Operational Plans*, which provides a clear picture of how the business, or its specific areas or teams, will contribute to the achievement of the *Strategic Plan*.

The Governing Body will review the three-year *Strategic Plan* annually and seek input from participants and other stakeholders during the review process. The *Strategic Plan* is formally reviewed and updated (if required) every financial year and/or when significant changes occur in the NDIS environment.

The Governing Body will also communicate planning progress across the organisation regularly, including organisational structure changes, roles and responsibilities and any changes to organisational policies and procedures.

The Senior Management Team is responsible for communicating the organisational objectives to new staff and participants, as appropriate, and reviewing the *Operational Plan* regularly (at least twice a year).

## **ORGANISATIONAL STRUCTURE**

Cross Care Group's organisational structure is documented in the *Staff Handbook* and communicated throughout the organisation.

The *Staff Handbook* also establishes clearly defined responsibility, authority and accountability within the organisation and delegated responsibility and authority in the absence of the position holder.

The relevant roles and responsibilities of each staff member are documented in their *Position Description*, which also defines the delegated authority. A replacement or backup worker is identified for each staff member involved in participant-related work in the *Human Resource Register*.

## **RESPONSIBILITIES:**

The Governing Body is responsible for the overall business, strategic and operational planning, including:

- Organisational governance – ensuring appropriate policies and procedures are in place to ensure robust governance and operational management and providing opportunities for participants to contribute to the governance of the organisation and have input in the development of organisational policies and processes relevant to the provision of supports and the protection of participant rights.
- Organisational structure - establishing and defining Cross Care Group's organisational structure to meet financial, legislative, regulatory and contractual responsibilities, and monitor and respond to quality and safeguarding matters associated with delivering supports to participants.
- Management performance - ensuring continuous improvement in management practices, evaluating the performance of management, including responses to individual issues, as well as ensuring that the organisation employs suitably qualified and/or experienced managers with clearly defined responsibilities, authority and accountabilities for the provision of supports.
- Strategic planning – setting the organisation's long-term goals and making sure it pursues its mission, vision and values. This includes ensuring that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS, participants and staff members' needs and the wider organisational environment.

The Director and General Manager is accountable for overseeing Cross Care Group's NDIS-specific service delivery and organisational operations, including:

- Compliance monitoring - ensuring adherence to the organisation's objectives, goals, and values, as well as its constitution.

- Organisational governance – developing and reviewing policies and procedures, plans, and budgets to achieve objectives and monitoring performance with the endorsement of the Governing Body.
- Organisational structure - establishing and maintaining a framework for authority delegation and internal control with the endorsement of the Governing Body.
- Strategic planning - reviewing the organisation's *Strategic Plan* at least annually.
- Operational planning – reviewing the organisation's *Operational Plans* at least twice a year in the Senior Management Team meetings.
- Regulatory monitoring - ensuring compliance with all relevant laws, regulations, and requirements.
- Financial monitoring – reviewing and managing the organisation's annual budget, monitoring management and financial performance to guarantee solvency, financial strength, compliance and good performance and managing all financial decisions, including but not limited to the use of business bank accounts, credit cards, etc.
- Business continuity planning - ensuring processes are in place to maintain continuity for participants.
- Risk management - evaluating and monitoring the effectiveness of risk management and compliance within the organisation and making or ratifying decisions and policies that may mitigate any risk to the organisation.
- Dispute management - addressing and resolving conflicts that may arise within the organisation, including conflicts between staff, contractors, volunteers, students, or participants.
- Feedback management – ensuring that processes are in place to receive feedback from the people accessing our services regarding their rights, the use of advocacy services, allegations of misconduct or abuse, and the quality of supports.
- Asset management – maintaining a register of all current organisational assets. The *Asset Register* will document the assets belonging to Cross Care Group, including important information about each fixed asset to keep track of its value and location. The register will display the quantity and value of various items such as office equipment, vehicles, furniture, computers, and communication systems and equipment.
- Internal audits – acting as the Internal Auditor, conducting internal audits annually and delegating responsibilities to other staff members to provide support in internal audits, where required. The Internal Auditor is the highest position in the organisation responsible for internal audit activities. If the internal audit activities are performed by outside service providers, the Internal Auditor will be responsible for overseeing the service contract, the quality of these activities and follow-up on engagement results.
- External audits – making sure the organisation is ready for any external audit, acting as the main point of contact for external quality auditors during external audits and follow-up on quality audit outcomes.

The Senior Management Team is responsible for overseeing the business operations and management system, including:

- Feedback and complaints management - managing all feedback, complaints and incidents, as well as continuous improvement opportunities, according to the

*Feedback and Complaints Management Policy and Procedure* and the *Incident Management Policy and Procedure*.

- Continuity of supports – developing processes to ensure continuity of service according to all relevant laws, including the National Disability Insurance Scheme Act 2013 and rules and the Australian Consumer Law.
- Operations planning – reviewing the *Operational Plan* at least twice a year during the Senior Management Team meetings and communicating the plan with each area/department/team of the organisation and other relevant stakeholders.

All staff members' responsibilities and accountabilities are defined in their *Position Description* as well as in Cross Care Group's policies and procedures and the *Staff Handbook*. Staff involved in participant-related work may be employed under the *Social, Community, Home Care and Disability Services Industry Award 2010 (MA00010)*.

Each role's minimum qualifications and experience requirements are outlined in the *Position Description* according to the *Human Resource Management Policy and Procedure*.

An internal or external financial accountant will be responsible for performing various financial functions, including but not limited to managing financial reporting compliance and preparing, reviewing, and approving annual financial statements and required financial and taxation reports. The Director and General Manager will delegate more financial functions where required.

## **QUALIFICATIONS**

Cross Care Group strives to ensure that all staff, including the Senior Management Team, possess the necessary skills and qualifications to perform their duties and responsibilities.

The qualifications, experience and skills requirements for each role have been defined in the *Position Description*. A robust worker screening process has been implemented to verify the qualifications and background of staff members and minimizes risks to participants following the *Human Resource Management Policy and Procedure*.

The Director and General Manager has the necessary qualifications and experience to perform their responsibilities and handle issues related to financial and legal matters, human resources, service management, service promotion, and/or business partnerships to meet all financial, legislative, regulatory and contractual obligations.

Knowledge and skills of all key personnel and managers are reviewed to ascertain if additional training is required to address any identified gaps and drive continuous improvement in management practices. The performance of management, including responses to individual issues, is monitored during the internal audits and annual management review process, and results are recorded in the *Management Review Report*.

The performance of the rest of the staff members is evaluated on an annual basis by their superior or line manager in order to:

- Assess if staff members are fulfilling their current role responsibilities based on their *Position Description*.
- Determine if staff members are meeting the needs of participants.
- Identify any necessary training to keep up with current practices.
- Provide necessary support to staff to meet the needs of the participants and the required level of supports.
- Align staff members' skills and knowledge with the target audience.

## **CONFLICT OF INTEREST**

All staff of Cross Care Group must prioritise the interests of the organisation over their personal interests and those of any associated person such as their family members, friends, partners, another organisation they work for, etc.

Staff must not use their position to gain, directly or indirectly, personal benefit or benefit for an associated person, nor use internal information outside the organisation for their personal benefit.

Conflicts of interest should be avoided as much as possible, and any actual or potential conflicts must be fully disclosed to the Director and General Manager or their delegate. Failure to address conflicts of interest can harm the reputation and trust of Cross Care Group and may have legal consequences.

All staff are responsible for proactively reporting all perceived and actual conflicts using the *Conflict of Interest Report Form*. A copy of the *Conflict of Interest Report Form* is kept in the staff file accordingly.

Conflict of interest must be disclosed in all Senior Management Meetings and recorded in the *Senior Management Meeting Agenda and Minutes*.

Conflicts of interest will be managed by supervisors or line managers and documented in the *Conflict of Interest Register*. Those conflicts of interest may be escalated to the Director and General Manager or their delegate, where appropriate.

## **PARTICIPANT FEEDBACK**

Cross Care Group values feedback from all stakeholders and recognises its importance in providing quality supports and outcomes for people accessing our services. Participants' suggestions and feedback are welcome to contribute to the governance of Cross Care Group.

Cross Care Group will gather feedback from participants, their families/support network and the community to ensure that Cross Care Group is meeting their needs and providing high-quality, responsive services.

Throughout service delivery, participants and their families/support network are encouraged to provide feedback in relation to service development and organisational management at any time.

The Senior Management Team will seek participants' feedback at least annually in relation to service provision using the *Participant Satisfaction Survey* and regularly to assist in the assessment of new staff or the development of an organisational policy or process. Discussions and results from the Senior Management Team meetings will be documented and incorporated into our ongoing process of continuous improvement.

All service planning, delivery and evaluation activities will include staff, participants and other stakeholders and their feedback.

To promote continuous improvement and deliver the highest quality supports and services, Cross Care Group has developed the *Quality Management Policy and Procedure* that must be followed by all staff.

## **COMPLIANCE**

Risk management includes designating responsibility for compliance, training and monitoring staff in compliance, recording and reporting non-conformities, and regularly reviewing processes against the current and applicable legislation, regulations and NDIS Practice Standards and Quality Indicators to ensure ongoing compliance.

Cross Care Group will adhere to all applicable federal, state or territory and NDIS legislation and regulations, including but not limited to those related to privacy, service delivery, financial reporting, etc.

The Director and General Manager or their delegate is responsible for ensuring that Cross Care Group is and remains compliant by:

- Monitoring changes to legislation and service standards.
- Ensuring regulatory compliance via ongoing contact with relevant government agencies, websites, and membership of peak organisations and via internal reviews and external audits.
- Review all organisational policies at least annually and consider the input from internal and external stakeholders.
- Updating organisational policies and procedures to consider any changes in the legislation compliance requirements and/or industry practices and advising staff of all changes immediately.
- Fostering a compliance-aware culture by including updates to relevant requirements and regular information sessions on agendas for Governing Body, Senior Management Team and Team Meetings.
- Ensuring staff understand their compliance responsibilities.
- Meeting all external reporting requirements where appropriate.
- Conducting or overseeing internal audits in accordance with the *Internal Audit Program*.

- Managing and reviewing the *Legal Requirements Register* at least annually to identify and record the legal requirements applicable to the business.

An annual internal audit will be conducted by the Director and General Manager or an external service provider to ensure compliance with all legislative and regulatory requirements as well as the NDIS Practice Standards and Quality Indicators. An *Internal Audit Program* has been developed for this purpose, and the internal audit outcomes will be recorded in the *Internal Audit Report*.

All staff are responsible for managing compliance within their areas of influence. Upon commencement with Cross Care Group, all staff will undergo induction, which includes information and training on compliance responsibilities and awareness.

Staff must report to their supervisor or line manager any non-conformity in service delivery or compliance failure that has occurred or is likely to occur using the *Continuous Improvement Form*. The Director and General Manager or their delegate will record the non-conformity in the *Continuous Improvement Register* and update the *Continuous Improvement Plan* accordingly.

The Senior Management Team is responsible for encouraging proactive reporting of compliance failures, breaches, issues, incidents and complaints.

Participants and their families/support networks can raise a compliance-related complaint using the *Complaint Report Form*. The Director and General Manager or their delegate must address compliance failures or compliance-related complaints upon becoming aware of them to re-establish compliance and provide protection to the organisation as soon as practicable.

Cross Care Group will use data from various areas such as continuous improvement, complaints, incidents, work health and safety, and risk management to adjust our policies, procedures and processes to better meet the needs of the business, staff, participants and the community and all applicable legislation and compliance requirements.

### **NOTICE OF CHANGES AND EVENTS TO THE NDIS COMMISSION**

Cross Care Group acknowledges that it is a condition of registration to notify the NDIS Quality and Safeguards Commissioner of certain changes and events, especially those which substantially affect our ability to provide the supports and services we are registered to provide. Sections 13 and 13A of the NDIS (Provider Registration and Practice Standards) Rules 2018 set out these requirements.

Under the National Disability Insurance Scheme (Registered NDIS Provider Notice of Changes and Events) Guidelines 2019, the Director and General Manager is responsible for giving the Commissioner notice of any of the following events as soon as practicable after it occurs via the NDIS Commission Portal:

- Any event that significantly affects our ability to comply with any of our conditions of registration under section 73F of the National Disability Insurance Scheme Act 2013 (the Act), including:
  - events that extensively limit our ability to comply with the Practice Standards listed in the NDIS (Provider Registration and Practice Standards) Rules 2018
  - events that seriously impair our ability to effectively conduct our operations and deliver ongoing supports or services to NDIS participants.
- Any change that adversely affects access by a person with disability to the supports or services we are registered to provide, including:
  - a decision to not accept, on a temporary or permanent basis, new participants for supports or services that we are registered to provide;
  - a significant increase in wait times for the provision of supports or services to participants that we are registered to provide;
  - a significant shortfall in our available workers to provide the supports or services we are registered to provide;
  - the cessation, on a temporary or permanent basis, of the provision of supports or services that we are registered to provide.
- Any adverse changes in our financial capacity to provide any supports or services we are registered to provide, including:
  - an inability to meet workforce payroll obligations for more than two consecutive pay periods;
  - being served with a statutory demand under the Corporations Act 2001 (Cth) for the recovery of a debt;
  - being the subject of legal proceedings to be declared bankrupt or placed under administration.
- A significant change in our organisation or governance arrangements, including:
  - a change in membership of our key personnel (such as a new CEO or company director)
  - a change to the legal entity type/business structure
  - a change in the Australian Business Number or Australian Company Number
  - the sale, merger or transfer of all or part of our business
  - a change in the business name (trading name) or legal entity name.
- Any event relating to our suitability or that of our key personnel to provide or be involved with the provision of supports or services to people with disability as described under sections 9 and 10 of the NDIS (Provider Registration and Practice Standards) Rules 2018 including:
  - conviction of an indictable offence against a law of the Commonwealth or of a state or territory
  - disqualification from managing corporations under Part 2D.6 of the Corporations Act 2001.

The Director and General Manager is also responsible for notifying the NDIS Commission of the following changes and must use the NDIS Commission Portal to do this:

- changes to our organisation's contact details
- changes to the address details of an existing outlet
- addition of new outlets



- removal of previous outlets
- changes in the services or supports delivered at or from those outlets
- changes to the geographical areas where supports are provided from each outlet.
- a change in membership of our key personnel (such as a new CEO or company director)

The Director and General Manager must also notify the NDIS Commission of the following changes to the scale of its operations and can use the NDIS Commission Portal to do this:

- A significant increase or decrease in the number of participants being provided with a support or service, where the number of participants recorded in the NDIS Commission Portal is:
  - fewer than 200 – if the increase or decrease is at least 50 per cent of that number
  - 200 or greater – if the increase or decrease is at least 25 per cent of that number.
- A decrease in staff is unexpected and/or to the extent that we are unable to provide continuity of services or supports to the NDIS participants who currently receive such services or supports
- A restructuring of the organisation relating to a significant expansion or reduction in its scope.

All of these changes need to be notified to the NDIS Commission when the change occurs or as soon as practicable afterwards (whichever is earlier).

## RELATED DOCUMENTS

- Participant Handbook
- Staff Handbook
- Complaint Report Form
- Feedback and Complaints Register
- Position Description
- Human Resource Register
- Business Plan
- Strategic Plan
- Operational Plan
- Conflict of Interest Report Form
- Conflict of Interest Register
- Continuous Improvement Plan
- Continuous Improvement Form
- Continuous Improvement Register
- Internal Audit Program
- Internal Audit Report
- Management Review Report
- Delegation of Authority Register
- Asset Register

- Legal Requirements Register
- Participant Satisfaction Survey

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Registered NDIS Provider Notice of Changes and Events) Guidelines 2019
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018
- NDIS Practice Standards and Quality Indicators – November 2021

# RISK MANAGEMENT POLICY AND PROCEDURE

## PURPOSE

Risk management is the suite of activities undertaken by Cross Care Group to ensure that it understands all risks associated with its operations and makes informed decisions in managing these risks.

This policy aims to provide direction to all Cross Care Group staff to implement an effective risk management system.

This policy provides a framework to all staff regarding identifying and managing potential risks for the business, staff members and participants.

## SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

## DEFINITIONS

Term	Definition
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<b>Hazard</b>	A situation that has the potential to cause harm to a person, damage property or the environment.
<b>Risk</b>	A possibility or likelihood of something happening that may have a negative impact on the organisation's capacity to deliver on its services, strategic and operational plans, projects, processes, financial viability and reputation; the people associated with Cross Care Group and/or the participants.
<b>Risk Assessment</b>	A process of evaluating the severity of a risk to prioritise and take action to control the risk.
<b>Risk Control</b>	A measure, process or system that eliminates a risk where possible or, if not possible, reduces the risk so far as is reasonably practicable.
<b>Risk Management</b>	The process used to avoid, reduce or control risks.

## POLICY

Cross Care Group is committed to identifying and managing all risks to the organisation, participants and staff members which may arise during the delivery of services and the general management and operations of the organisation and developing a robust risk management system.

To achieve this commitment, Cross Care Group will ensure the following:

- Risks to the organisation, including risks to participants, financial and work health and safety risks, and risks associated with the provision of supports are identified, analysed, prioritised and treated.
- A documented risk management system that effectively manages identified risks is in place and is relevant and proportionate to the size and scale of the provider and the scope and complexity of supports provided.
- The risk management system covers each of the following:
  - incident management;
  - complaints management and resolution;
  - financial management;
  - governance and operational management;
  - human resource management;
  - information management;
  - work health and safety;
  - emergency and disaster management.
- Where relevant, the risk management system includes measures for the prevention and control of infections and outbreaks.
- Supports and services are provided in a way that is consistent with the risk management system.
- Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.

Cross Care Group will identify risks to the organisation, staff and participants, control them where possible and monitor these risks. Where residual risks remain, Cross Care Group will

implement strategies to manage these. Where the risks involve participants, strategies will be implemented where the participant consents.

Cross Care Group has undertaken a strong set of risk control activities to achieve the following outcomes:

- reduce the likelihood and/or consequences of potential adverse events as far as possible
- provide managers and staff with information to assess risks in their business operations or areas of influence
- ensure that the application of Risk Management practices adds value to the organisation and safeguards the business
- ensure compliance with legislative and regulatory requirements
- ensure that the organisation implements strategies that are cost-effective.

At Cross Care Group, all staff involved in participant-related work must:

- comply with this policy and related procedures;
- identify and manage risks that impact them, other staff members, participants and/or other people during the delivery of services;
- minimise risks to themselves and others as far as practicable; and
- report all hazards and other risks to their supervisor or line manager as soon as they become aware of them.

Cross Care Group values the input, feedback, evaluation and recommendations gathered from internal and external audits and stakeholders to enhance our risk management system.

Cross Care Group's approach to risk management, including its Risk Management Model and Principles, is aligned with *Australian and New Zealand Standard AS/NZS 31000:2009 (Risk Management Principles and Guidelines)*.

## **PROCEDURE**

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring all risks to the organisation, staff and participants are identified and managed effectively.

## **RISK MANAGEMENT SYSTEM**

The process of risk management set out in this policy and procedure involves identifying risks/hazards, assessing risks, controlling risks, and reviewing control measures, all within a framework of regular consultation (see diagram below):



## 1. IDENTIFYING RISKS

Identifying risks involves finding events, situations or circumstances that could potentially cause harm or negatively affect the organisation, staff, and participants.

Risks are identified using a range of tools and techniques, including strategic and business plans, structured interviews, audit reports, complaint reports, incident reports, checklists, surveys and questionnaires, focus groups, and post-event reports.

For each identified risk, an assessment is performed on the likelihood of the risk occurring, the potential consequence or impact that would result if the risk was to occur, and the controls currently in place to manage the risk by either reducing the consequence or likelihood of the risk and a target risk rating aligned to the risk appetite statement.

### a) How to Identify Risks

All areas of Cross Care Group and its operations will be addressed to identify risks that can be grouped according to the following broad categories:

- Strategic
- Compliance
- Financial management
- Governance and operational management
- Environmental
- Reputational
- Service delivery
- Work, health and safety (WHS)

- Human resource management
- Information management
- Emergency and disaster management.

All staff members are responsible for identifying and reporting any risk to the organisation, participants and personnel to their supervisor/line manager as soon as they become aware of it.

There are some ways to identify risks as follows:

- **Inspecting the workplace or service environment:** Regularly inspecting the service environment to predict what could or might go wrong. Staff must conduct a risk assessment to identify any work health and safety risks before delivering services in the participant's home or accommodation setting using the *Home Risk Assessment Form*. This risk assessment must be conducted with the participant's consent.
- **Consulting with staff:** All supervisors or line managers must ask staff members about any potential risks during the provision of services, any health and safety problems they have encountered in doing their work, and any near misses or incidents that have not been reported. Staff interviews and surveys may also be undertaken to obtain information about any potential risk.
- **Consulting with the participant and their family/support network:** Staff should ask participants about any potential risks they have encountered or incidents that have not been reported. Participant surveys may also be undertaken to obtain information about any potential risk.
- **Reviewing available information:** Information and advice about hazards and risks relevant to particular industries and types of work are available from regulators, industry associations, unions, technical specialists and safety consultants.
- **Conducting risk assessments and/or internal audits periodically:** This may include completing individual risk assessments for each participant at the beginning of and throughout service delivery and conducting risk assessments in different areas such as compliance, finance, health and safety, governance, environment and operations.

## b) Reporting Risks

When a risk is identified, the following forms must be completed by the relevant staff member and reviewed by their supervisor or line manager:

- **Individual Risk Assessment Form:** It must be completed when identifying individual risks associated with the participant's health, behaviours of concern and other risks around the participant's safety and wellbeing. These risks should be identified at the beginning and throughout service delivery.
- **Home Risk Assessment Form:** There are potential risks associated with providing services in a participant's home or disability accommodation setting. Staff must complete the *Home Risk Assessment Form* to identify any potential risk before delivering services at the participant's premises.
- **Hazard Identification Report:** It must be completed when identifying work health and safety risks that are not related to the service environment. Hazards at work

may include noisy machinery, chemicals, manual handling, a repetitive job, bullying and violence at the workplace, COVID-19, sexual harassment, and other WHS risks.

All staff should keep blank forms with them and can request a copy from their supervisor or line manager at any time. Electronic forms are also available for all staff, and access to those forms will be granted by their supervisor or line manager accordingly.

All staff are encouraged to identify hazards and risks and to report them to their supervisor or line manager immediately or within the next 24 hours of becoming aware of the risk, depending on the level or severity of the risk.

Cross Care Group expects all staff to responsibly minimise risks to themselves and others and report hazards and other risks as soon as they are noticed. All staff are responsible for managing risk within their areas of influence.

Upon commencement, all staff will undergo an induction which will include risk management training. Where staff are employed, regular performance reviews will assess staff awareness of this policy and procedure and their roles and responsibilities regarding risk management.

Additional on-the-job and formal training will be provided where required.

### c) Risk Category

A risk category list has been developed, which may assist with identifying and assessing hazards/risks. This includes (but may not be limited to):

- **Strategic:** Risks that could affect our organisation's business and strategic plans and objectives, including any changes in community/client needs influencing strategic directions and changes in funding.
- **Compliance:** This includes non-compliance or non-conformance with current policies and procedures, federal and/or state or territory legislation, regulations, standards, codes of practice, and any risk associated with contractual obligations.
- **Financial:** Risks associated with reduced income or increased costs (liquidity risk), damage to assets or property risks, fraud and corruption, credit risks and longer-term viability.
- **Governance and operational management:** Risks that could affect our organisation's ability to execute its strategic plan and operations, including (but not limited to) inadequate or failed policies and procedures and systems such as incident and complaints management systems.
- **Environmental:** External events such as unfavourable weather, pandemic or workforce conditions, storage and handling of waste disposal and infectious or hazardous substances, including PPE, etc.
- **Reputational:** Risks to the organisation's most important asset—the reputation, public perception or market standing. Risks arise from direct actions or inaction of the organisation or Governing Body, the unappropriated conduct of staff members, the

quality of supports and services, ethical breaches, or from a failure to meet social expectations.

- **Service delivery:** Any risks associated with the provision of services, such as staff shortages, service cancellations, etc.
- **Work, health and safety (WHS):** It means a situation that has the potential to harm staff members. Hazards at work may include noisy machinery, chemicals, manual handling, a repetitive job, bullying and violence at the workplace, COVID-19, sexual harassment, and other WHS risks.
- **Human resource management:** Risks associated with human resource management such as staff turnover, resignations, Industrial Relations issues, etc.
- **Information management:** Risks associated with data breaches, information security, handling personal and sensitive information without consent, etc.
- **Emergency and disaster management:** Risk arising from emergency or disaster events such as a pandemic, floods, storms, bushfires, explosions, disruptions to essential services, fire, etc.

#### d) Recording risks

The *Risk Register* is a document that records all identified risks, the likelihood and consequences of a risk occurring, the actions to be taken to reduce those risks and who is responsible for managing them.

This record ensures items are appropriately followed through, closed out and subject to ongoing evaluation. The Director and General Manager or their delegate is responsible for maintaining and updating the *Risk Register* with the support of supervisors and line managers.

The Director and General Manager and/or their delegate must:

- Review each risk/hazard report form and ensure that all sections are fully completed.
- Register the hazard/risk in the *Risk Register*.
- Assign a risk category.
- Assess the likelihood of each of these risks occurring.
- Define the consequence/impact on the business if the risk occurred, and the controls did not work as intended.
- Allocate an appropriate risk rating utilising the Risk Matrix.
- Assess the risk and establish risk control measures or mitigation strategies.
- Determine the effectiveness of the current controls.
- Assign the owners of the control measures and report back to the relevant stakeholders.

## 2. ASSESSING RISK

Each identified risk should be assessed by the Director and General Manager and/or their delegate with the support of other relevant stakeholders, when required, and must be entered into the *Risk Register*.



## a) How to Conduct a Risk Assessment

A risk assessment involves considering what could happen if someone is exposed to a hazard or risks and the likelihood of it happening. A risk assessment can help our organisation determine the following:

- **Likelihood:** How likely is the risk of happening or occurring.
- **Consequence or impact:** How severe a risk is if it occurs.
- **Control Measures:** What action(s) or strategies should be taken to control the risk. This includes actions to be taken before, during and after the event.
- **Effectiveness:** whether any existing control measures are effective or not.

A risk assessment can be undertaken with varying degrees of detail depending on the type of risk/hazard and the information, data and resources available. It can be as simple as discussing with the participants and/or staff or involving specific risk analysis tools and techniques recommended by safety professionals.

A risk assessment is not required when legislation requires a hazard or risk to be controlled in a specific way—these requirements must be complied with.

Hazards and risks have the potential to cause different types and severities of harm, ranging from minor discomfort to serious injury or death. The risk will increase as the severity and likelihood of harm increase.

A risk assessment involves considering what could happen if someone is exposed to a risk/hazard and the likelihood of it happening.

The Director and General Manager and/or their delegate is responsible for conducting all risk assessments with the assistance of supervisors, managers and staff members. To conduct a risk assessment, they should:

- **Risk identification:** Work out how risks/hazards may cause harm to our organisation, staff and/or participants. In most cases, incidents occur as a result of a chain of events and a failure of one or more links in that chain. If one or more of the events can be stopped or changed, the risk may be eliminated or reduced. One way of working out the chain of events is to determine the starting point where things begin to go wrong and then consider: 'If this happens, what may happen next?' This will provide a list of events that sooner or later cause harm.
- **Risk category:** Define the type of risk. A risk category list has been developed, which may assist with identifying hazards/risks and assessing the risk.
- **Risk consequence:** Work out how severe the harm could be.
- **Likelihood:** Work out the likelihood of harm occurring.
- **Risk level:** Determine the level of risk that is possible.
- **Control measures/mitigation strategies:** The ways of controlling risks are ranked from the highest level of protection and reliability to the lowest. The Director and General Manager or their delegate must consider various control options and choose the control that most effectively eliminates the hazard or minimises the risk in the

circumstances. Risks that are most likely to occur and/or have serious consequences require urgent attention.

**b) Type of Risk and Mitigation Methods:**

Cross Care Group’s risk management system covers the following:

Type	Risk	Risk Control / Mitigation Strategies
<b>Individual Risk Management</b>	Participants' risk identification and a regular revision of those risks will be an ongoing process.	<ul style="list-style-type: none"> <li>• A risk assessment will be conducted for new participants.</li> <li>• At least a consistent 12-monthly risk assessment will be conducted for existing participants.</li> <li>• Participants' risk assessments are reviewed regularly.</li> </ul>
<b>Compliance Risk Management</b>	Compliance risks include (but are not limited to): <ul style="list-style-type: none"> <li>• Creating reports non-compliant with the legal or governing body requirements.</li> <li>• Key Personnel operating outside of their authority area.</li> <li>• Activities outside our scope (i.e., providing services for which the organisation must be registered with a funding body).</li> </ul>	There are different risk mitigation methods, including (but not limited to): <ul style="list-style-type: none"> <li>• Compliance risk assessment is carried out to ensure our organisation's operations comply with relevant laws and regulations.</li> <li>• Key Personnel and staff written acknowledgment of compliance requirements.</li> <li>• <i>Legal Requirements Register</i> is kept up to date.</li> <li>• Internal audit in compliance areas.</li> <li>• Internal control measures in areas of compliance.</li> </ul>
<b>Work Health and Safety</b>	Hazards at work may include noisy machinery, chemicals, manual handling, electricity, a repetitive job, bullying and violence at the workplace, etc. It is the responsibility of supervisors and line managers to eliminate WHS risks to staff.	There are different risk mitigation methods, including (but not limited to): <ul style="list-style-type: none"> <li>• Elimination</li> <li>• Substitution</li> <li>• Isolation</li> <li>• Engineering</li> <li>• Admin controls (procedures and policies)</li> <li>• PPE (personal protective equipment)</li> <li>• Training.</li> </ul>

Type	Risk	Risk Control / Mitigation Strategies
<b>Human Resource Risk Management</b>	<p>These risks include:</p> <ul style="list-style-type: none"> <li>• Unplanned resignation or retirement of management personnel</li> <li>• Lack of knowledge and skills among staff</li> <li>• Lack of racial, ability and gender diversity.</li> <li>• Staff recruitment and retention.</li> </ul>	<p>Risk mitigation strategies include:</p> <ul style="list-style-type: none"> <li>• Clear <i>Position Description</i>, identification of replacement worker and an ongoing plan for key roles.</li> <li>• Complimentary and annual training plan for staff.</li> <li>• Training more than one person in each area so that they can perform the task in case of absence for one position.</li> <li>• Supervision and mentoring of staff.</li> </ul>
<b>Financial Risk Management</b>	<p>There are different financial risks, including:</p> <ul style="list-style-type: none"> <li>• Liquidity risk.</li> <li>• Credit risk.</li> <li>• Market or economy risk</li> <li>• An unexpected change in owners or shareholders.</li> </ul>	<p>Risk management strategies include:</p> <ul style="list-style-type: none"> <li>• Having the right insurance.</li> <li>• Supportive plans for the worst-case scenario.</li> <li>• Tracking research trends.</li> </ul>
<b>Information Security Risk Management</b>	<p>Risks associated with data breaches have a massive, negative business impact and often arise from insufficiently protected data.</p>	<p>Risk mitigation strategies include:</p> <ul style="list-style-type: none"> <li>• Clear policies and procedures.</li> <li>• Technology that reduces the threat of cyber-attacks from vulnerabilities and poor data security.</li> <li>• Regular training for new and current staff.</li> </ul>
<b>Emergency and Disaster Risk Management</b>	<p>Risks associated with emergencies and disasters, including those associated with infectious disease outbreaks, conflicts, and natural, technological and other hazards.</p>	<p>Risk mitigation strategies include:</p> <ul style="list-style-type: none"> <li>• Risk assessments are undertaken for priority hazards and widely shared among staff, stakeholders and decision-makers.</li> <li>• Regular Emergency and Disaster Drills.</li> <li>• Development and review of an <i>Emergency and Disaster Management Plan</i>.</li> </ul>

### c) Risk Matrix

When conducting the risk assessment, the *Risk Matrix* must be used as a guide to determine the estimated level/severity of risk given the current circumstances.

The *Risk Matrix* assesses the likelihood and the impact/consequence. The allocation of a risk rating is not an exact science and should also involve staff members, supervisors, managers and other relevant stakeholders in making this decision.

Those involved in the risk assessment need to think of preventing the recurrence of an event in the short, medium, and long term. Often, an interim solution is sought to reduce the risk to an acceptable level, while longer-term solutions are sought and explored.

**Consequence** – Evaluation of the consequences of a risk occurring according to the following ratings:

Descriptor	Level	Definition
Insignificant	1	Minor material damage, self-administered first aid, no time lost and/or minor effects on service delivery.
Minor	2	Some material damage, first aid treatment, no rehabilitation, days/weeks' time lost and/or minor nuisance to the participants.
Moderate	3	Significant material damage, medical treatment, short rehabilitation, days/weeks' time lost, subsystem and/or participant dissatisfaction.
Major	4	Extensive material damage, medical/hospital treatment, lengthy rehabilitation, weeks/months' time lost, permanent minor disability and/or a high degree of participant dissatisfaction.
Severe	5	Major material damage, hospital treatment, extensive rehabilitation, months/years' time lost, death, permanent major disability, non-compliance with regulations and/or severe injury/harm to participants, staff, and organisation.

**Likelihood** – Evaluation of the likelihood of an incident/event occurring according to the following ratings:

Descriptor	Level	Definition
Rare	1	May occur somewhere sometime.
Unlikely	2	May occur somewhere sometime over an extended period of time.
Possible	3	May occur several times over a period of time.
Likely	4	May be anticipated multiple times over a period of time or may occur once every few repetitions of the activity or event.
Almost Certain	5	Prone to occur regularly. It is anticipated for each repetition of the activity or event.

**Risk Matrix** – The following matrix will be used to calculate the level of risk by finding the intersection between the likelihood and the consequences:

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Severe
Almost Certain	Medium	High	Extreme	Extreme	Extreme
Likely	Medium	Medium	High	Extreme	Extreme
Possible	Low	Medium	Medium	High	Extreme
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

**Risk Level/Rating and Actions** – The Risk Matrix allows our organisation to prioritise which actions to take. Actions to be taken based on risk level/rating:

Descriptor	Definition
<b>Extreme:</b>	Staff must report the hazard/risk to their supervisor/line manager immediately after becoming aware of it. Control measures/corrective actions should be taken immediately. Cease associated activity.
<b>High:</b>	Staff must report the hazard/risk to their supervisor/line manager immediately after becoming aware of it. Control measures/corrective actions should be taken within 48 hours of notification.
<b>Medium:</b>	Staff must report the hazard/risk to their supervisor/line manager within 24 hours of becoming aware of it. Control measures/corrective actions should be taken within the given due date. Require active monitoring and review.
<b>Low</b>	Staff must report the hazard/risk to their supervisor/line manager within 24 hours of becoming aware of it. Control measures/corrective actions should be taken within a reasonable time. Risks can be managed by routine procedures.

### 3. CONTROLLING RISKS

For each identified risk, Cross Care Group has identified ways to avoid the risk occurring and manage any adverse impacts if they do.

All staff are responsible for understanding and fulfilling their risk management responsibilities in their area of influence, including implementing control measures as required and instructed by their supervisor or line manager.

Once risks have been prioritised, the Director and General Manager and/or their delegate will identify actions to respond to and oversee the response to each risk along with timeframes and who is responsible for each control measure.

Cross Care Group manages risks by developing cost-effective options to deal with them, including:

- Avoiding - change processes to achieve a similar outcome but with less risk.
- Reducing - if a risk cannot be avoided, reduce its likelihood and consequence. This could include staff training, documenting policies and procedures, complying with legislation, practicing emergency procedures, keeping records safely secured, contingency planning, etc.
- Testing planned response - for particular types of risk associated with emergency or disaster events, conducting emergency drills.
- Transferring the risk - transfer some or all the risk to another party through contracting or insurance.
- Accepting the risk – if this is the only option.

Cross Care Group has implemented a wide variety of measures or strategies to manage risks, including, but not limited to:

- For participants:
  - Individual risk assessment.
  - Feedback mechanisms.
  - Advocacy.
- Staff:
  - WHS assessments.
  - Training and development in the implementation of the Risk Management Plan, this policy and procedure and Code of Conduct.
  - Performance reviews.
  - Feedback mechanisms.
  - Staff with capabilities to assist in responding to an emergency or disaster have been identified.
  - Identifying sourcing and induction staff in the event of workforce disruptions in the event of an emergency or disaster.
  - Infection prevention and control training (including refresher) is undertaken by all staff involved in providing supports to participants.
  - Ongoing training/education for staff.
- Business:
  - Worker screening
  - Management review
  - Review of policies and procedures
  - Strategic, financial, and operational risk assessment
  - Insurances
  - Business continuity and emergency response plans
  - Development of schedules to monitor progress.
  - Actively seeking feedback on services from stakeholders.
  - Ongoing monitoring and review of management systems, including internal audits.

Strategies are developed and improved through:

- Consultation with others, e.g., participants and their families, experts, colleagues, other providers, and professional associations.
- Review of funding body and legislative requirements.
- Review of incidents and complaints records.
- Quality improvement audits.

All identified risks and appropriate controls will be recorded in the *Risk Register*.

#### 4. REVIEWING CONTROL MEASURES

With the risk rating determined, Cross Care Group will consider the effectiveness of the control measures that are already in place to manage the risk and whether additional control measures may be required.

Regular monitoring and review of the performance of the risk management system and control measures or strategies is conducted and includes changes to business initiatives and other internal processes. This is done through meetings and regular review of the following documents:

- Strategic Plan
- Business Plan
- Legal Requirements Register
- Human Resource Register
- Staff Training Plan
- Participant feedback systems (i.e., surveys)
- Complaints and Incidents Reports
- Emergency and Disaster Drill Reports
- Conflict of Interest Register
- Continuous Improvement Register
- Performance reviews
- Financial reports
- Safety checks

This also includes a quarterly review of the *Risk Register* and related support documents. The Director and General Manager or their delegate is responsible for reviewing and maintaining the *Risk Register*.

Controls are monitored for effectiveness against the impact and likelihood ratings. Regular reports and updates must be provided by the Director and General Manager or their delegate to the Governing Body, the Senior Management Team and relevant stakeholders to ensure that risks are being appropriately managed and controlled.

The effectiveness of risk controls will be checked on an ongoing basis and will be revised if required. The revision could take place in the following circumstances (but is not limited to):

- The current control measure is not effective.
- A change has happened in the risks or hazards.
- An extreme incident occurs.

- If a consultant or auditor believes that a revision is required.

## 5. KEEPING RECORDS

Keeping records of the risk management process demonstrates compliance with current legislation and regulations. It also helps when undertaking subsequent risk management activities, including reviewing control measures.

### a) Risk Register

The *Risk Register* must be completed and maintained by the Director and General Manager and/or their delegate in collaboration with the relevant stakeholders. It will be used to identify the level of the risk and outline control measures or mitigation strategies for its effective management.

The objectives of the *Risk Register* are to:

- provide a systematic approach to the early identification and management of risks;
- provide consistent risk assessment criteria;
- make accurate and concise risk information available that informs decision-making, including business direction;
- adopt risk treatment strategies that are cost-effective and efficient in reducing risk to an acceptable level; and
- monitor and review risk levels to ensure that risk exposure remains within an acceptable level.

### b) Reports and Forms

The *Hazard Identification Report* and *Home Risk Assessment Form* must be completed by staff when reporting hazards/risks and reviewed by the Director and General Manager or their delegate. A copy of each report must be kept in the designated file as required.

Risk assessments are required to be completed for each participant at the commencement of and throughout service delivery and recorded in the *Individual Risk Assessment Form*, which must be kept on the participant's file. These risk assessments should be reviewed regularly whenever a risk has been identified and reported.

## 6. INSURANCE

Cross Care Group maintains the following insurance as part of its strategic risk management response:

- Public Liability Insurance
- Workers' Compensation Insurance and/or Private Accident Insurance

## RELATED DOCUMENTS

- Risk Register



- Risk Management Plan
- Hazard Identification Report
- Individual Risk Assessment Form
- Home Risk Assessment Form
- Incident Report Form
- Incident Investigation Form
- Incident Register
- Complaint Report Form
- Feedback and Complaints Register
- Emergency and Disaster Management Plan
- COVID-19 Management Plan
- Staff Induction Checklist
- Participant Satisfaction Survey
- Performance Review Form
- Continuous Improvement Plan
- Continuous Improvement Register
- Governing Body Team meeting agendas and minutes
- Senior Management Team meeting agendas and minutes
- Team meeting agendas and minutes
- Position Descriptions
- Staff Training Plan
- Training Attendance Record
- Certificate of Currency (CoC) of insurance.

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018
- National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018
- NDIS Practice Standards and Quality Indicators – November 2021
- Privacy Act 1988 (Cth)
- Work Health and Safety Act 2011 (Cth)
- Disability Services Act 1986 (Cth)
- Disability Services Act 1991 (ACT)
- Disability Inclusion Act 2014 (NSW)
- Disability Services Act 1993 (NT)
- Disability Services Act 2006 (QLD)
- Disability Inclusion Act 2018 (SA)
- Disability Services Act 2011 (TAS)
- Disability Act 2006 (VIC)
- Disability Services Act 1993 (WA)
- Information Privacy Act 2014 (ACT)
- Privacy and Personal Information Protection Act 1998 (NSW)

- Information Act 2002 (NT)
- Information Privacy Act 2009 (QLD)
- Personal Information Protection Act 2004 (TAS)
- Privacy and Data Protection Act 2014 (VIC)
- Freedom of Information Act 1992 (WA)
- Work Health and Safety Act 2011 (ACT)
- Work Health and Safety Act 2011 (NSW)
- Work Health and Safety (National Uniform Legislation) Act 2011 (NT)
- Work Health and Safety Act 2011 (QLD)
- Work Health and Safety Act 2012 (SA)
- Work Health and Safety Act 2012 (TAS)
- Occupational Health and Safety Act 2004 (VIC)
- Work Health and Safety Act 2020 (WA)

## QUALITY MANAGEMENT POLICY AND PROCEDURE

### PURPOSE

Cross Care Group quality management system ensures that each participant benefits from it and promotes continuous improvement of support delivery.

The purpose of this policy is to provide guidance on how Cross Care Group identifies improvement opportunities and implements them to ensure the provision of high-quality services to clients.

### SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

### DEFINITIONS

Term	Definition
<b>Continuous improvement</b>	The ongoing effort to improve services, systems, processes or products to maximise individual outcomes and benefits for our clients/participants and staff. Evidence-based approaches are used by Cross Care Group to adapt to changing needs of the people accessing services.
<b>Quality management</b>	Systems and processes used to monitor, review, plan, control, and ensure the quality of services, supports or products.

## POLICY

Cross Care Group acknowledges that continuous improvement requires a deliberate and sustained effort and a learning culture with a focus on strengthening service delivery and individual outcomes.

Cross Care Group is committed to implementing a quality management system that promotes continuous improvement of support delivery. Continuous improvement is incorporated into all areas of Cross Care Group's operations.

To achieve this commitment, Cross Care Group will ensure that:

- A quality management system is maintained that is relevant and proportionate to the size and scale of the provider and the scope and complexity of the supports delivered. The system defines how to meet the requirements of legislation and these standards. The system is reviewed and updated as required to improve support delivery.
- The quality management system has a documented program of internal audits relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered.
- The quality management system supports continuous improvement, using outcomes, risk-related data, evidence-informed practice and feedback from participants and staff.

Cross Care Group includes its staff members, participants and other relevant stakeholders in its continuous improvement activities to ensure services are of high quality and meet staff and participants' needs, including their families, carers, guardians and advocates.

Cross Care Group approach to continuous improvement covers the following principles:

- All services provided to participants and all processes and procedures undertaken by staff are the best they can be.
- Services are regularly reviewed and measured for quality and effectiveness.
- Staff and participants, including their families/support network, are encouraged to provide feedback on how to improve service delivery.
- Participants will be involved in all decision-making processes that affect them.
- Participants, their families and support networks are encouraged to provide valuable insights about the effectiveness of services, highlight any gaps or issues that arise and provide ideas for improvements and innovation.
- A learning culture of quality in our organisation ensures all staff, regardless of their role, contribute to service quality and quality management.
- Planning, resource allocation, risk management and reporting are critical for continuous improvement and part of an integrated approach that supports Cross Care Group's mission and vision.
- Cross Care Group is committed to innovation, high quality, continuous improvement, contemporary best practices and effectiveness in the provision of supports to participants.

Cross Care Group has developed all policies, procedures, forms and registers to support its quality management system.

## PROCEDURE

The following procedures support the implementation of an effective quality management system to promote continuous improvement and deliver the highest quality supports and services to participants:

### 1. IDENTIFYING CONTINUOUS IMPROVEMENT OPPORTUNITIES

All continuous improvement opportunities identified by staff must be reported to their supervisor or line manager using the *Continuous Improvement Form*. The *Continuous Improvement Register* will be used to record identified improvement opportunities and monitor the progress of their implementation.

All staff are expected to:

- Familiarising themselves with all policies and procedures and their implementation.
- Critically reviewing policies and procedures and testing them against future needs.
- Making positive and constructive suggestions about organisational policies and procedures, the development of new ones, current processes and service delivery.
- Identifying and actioning opportunities for continuous improvement. This responsibility will be discussed in their formal induction, training and supervision processes and in ongoing workplace practices.
- Complying with Cross Care Group's *Continuous Improvement Plan*.

The Director and General Manager or their delegate is responsible for the following:

- Overseeing the quality management system in line with the legislative requirements, organisational policies, procedures, risks and other requirements related to operating under the NDIS, participants and staff' needs.
- Maintaining and updating the *Continuous Improvement Plan* and *Continuous Improvement Register* as required.
- Scheduling and conducting internal audits following the *Internal Audit Program*. If the internal audit is conducted by an external party, they must oversee the internal audit activities and follow up on the audit reports.
- Encouraging the involvement of relevant stakeholders in each internal audit undertaken by Cross Care Group. This may include participants, their families and support network, staff, and community members.
- Reviewing all policies and procedures according to the schedules included in the *NDIS Documents Master List*.

To support continuous improvement, the Director and General Manager or their delegate will arrange, monitor and report on internal and/or external reviews or audits to the Senior Management Team and Governing Body.

The Senior Management Team is responsible for analysing internal and external environments to understand the broader disability sector and contemporary services. This includes planned engagement with participants and other key stakeholders to understand their needs and expectations and ensure a person-centred approach. Key stakeholders may include but are not limited to staff, families, carers, guardians, advocates, government agencies, other service providers and other relevant parties as appropriate.

Participants and their family/support network are encouraged to provide feedback in relation to service provision and organisational management at any time by:

- providing their feedback during the service planning and delivery stages;
- raising a complaint or issue;
- completing satisfaction surveys;
- participating in consultation processes and/or committees/panels.

Service planning, delivery and evaluation activities must include staff, participants and other relevant stakeholders and their feedback to allow the identification of improvement opportunities.

All participants, their families, carers, advocates and all staff are encouraged to speak up at any time and raise any concerns they have, as well as provide their service improvement ideas on organisational processes, procedures and systems.

The agenda for the Senior Management Team and operations team meetings will include a standing item on continuous improvement (including staff and participant feedback and complaints).

The Director and General Manager or their delegate is responsible for recording all continuous improvement opportunities identified in the *Continuous Improvement Register*. The continuous improvement opportunities identified will be prioritised by Cross Care Group, and a plan will be developed for its implementation.

## **2. CONTINUOUS IMPROVEMENT PLAN**

Cross Care Group has developed a *Continuous Improvement Plan* to guide how to identify and prioritise continuous improvement opportunities. The *Continuous Improvement Plan* is a 'living document' which will be updated as improvements are identified and prioritised by Cross Care Group.

For each improvement identified, the *Continuous Improvement Plan* will be updated with the following information:

- Description of the improvement identified.
- Actions to be taken.
- People responsible for actioning.
- Participation required and undertaken by relevant stakeholders.
- Summary of results.
- Date of completion.

- Implementation review dates.

The *Continuous Improvement Plan* will include the improvement opportunities identified, the actions to be taken and their deadlines and the regular reviews of the following information, outcomes, processes and systems:

- Feedback and complaints management system.
- Risk management system.
- Incident management system.
- Governance and operational management system.
- Emergency and Disaster management system.
- Participant satisfaction surveys and any feedback opportunities offered to participants, families, carers and advocates.
- Planning, day-to-day service delivery, plan review, exit, service refusal, exit and referral information contained in Cross Care Group's staff and participant records.
- Results from internal and/or external audits.
- Discussions or meetings with staff and management.
- Cross Care Group's performance against its vision, mission objectives and goals as set out in its business, strategic and operational planning.
- Staff supervision, performance review processes and outcomes and exit interviews.
- Reporting and data provided to the NDIS Quality & Safeguards Commission and other funding agencies.
- Information and learnings from collaborative relationships with similar organisations and networks.

The Director and General Manager or their delegate is responsible for the development and implementation of the *Continuous Improvement Plan*.

The *Continuous Improvement Plan* is reviewed at least every three months by the Director and General Manager and the Senior Management Team. The Director and General Manager or their delegate reports outcomes against the objectives and any key performance indicators included in the plan.

### **3. REVIEW AND EVALUATION**

Cross Care Group undertakes analysis and reporting of data and information to measure and evaluate performance against its goals, KPIs and strategic and operational plans.

Regular reviews and annual internal audits will be conducted to monitor and review performance and compliance with relevant standards and legislation, as well as to evaluate risks and identify strategies as required. This may include (but is not limited to) conducting gap analysis, complaints, feedback and incident reviews, internal audits, annual quality self-assessment, National Standards for Disability Services self-assessment, service reviews with participants and their families/support network, and staff and participant exit interviews.

Participants, their family/support network, staff and relevant stakeholders are encouraged to participate and are involved in formal quality evaluations such as internal and external audits.

#### **4. DOCUMENT CONTROL REGISTER**

Cross Care Group maintains a *Document Control Register* of policies, procedures, manuals, handbooks and forms that have been developed and approved for use by the Director and General Manager.

The Director and General Manager is responsible for amending, updating and approving all policies, procedures, handbooks, plans, manuals and forms. The *Document Control Register* will be updated to reflect any approved amendments and maintain version control of approved documentation.

Staff and participants are encouraged to identify improvements to approved policies and procedures, handbooks, plans, manuals and forms. Any suggested improvement will be considered by the Director and General Manager or delegate, and, if approved, the Director and General Manager will ensure the policy or document is amended or updated, and all staff are informed of this change.

#### **5. LEGAL REQUIREMENTS REGISTER**

To ensure compliance with all applicable legislation, standards and regulations, Cross Care Group has developed the *Legal Requirements Register*. The *Legal Requirements Register* will be reviewed and updated at least annually as part of each internal audit.

#### **6. POLICY REVIEW**

This policy and procedure review will include participants, staff and any relevant stakeholder to assess how effectively Cross Care Group's continuous improvement processes inform quality service delivery.

### **RELATED DOCUMENTS**

- Participant Handbook
- Participant Satisfaction Survey
- Participant Exit Form
- Staff Handbook
- Legal Requirements Register
- Strategic Plan
- Business Plan
- Internal Audit Program
- Internal Audit Report
- Management Review Report
- Continuous Improvement Plan

- Continuous Improvement Form
- Continuous Improvement Register
- Document Control Register

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018
- NDIS Practice Standards and Quality Indicators – November 2021
- Disability Services Act 1991 (ACT)
- Disability Inclusion Act 2014 (NSW)
- Disability Services Act 1993 (NT)
- Disability Services Act 2006 (QLD)
- Disability Inclusion Act 2018 (SA)
- Disability Services Act 2011 (TAS)
- Disability Act 2006 (VIC)
- Disability Services Act 1993 (WA)

## INFORMATION MANAGEMENT POLICY AND PROCEDURE

### PURPOSE

Cross Care Group acknowledges an individual's right to privacy while recognising that personal information is required to be collected, maintained and administered in order to provide a safe working environment and a high standard of service quality.

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

Cross Care Group also collects personal information from staff members and other stakeholders, including employees, whether permanent or casual, contractors, volunteers, key personnel, business partners, their family members and/or next of kin, and our participants' families and support network.

This policy aims to ensure Cross Care Group protects and handles personal information in accordance with the NDIS and all relevant federal and state or territory privacy legislation.

This policy and procedure provide guidance about the management of information, both paper-based and electronic, including the collection, storage, sharing and disposal of



personal information to meet the legal requirements and ensure transparency, efficiency and business continuity.

## SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

## DEFINITIONS

Term	Definition
<b>Information Management</b>	Means the appropriate management of information and includes the creation, production, collection, organisation, storage, protection, retrieval and dissemination of information resources that may be in any format (paper-based or digital) and available from internal or external sources and stakeholders.
<b>Sensitive information</b>	Sensitive information is personal information that includes information or an opinion about an individual's: <ul style="list-style-type: none"> <li>• racial or ethnic origin</li> <li>• political opinions or associations</li> <li>• religious or philosophical beliefs</li> <li>• trade union membership or associations</li> <li>• sexual orientation or practices</li> <li>• criminal record</li> <li>• health or genetic information</li> <li>• some aspects of biometric information.</li> <li>• Generally, sensitive information has a higher level of privacy protection than other personal information.</li> </ul>
<b>Personal information</b>	Personal information includes a broad range of information, or an opinion, that could identify an individual. What is personal information will vary, depending on whether a person can be identified or is reasonably identifiable in the circumstances. <p>For example, personal information may include:</p> <ul style="list-style-type: none"> <li>• an individual's name, signature, address, phone number or date of birth</li> <li>• sensitive information</li> <li>• credit information</li> <li>• employee record information</li> <li>• photographs</li> <li>• internet protocol (IP) addresses</li> </ul>

	<ul style="list-style-type: none"> <li>• voice print and facial recognition biometrics (because they collect characteristics that make an individual's voice or face unique)</li> <li>• location information from a mobile device (because it can reveal user activity patterns and habits).</li> </ul>
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## POLICY

Cross Care Group is committed to complying with the Privacy Act 1988 (Cth) and the Privacy Amendment Act 2012 (Cth), and any other applicable state and territory legislation to protect the privacy of staff members', participants' and their families, carers and guardians' personal information.

Cross Care Group has implemented a system for the appropriate collection, use, storage, disclosure and disposal of personal information from participants, their families, carers and/or support network and staff members.

Cross Care Group will ensure the following:

- Each participant's information is easily accessible to the participant and appropriately utilised by relevant staff.
- Each participant's consent is obtained to collect, use and retain their information or to disclose their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure.
- Each participant is informed in what circumstances the information could be disclosed, including that the information could be provided without their consent if required or authorised by law.
- Each participant is informed of how their information is stored and used and when and how each participant can access or correct their information and withdraw or amend their prior consent.
- An information management system is maintained that is relevant and proportionate to the size and scale of our organisation and records each participant's information in an accurate and timely manner.
- Documents are stored with appropriate use, access, transfer, storage, security, retrieval, retention, destruction and disposal processes relevant and proportionate to the scope and complexity of supports delivered.
- Compliance with Federal and State or Territory legislative requirements governing the privacy of personal information.
- All participants' personal information is kept with appropriate controls of private and confidential and only used for the intended purpose.
- All information collected is identifiable, accurately recorded, current and confidential.

## PROCEDURE

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring appropriate management of all personal information that is collected by our organisation:

## 1. PARTICIPANT CONSENT

Each participant's consent is obtained to collect, their personal information or to use or disclose it.

Consent is needed for the collection of the participant's sensitive information or to use or disclose their personal information for a purpose other than the purpose it was collected for.

Participant may give express consent if they give it openly and obviously, either verbally or in writing. For example, when they sign their name (by hand, or by an electronic or voice signature). Staff must get the participant's express consent before handling their sensitive information.

Participants can withdraw their consent at any time. Cross Care Group will make sure the process is easy and accessible, and that they understand the possible consequences of withdrawing their consent.

Participant's consent to be valid, it must:

- **Be informed:** Their consent is only valid if they are aware of the consequences of giving or not giving their consent at the time they make the decision. Staff must:
  - clearly explain how Cross Care Group will handle their personal information
  - explain the purpose of collection, use and disclosure to the participant
  - communicate their request in plain English, without legal or industry jargon.
- **Be voluntary:** Participants give voluntary consent if they are not forced or pressured to give their consent. Some factors that decide if consent is voluntary are:
  - the options available to them if they choose not to consent
  - the seriousness of any consequences to them if they refuse to consent.
- **Be current and specific:** When participants give consent at a particular time and for specific circumstances, Cross Care Group will not assume their consent continues indefinitely. When asking for their consent, staff must explain the reason for their request and be as specific as possible.

If staff is unsure if a participant has the capacity to give consent at a particular time, then they should not rely on any consent decision the individual makes at that particular time. Instead, they should think about offering support, such as an interpreter. If such support is insufficient, then Cross Care Group may consider if someone can act on the individual's behalf, such as:

- a guardian
- a person recognised by other relevant laws
- a person the individual nominated in writing when they were capable of giving consent.

As far as practical, staff should involve the individual who lacks capacity in the consent decision.

Consent to share information with external parties is sought from the participant prior to the delivery of services and at other points of service delivery as/if required.

Personal information is not disclosed to third parties outside of Cross Care Group other than for a purpose made known to the participant and to which they have consented unless required by law.

Participants are informed there may be circumstances when the law requires Cross Care Group to share information without their consent.

## 2. INFORMATION COLLECTION

Participants' information may be collected using different forms, including but not limited to the following:

- Participant Intake Form
- Participant Referral Form
- Service Agreement
- Participant Consent Form
- Participant Assessment and Support Plan
- Participant Satisfaction Surveys
- Participant Exit Form
- Complaint Report Forms
- Incident Report Forms
- Assessments, notes and other relevant documents.

People contacting Cross Care Group with an enquiry do not need to provide personal information. However, once a decision is made to progress to utilising Cross Care Group's services, personal information will need to be collected following our internal processes and this policy and procedure.

## 3. INFORMATION STORAGE

To manage the privacy and confidentiality of the information and ensure that the information is stored appropriately, staff must:

- Keep each participant's information in their individual file in accordance with the information management system practices.
- Maintain that participant file to ensure that all information is accurate, up-to-date and complete.
- Audit the files of participants regularly using the *Participant File Audit Checklist* to ensure information is accurate, up-to-date and complete.
- Document participants' information, notes and service activities using the organisation's approved forms, documents and tools only.

- Assign a unique identification number to each participant record. Each participant record must include at least their personal information, service agreement, referral information, assessments, support plan, and any other report or document created in the course of service delivery.

Supervisors and line managers is responsible for:

- Auditing the files of participants regularly using the *Participant File Audit Checklist* to ensure information is accurate, up-to-date and complete.
- Ensuring the organisation's approved forms are being used appropriately.
- Ensuring non-current information is stored in the archived file. All records, after their active period, must be kept in the archived files for an additional period. Archived records must be identified and stored in a way that allows for easy access and retrieval when required.

All staff who are required to document the activities or services provided to participants will be appropriately trained in information management and record-keeping. The *Participant File Audit Checklist* will be maintained and updated regularly by staff and supervisors/line managers.

#### **4. INFORMATION ACCURACY**

Participants are informed of the need to provide us with up-to-date, accurate and complete information.

To ensure the accuracy of each participant's information, staff must:

- Update information on the participant record at the time of support plan reviews or when they become aware of a change in information.
- Ensure that all relevant information about the participants' progress or supports provided is entered into the participants' file notes in a factual, accurate, complete and timely manner.

Participant records will be audited regularly to ensure documentation is accurate, current and appropriately recorded. Audits will be conducted by the relevant supervisor/line manager.

#### **5. USING INFORMATION FOR OTHER PURPOSES**

Staff must only use information collected from a participant for the purpose for which it has been collected.

Staff must not use personal details for purposes other than those stated above unless specific written consent is given by the participant and/or their family member, carer, guardian or advocate.

#### **6. ACCESS TO INFORMATION**

Participants have the right to access the personal information Cross Care Group holds about them at any time, and staff will support participants in accessing their personal information as requested.

To access their personal information, participants must contact any staff member at any time. The staff member must raise this access request to the Director and General Manager or their delegate who acts the Privacy Officer.

The Director and General Manager will approve participants' and their guardian's access to their files and ensure the security of other non-related information is maintained. All participants' files are the property of Cross Care Group, and the participant and their guardian are not allowed to transfer them to a third party without the Director and General Manager authorisation.

Only authorised staff members will access the participants' information and they are responsible for managing the information according to this policy and procedure and the relevant legislation. Access to the participants' information will be granted by their supervisor/line manager.

User access to all share drives, computers, and mobile devices holding participants' information is managed by passwords and other security solution implemented by Cross Care Group to protect personal information against any unauthorized access.

Any students on placement are required to obtain consent from the participant or their guardian before accessing their files.

## **7. SECURITY OF INFORMATION**

All electronic records must be password protected and backed up regularly. A Firewall is used in Cross Care Group computer system as a means of protecting information stored on the computer. Other security-related procedures, such as user access passwords, and multi-factorial authentication, also assist with the protection of information.

All hard copy records with participants' information are kept in locked, fireproof cabinets and in appropriate conditions to protect them from degradation and unauthorised access. Only authorised staff can access the participant's personal information stored in cabinets.

Any participants' files that are transported out of the office must be kept in a non-transparent folder or container to avoid other unauthorised people accessing their personal information.

To keep information secure, the Senior Management Team is responsible for:

- Taking all reasonable steps to protect the personal information staff hold against misuse, interference, loss, unauthorised access, modification and disclosure.
- Ensuring personal information is accessible to the participant and available for use by relevant or authorised staff members only.

- Ensuring security for personal information includes password protection for IT systems, locked filing cabinets and physical.
- Putting access restrictions in place with only authorised personnel permitted access.

Cross Care Group's policies and procedures are stored as read-only documents in a shared drive folder. The Director and General Manager is responsible for ensuring that the current version of all policies and procedures, forms, manuals, and registers are accessible to staff and stored in the shared drive folder.

Staff must not photocopy any confidential document or record, make a copy of this information to any other computer, USB or cloud storage system nor convey any confidential information to any unauthorised staff member or person.

## **8. MANAGEMENT OF A PRIVACY COMPLAINT**

If a person raises a complaint regarding the way in which their personal information is being handled by Cross Care Group, in the first instance, they are to contact the Director and General Manager or their delegate.

The complaint will be dealt with as per the *Complaints Management Policy and Procedure*.

If the parties are unable to reach a satisfactory solution through negotiation, the person may request an independent person (such as the Office of the Australian Privacy Commissioner) or the NDIS Quality and Safeguards Commission to investigate the complaint. Cross Care Group will provide every cooperation with this process.

## **9. DATA BREACHES**

A data breach happens when personal information is accessed or disclosed without authorisation or is lost. Under the Privacy Act 1988 and the Notifiable Data Breaches (NDB) scheme, Cross Care Group must notify affected individuals and the Office of the Australian Information Commissioner (OAIC) when a data breach involving personal information is likely to result in serious harm.

As part of information security responsibilities, Cross Care Group will:

- Take reasonable steps to reduce the likelihood of a data breach occurring, including storing personal information securely and accessible only by relevant staff members.
- Take reasonable steps to reduce the chance of harm and advise our participants of a data breach if we know or suspect their personal information has been accessed by unauthorised parties and we think this could cause any harm. The notification to participants must include recommendations about the steps they should take in response to the data breach. The Director and General Manager or their delegate is responsible for notifying both the participants and their families/support network when a data breach occurs.
- Notify the Office of the Australian Information Commissioner within the given timeframe. The Director and General Manager or their delegate is responsible for notifying the OAIC using the online [Notifiable Data Breach form](#). For more

information, see [Report a Data Breach](#) and the *Privacy and Confidentiality Policy and Procedure*.

A breach of privacy and confidentiality is an incident, and the Incident Management Policy and Procedure must be followed. An investigation will be conducted by the Director and General Manager or their delegate.

Any intentional breach will result in disciplinary action up to and including termination of employment.

## 10. RECORDS RETENTION AND DISPOSAL

Cross Care Group has an obligation to retain documents relating to work health and safety, financial management records, legal records, and other matters for specific periods determined by the Federal and State or Territory legislation and regulation requirements.

The Director and General Manager or their delegate is responsible for authorising the organisation's, staff members' and participants' records disposal in compliance with those requirements.

Description of Records	Includes but is not limited to	Retention Period
Participant records	Participant intake forms, support plans, referral forms, assessment reports, file notes, exit forms, service agreements, consent forms, and other records pertinent to the management of services to the participant.	Lifetime or as determine by State or Territory law or Retention and Disposal Schedule
Incident records	Under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018, incident records on the incident management system (including records about reportable incidents) must be kept for a period of 7 years.	Seven (7) years
Complaints records	Under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018, complaints records on the complaints management and resolution system must be kept for a period of 7 years.	Seven (7) years
Employee records	The Fair Work Act 2009 (Cth) requires that employee records be retained for a minimum of seven (7) years from the end of the financial year in which the document was created.	Seven (7) years



	The scope of 'employee records' is broad and includes (for instance) documents that record matters such as the engagement, training, discipline, performance, conduct, resignation or termination of the employee, as well as his or her terms and conditions of employment, salary, taxation details and entitlements.	
Financial records	Written 'financial records' (defined very broadly under the Corporations Act 2001 (Cth)) must be kept for at least 7 years after the transactions covered by the records are completed that correctly record and explain the company's financial position and performance and its transactions; and would enable true and fair financial statements to be prepared and audited. Failure to comply with this requirement is a strict liability offence	Seven (7) years
Other company records	Certain company records, including minutes of members' or directors' meetings, resolutions passed at those meetings or without a meeting and, if the company has a sole director, any declarations made by him or her (Company Documents) must be retained for at least 5 years.	Five (5) years.
Records relating to violence, abuse, neglect and exploitation of people with disability	The National Archives issued a records disposal freeze notice to all Australian Government agencies on 21 June 2019. The notice suspends National Archives' permissions for the destruction of records relating to violence, abuse, neglect and exploitation of people with disability.	Never

Obsolete documents containing personal information will be shredded or disposed of in such a way that no identifying information is visible. Staff must not dispose of any participant record or file without written authorisation from the Director and General Manager or their delegate.

The authorisation of the disposal of obsolete documents containing personal information is based on retention periods of records established by all relevant federal and/or state or territory legislation, guidelines and requirements.

## 11. STAFF TRAINING

To ensure that all staff understand the privacy, confidentiality and information management requirements, they will undergo training related to Information Management Policy and Procedure, processes and requirements at the time of induction and then annually.

This policy has also been included in the *Staff Handbook*.

## 12. MONITORING AND REVIEW

The Director and General Manager or their delegate will review this policy and procedure at least annually.

The Senior Management Team is responsible for ensuring that all staff understand their responsibility to protect the privacy of individuals' personal information.

Cross Care Group will regularly audit information management processes and systems as part of the *Internal Audit Program*.

## RELATED DOCUMENTS

- Participant Handbook
- Staff Handbook
- Service Agreement
- Participant Consent Form
- Internal Audit Program
- Internal Audit Report
- Participant File Audit Checklist

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- Fair Work Act 2009 (Cth)
- Privacy Act 1988 (Cth)
- Work Health and Safety Act 2011 (Cth)
- Information Privacy Act 2014 (ACT)
- Privacy and Personal Information Protection Act 1998 (NSW)
- Information Act 2002 (NT)
- Information Privacy Act 2009 (QLD)
- Personal Information Protection Act 2004 (TAS)
- Privacy and Data Protection Act 2014 (VIC)
- Freedom of Information Act 1992 (WA)

## FEEDBACK AND COMPLAINTS MANAGEMENT POLICY AND PROCEDURE

### PURPOSE

The *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018* set out the complaint-handing obligations of registered NDIS providers. The Rules require registered NDIS providers to have complaints management arrangements in place and to support people with disability in understanding how to make a complaint to the provider and the NDIS Commission.

This policy provides guidance on the key principles and concepts of Cross Care Group’s complaints management and resolution system to anyone who wishes to provide feedback, raise an issue or concern, or make a complaint or compliment to or about us regarding our services.

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

Everyone at Cross Care Group is encouraged to provide feedback or make a complaint through multiple mechanisms.

### SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

### DEFINITIONS

Term	Definition
<b>Complaint</b>	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 or legally required.
<b>Feedback</b>	Information provided in response to service delivery, such as reactions to a service provided or a person’s performance of a

	<p>task, is used as a basis for improvement. This includes compliments, complaints, concerns, comments or suggestions.</p> <p>Any concerns, compliments, complaints, comments or suggestions about the service delivery methods, quality of services, or the performance of a task are used as an improvement baseline for the organisation.</p>
<b>Compliment</b>	An expression of praise, encouragement or gratitude about an individual worker, a team or a service.
<b>Incident</b>	An event or circumstance that occurred during service delivery resulted in harm or has the potential to harm a participant.
<b>Complainant</b>	The person making a complaint. Anyone can make a complaint to Cross Care Group about the supports and services provided by Cross Care Group. This includes people with disability, their families, friends, carers, advocates or guardians, workers or volunteers of Cross Care Group or any other person who wishes to make a complaint.
<b>Advocate</b>	An advocate is a person who, with explicit authority, formally represents another’s interests. However, an informal advocate can be a friend, family member or other person chosen by the participant to support them. Advocates can assist participants in having a say about issues, speaking on their behalf, representing participants’ wishes, or working with them to understand processes.
<b>Member of the community</b>	Any person who is not a person receiving services from Cross Care Group and who is representing themselves, a community organisation or a company.
<b>Procedural Fairness</b>	Acting fairly in administrative decision-making. The rules relating to Cross Care Group's complaints management and resolution system include an obligation to give people procedural fairness when dealing with a complaint.

## POLICY

Complaints and other feedback made by our clients/participants, staff or anyone are welcomed, acknowledged, respected and well-managed.

In line with the focus on participant rights and person-centred services, Cross Care Group informs and encourages participants to provide feedback or make a complaint.

All feedback, both positive and negative, is used by Cross Care Group to evaluate services and to make changes to ensure everyone is safe and satisfied.

Cross Care Group is committed to implementing a feedback and complaints management process to ensure that all participants have knowledge of and access to our complaints management and resolution system.

Cross Care Group ensures:

- A complaints management and resolution system is maintained. The system follows principles of procedural fairness and natural justice and complies with the requirements under the *NDIS (Complaints Management and Resolution) Rules 2018*.
- Each participant is provided with information on how to give feedback or make a complaint, including avenues external to Cross Care Group and their right to access advocates. There is a supportive environment for any person who gives feedback and/or makes complaints.
- Demonstrated continuous improvement in complaints and feedback management by regular review of complaint and feedback policies and procedures, seeking clients' feedback on the provision of our services, their views on the accessibility of the complaints management and resolution system, and incorporation of feedback throughout the service delivery.
- All workers are aware of, trained in, and must comply with the required procedures in relation to complaint handling.
- While handling a complaint, Cross Care Group will regularly contact the complainant and their representatives.

This policy provides direction to all Cross Care Group staff regarding the importance of responding effectively to complaints and defines what constitutes a complaint and the process for managing a complaint.

Staff are informed of this policy at the time of induction and then annually.

Complaints will be managed as per the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 and the Effective Complaint Handling Guidelines for NDIS Providers.

## 1. GUIDING PRINCIPLES

At Cross Care Group, we aim to have an effective complaints management and resolution system. Our approach covers the following values and principles:

- **Rights:** Clients/participants have a fundamental right to speak up about the supports they receive.
- **Respect:** Clients/participants are treated with respect and dignity throughout the process. This includes respecting their privacy and maintaining the confidentiality of their information.
- **Fairness:** Clients/participants are treated fairly, and their concerns are dealt with in an unbiased and objective manner.
- **Accessibility:** Information should be provided in ways that enable people who use the service to know how to make a complaint.
- **Clarity, simplicity, and consistency:** The process for receiving and responding to complaints is easy to understand, accessible and consistently applied.
- **Person-centred:** Management of a complaint is respectful of and responsive to a person with disability's preferences, needs and values.

- **Responsiveness:** There is a clear process for ensuring that complaints are handled in a timely way and that people are kept informed of the progress of their complaints.
- **Natural Justice:** People involved in a complaint need to be given a fair opportunity to respond to issues raised and present their views.
- **Accountability:** Cross Care Group is responsible for appropriately managing complaints. Everyone involved in the management of a complaint understands their role and responsibilities and will be accountable for decisions or actions taken regarding a complaint. The process for resolving complaints is clearly outlined so people know what to expect.
- **Outcome-focused:** Management of a complaint should reveal the factors that contributed to the complaint being made and seek to prevent matters giving rise to complaints from reoccurring, where appropriate.
- **Proportionate:** The nature of any actions following a complaint will be proportional to the issues raised and any risk of harm to people with disability.
- **Excellence:** The complaints management and resolution system is part of a quality culture that sees the complaint as an opportunity for improvement. The complaints process facilitates the ongoing identification of issues and implementation of changes to improve the quality and safety of supports and services.

## 2. PROCEDURAL FAIRNESS

The rules relating to the complaints management and resolution system include an obligation to give people procedural fairness when dealing with a complaint. The NDIS Commission has developed guidelines on procedural fairness in the *NDIS (Procedural Fairness) Guidelines 2018*.

In handling, the Complaints Officer is required to ensure the following:

- the person making the complaint is given notice of prejudicial matters that may be considered against them.
- the person making the complaint is given a reasonable opportunity to be heard on those matters before adverse action is taken and to put forward information and submissions in support of an outcome that is favourable to their interests.
- the decision to act is soundly based on the facts and issues that were raised during the investigation and assessment process, documented in the complaint outcome, and
- the decision-maker should remain unbiased throughout the complaint management process.

The process of handling a complaint will vary depending upon:

- the nature of the matter being dealt with;
- the options for resolving it;
- the timeframe for resolution;
- whether facts associated with the issue are in dispute;
- the gravity of possible findings that may be reached; and
- the sanctions that could be imposed based on those findings.

The Complaints Officer or any person who handles the complaint has an obligation to act with procedural fairness and ensure the process is balanced against the need to ensure that neither the complainant nor the participant is affected by an issue raised in a complaint or disadvantaged as a result of the complaint being made and resolved. The steps adopted to ensure procedural fairness in any situation must be tailored to ensure that disadvantage is not suffered by the complainant or the participant.

If a representative makes a complaint on behalf of a participant, consideration is to be given to providing separate procedural fairness to the participant.

Procedural fairness aims to ensure that a fair process is followed in decision-making that could adversely or detrimentally affect the rights or interests of a person. The underlying assumption is that a fair process will lead to better decision-making – and, in this context, better and fairer complaint handling. However, procedural fairness requirements stop short of assessing whether a particular decision or outcome is fair; they address the process to be followed in reaching a decision but not the substantive merits of that decision.

## **PROCEDURE**

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring the effectiveness and maintenance of the complaints management and resolution system following the principles of procedural fairness and natural justice and in compliance with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.

Cross Care Group is committed to handling all complaints and feedback until it is resolved completely.

All staff must:

- ensure that any person can easily make a complaint orally or in writing (including an anonymous complaint);
- provide information about how to make a complaint to the provider and to the Commissioner;
- ensure that all complaints are dealt with fairly and quickly;
- ensure appropriate support and assistance are provided to any person who wishes to make or has made a complaint;
- ensure that a person who makes a complaint, or a person with disability affected by an issue raised in a complaint, is not adversely affected as a result of the making of the complaint;
- ensure the information provided in a complaint is kept confidential and only disclosed if required by law or if the disclosure is otherwise appropriate in the circumstances;
- keep records about complaints that they receive;
- demonstrate continuous improvement in complaints and feedback management through regular reviews.

Cross Care Group staff must provide information about how to communicate feedback or make a complaint to the participants and their family/support network through the *Service Agreement*, *Welcome Pack* and *Participant Handbook*.

Complaints can be made by a participant and/or their family/support network.

Cross Care Group also accepts anonymous feedback/complaints. The way how to raise an anonymous complaint, including direct contact and escalation to the NDIS Commission, has been provided in the *Complaint Report Form* and as part of the participant's *Welcome Pack*.

Cross Care Group aims to ensure all complaints are acknowledged, assessed and resolved in a fair, efficient and timely manner.

The complaint will be acknowledged in person, orally or in writing within one (1) business day after receiving the complaint.

## 1. COMPLAINTS OFFICER

The Director and General Manager, nominated as the Complaints Officer, is responsible for ensuring:

- all participants and staff (through induction and ongoing training) are made aware of the following:
  - the complaint procedure;
  - their rights and responsibilities in relation to making complaints; and
  - the range of options they have to pursue complaints and complaints outside the service;
- information about the complaint's procedures is prominently displayed at the workplace or shared with all staff;
- all participants are given encouragement, support, and training to make complaints, provide feedback and access advocates and support people as requested;
- discussions are held with the complainant to determine the nature of the action to be taken and the outcome desired by the complainant;
- complaints are handled in accordance with procedural fairness principles;
- the Police will be notified if an illegal act has occurred where the complaint requires Police intervention; the complainant and the person against whom the complaint has been made receive adequate support in talking with the Police if their intervention is necessary. This would also constitute an incident, and the incident management procedure must be followed;
- complaint records are maintained confidentially, actioned in a timely manner and analysed for service improvements; and
- the complaints system is regularly reviewed for its effectiveness in complaint handling.

Whenever the Complaints Officer cannot manage and resolve a complaint, a Complaints Handler will be nominated instead, who will be a senior manager or supervisor.



## 2. INFORMING PARTICIPANTS ABOUT COMPLAINTS

All staff are responsible for informing participants about ways to make a complaint at any time. Specifically, information about complaints is provided through the following documentation:

- Service Agreement
- Participant's Welcome Pack
- Participant Handbook (with an easy-to-read supplement)
- Service cessation letter where appropriate

In addition to providing hard copy information about our Complaint Management Policy and Procedure, the process is to be explained at:

- Participant Assessment
- Service or Support Reviews
- Cessation
- When a complaint is raised
- During a transition to a new provider
- At any time requested by any person

A variety of formats, including an easy-to-read version related to this Complaints Management Policy and Procedure, will be provided to stakeholders, including staff and participants.

Staff will provide all participants, their families/representatives and carers with information when they first access the service. Then, throughout service delivery, they will remind them of the policy and their right to complain without fear of affecting their service.

The roles and responsibilities of staff when a complaint is received as well as their awareness of this policy and procedure will be assessed in the performance reviews. If required, additional in-house training, on-the-job training and formal training will be provided. The Complaints Officer will be monitoring that appropriate training is provided to all staff who deliver NDIS supports and services.

## 3. MAKING A COMPLAINT

Cross Care Group invites individuals to submit complaints/feedback suggestions at any time regarding any aspect of Cross Care Group's operations and services.

Information about this policy and procedure will be shared with any participant or stakeholder wishing to lodge feedback or a complaint.

Complaints and feedback can be made:

- a. **COMPLAINT REPORT FORM:** By completing and submitting the *Complaint Report Form* to Cross Care Group. The *Complaint Report Form* is stored in our shared drive

and shared with the participants as part of the *Welcome Pack*. It can be filled electronically or by hand.

- b. **DIRECT CONTACT:** By contacting a member of staff verbally or in writing. The staff member must offer to document the complaint on behalf of a participant (if required) and refer the matter to the Complaints Officer. The *Complaint Report Form* must be completed and submitted by the receiving staff member if verbal feedback is provided.

While receiving the complaint, the staff member must:

- Listen openly and nicely to the complaint and the raised issue.
  - Ask about the outcome desired by the complainant.
  - Inform the complainant about the complaint process, timing and realistic expectations.
  - Show empathy toward the complainant or affected person and ensure that all commitments are made.
  - Gather as much information and evidence as possible.
  - Fully complete the *Complaint Report Form*.
  - Raise the matter to the Complaints Officer.
- c. **COMPLAINTS OFFICER:** By contacting the Complaints Officer via phone, verbally or in writing or by email:
- Position Title: General Manager
  - Contact number: 0475 054 822
  - Email address: [juan.granados@crosscaregroup.com.au](mailto:juan.granados@crosscaregroup.com.au)
  - Address: 81-83 Campbell Street, Surry Hills, NSW, 2010, Australia.
- d. **PARTICIPANT SURVEY:** By responding to the *Participant Satisfaction Survey*. Cross Care Group's service delivery and satisfaction surveys will assess the following:
- participant and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them;
  - participant and other stakeholder satisfaction with Cross Care Group's services and complaints processes; and
  - the extent to which clients feel safe and protected in their dealings with Cross Care Group.
- e. **ANONYMOUSLY:** By posting the *Complaint Report Form* to 81-83 Campbell Street, Surry Hills, NSW, 2010, Australia or via one of the above methods anonymously, and it will be investigated as per the below complaint handling process.
- f. **FUNDING AGENCY:** Indirectly to or from the NDIS Quality and Safeguard Commission or the Aged Care Quality and Safety Commission.

If a complaint is received directly from the NDIS Quality and Safeguards Commission or any other funding agency, the matter will be referred to the Complaints Officer immediately.

#### 4. PROVIDING SUPPORT WITH COMPLAINTS

People will be supported to make a complaint regardless of whether the complaint is made directly to Cross Care Group or externally to an external complaints body such as the NDIS Quality and Safeguards Commission.

Support may include:

- Assistance to put their concerns in writing on conveying their concerns.
- Assistance to access an interpreter, communication support or information provided specifically to the individual's communication needs.
- Assistance to access an advocate as required by referral to appropriate services.
- The provision of information about how to make a complaint and the complaint handling process.
- Access to a private space or the use of technology (phone or computer) to make inquiries or contact external bodies or providers in private.
- Assistance to contact the relevant external complaint body, e.g., the NDIS Quality and Safeguards Commission.

At all times, the level of support or involvement from Cross Care Group is to be directed by the person making the complaint and/or the participant of the service.

If consent has been provided, a third party would be able to lodge complaints and feedback on behalf of another person.

## **5. COMPLAINT HANDLING TRAINING**

It is critical that all staff understand the complaints handling process, how to respectfully acknowledge the participant's concerns or complaints, and, if necessary, refer the matter to an appropriate person to manage (the Complaints Officer or their delegate).

In the staff's induction, all staff will be trained in this policy and procedure to provide the stakeholders with information related to feedback, complaints and compliments.

Throughout the complaints process, the person making the complaint and any affected person must be included and communicated with at all steps. If a meeting is required, it will be held in a safe environment that has been determined by the complainant and at a time relevant to the participant.

Complaints may be raised at any level of an organisation, and complaints should be dealt with directly and quickly at the point the complaint is received.

Throughout the complaint handling process, the Complaints Officer and all staff members are to acknowledge the person's concerns respectfully, maintain confidentiality and ensure the person is not adversely affected in any way.

The Compliance Officer or any person designated to handle the complaint must remain impartial and free of actual or apprehended bias throughout the process. The test for

apprehended bias is whether a fair-minded observer might reasonably suspect that the decision-maker is not impartial or there is a conflict of interest.

Apprehended bias can be inferred from a person's conduct, comments, associations, or other relevant circumstances, such as:

- having a conflict of interest or personal stake in the matter to be resolved or a relationship with one of the parties that casts doubt on the appearance of fairness;
- displaying hostility or favouritism to one of the parties involved in a matter;
- making comments that suggest the complaint handler has prejudged a disputed issue and will not approach the evidence with an open mind;
- being involved at an earlier stage of the process, for example, in making the allegation to be investigated or providing a statement supporting one of the parties.

The actual or apprehended bias of a decision-maker can undermine both the integrity and legal validity of the decision-making process and outcome. The responsibility rests on the complaint handler to ensure there is no actual or apprehended bias and, if necessary, to withdraw from the process and assign the complaint-handling responsibility to another person.

Any conflict-of-interest concerns are to be identified and managed before the process of handling the complaint commences. It is open to the parties involved, once informed of a potential issue, to waive any objection and to allow the complaint handler to continue.

A complaint handler should not withdraw merely because one of the parties raises a biased objection. The test of the 'fair-minded observer' should be followed. Commonly, the complaint handler will know or work with one or other parties, have some familiarity with the issues to be decided, or have expressed a preliminary view on or more of those issues.

If a bias issue arises during an inquiry after evidence and submissions have already been collected, these can generally be made available to the new inquirer/complaint handler, subject to ensuring procedural fairness. Both parties are to be consulted about this before doing so.

## **6. COMPLAINT HANDLING PROCESS**

Complaints should generally be raised directly with Cross Care Group in the first instance before approaching the NDIS Commission or any other organisation or funding agency for help.

The complaints management and resolution process can be simplified into the following steps:

### **a) RECEIPT AND ACKNOWLEDGEMENT**

When a complaint is received, details of the complaint are to be provided to the Complaints Officer, who is responsible for oversight of the complaint-handling process.

Regardless of how the complaint is made, all complaints must be acknowledged upon receipt or within one (1) business day to reassure the participant that their complaint is being attended to. It is important that people feel that their concerns have been understood and that their impact on them is recognised.

The Complaints Officer must acknowledge all complaints and consult with the participant regarding the desired outcome. The complainant should be informed of and supported regarding their right to advocacy, interpreter, stages of decision-making, and mechanisms to protect privacy, progress, and outcome.

Acknowledgment can include the following:

- genuinely listening to the person without interrupting
- empathising
- making sure the person feels comfortable talking about the situation or issue
- acknowledging how the situation has affected the person
- rectifying by asking the person what a good outcome would look like for them, and
- notifying the person regularly and promptly of the steps that will be taken in response to their complaint, ensuring commitments are not made that cannot be fulfilled.

When receiving a complaint, the Complaints Officer or the Complaint Handler will:

- contact the person to acknowledge the complaint has been received and listen to their concerns;
- clarify any unclear information;
- explain the complaint handling process, including investigation, time frames, etc.;
- provide details of a contact person and indicate how long it is likely to take to get back to the person;
- ask the participant how they would like to see their complaint resolved and what outcome they are seeking;
- identify the support needs of the person throughout the complaints handling process and who they would like to be involved in the process;
- advise the person that their complaint will be treated in confidence and there will not be any consequences as a result of them raising concerns;
- provide the details of the relevant external complaints commission, such as the NDIS Quality and Safeguards Commission, in the event the person would like to raise their complaint externally.

## **b) RECORD KEEPING**

The Complaints Officer is responsible for registering all complaints in the *Feedback and Complaints Register*. The Complaints Officer will manage all information and records until closure and ensure all close-out notifications and paperwork are complete.

All records connected to the complaint, correspondence, emails, investigations, images, other documentation and reporting documents will be collected by the Complaints Officer

and held with the registered file in its original and simplest form. Complaint records shall be kept for seven years from the day the record is made.

All results must be recorded in the *Feedback and Complaints Register* to allow for input into Cross Care Group continuous improvement processes.

### c) ASSESSMENT AND INVESTIGATION

The Complaints Officer is responsible for undertaking an investigation of the complaint received to determine who, where and how the complaint is most appropriately handled with consideration for the circumstances and outcome sought by the complainant.

The nature of complaints differs widely. The subject of a complaint might be apparent from the information a complainant provides, but sometimes an investigation might be needed to clarify disputed factual or legal matters. Some complaints can be resolved by using an explanation or apology; others seek reconsideration of a decision or escalation to a manager or senior staff member.

The assessment and investigation of complaints should be done on time, specifically concluded within three (3) business days of receiving and acknowledging the complaint. Should the process take longer, this is to be communicated to the person making the complaint with information on the expected timeframe.

The purpose of an investigation is to resolve the complaint by reaching a fair and independent view of the issues raised by a complainant and to provide an appropriate remedy.

Complainants must be informed at all stages of the status of their complaints. It is the Complaints Officer or their delegate's responsibility to keep the complainant informed in relation to the complaint.

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

### d) RESOLUTION

It is anticipated that most complaints and feedback raised will be resolved informally between the individual and staff member involved. Even though the matter is satisfactorily resolved, it is Cross Care Group's process that this must be logged into the *Feedback and Complaints Register*, noting all details and the resolution outcome achieved.

Effective resolution involves:

- **Impartiality:** Each complaint will be approached with an open mind, and the facts and contentions in support of a complaint should be weighed objectively.
- **Confidentiality:** A complaint should be investigated in private, and care should be taken when disclosing any identifying details of a complaint to others.

- **Transparency:** A complainant will be told about the steps in the complaint process and be allowed to be involved throughout the management and resolution process.
- **Communication:** A complainant will be kept informed of the progress of the complaint, including any action taken, the reasons for decisions made and options for review of decisions made in relation to the complaint.
- **Timeliness:** The time to investigate will be communicated to the complainant. However, this should take no longer than three (3) business days.
- **Procedure Fairness:** As part of the handling of a complaint under the Complaint Rules, procedural fairness must be afforded to a person if their rights or interests may be adversely or detrimentally affected in a direct and specific way.

Upon investigating a complaint, the Complaints Officer or Complaints Handler will ensure that:

- a written record is kept of evidence that is provided orally;
- a complainant is not obliged to substantiate each fact or element in their complaint. Although it is reasonable for the Complaints Officer or Complaints Handler to ask them to assist the investigation by providing documents (if available) or explaining things they know;
- information obtained from any source is considered; and
- desired outcomes by the complainant are sought, and provide timeframes and expectations to the complainant where possible.

#### e) CLOSING COMPLAINTS AND NOTIFICATION

Once the investigation of a complaint is completed, the complainant should be advised of the particulars of the investigation both verbally and in writing, including any findings or decisions reached. The explanation will be presented in a style the complainant can understand and should deal with each concern or grievance raised in the complaint. If action is to be taken to redress a fault or a wrong experienced by the complainant, this should be outlined.

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

- explaining processes;
- rectifying an issue;
- providing an apology;
- ongoing monitoring of issues; and/or
- training staff.

Also, the below actions can be done:

- Before providing written advice, the outcome could be discussed verbally (if possible), and further contact will be allowed after the receipt of the advice for conflict resolution.
- At the completion stage of the complaint investigation, the further action available to the complainant should be recorded. Another possible action could be to escalate the situation with an external agency or further revision within the organisation.

- Providing additional information that is not included in the first complaint, as well as reviewing the soundness of the first investigation through further review.
- Opportunities will be identified from the complaint outcomes and distributed to the appropriate parties for the purpose of ongoing improvement.
- Feedback from the complainant about the process will be sought.

Options available to the complainant to seek an internal review of any finding or pursue the complaint through an external complaint mechanism such as the NDIS Commission are outlined in the Participant Handbook, and support is offered to access the external complaints body if required.

#### **f) CONFIDENTIALITY**

The information related to the complaints and feedback will be dealt with confidentially in a way those are discussed directly with the involved people.

Complaints will not be discussed with anyone who does not have genuine responsibility for resolving the issue.

A person making a complaint may request that their identity remain confidential, or private personal information about a third party may be revealed during an investigation.

The details of the complaint should be kept confidential by staff directly concerned with its resolution. The participant's consent is to be obtained before the information is given to other parties who are not directly involved in the complaint.

Information about complaints may only be disclosed without consent if required by law or if the disclosure is otherwise appropriate in the circumstances. Disclosure without the person's consent to any third party must be discussed and approval sought from the Complaints Officer, who will consider the circumstances using a risk assessment approach and compliance requirements by law.

Procedural fairness principles recognise that protection of identity and confidentiality can be important elements of effective complaint handling and dispute resolution. Depending on the circumstances, the obligation to provide procedural fairness may override – in whole or in part - the obligation to maintain confidentiality.

#### **g) UNRESOLVED COMPLAINTS**

Should the complaint not be resolved to the complainant's satisfaction, the complaint will be escalated to a person nominated by the Complaints Officer for further investigation and resolution.

When complaints cannot be resolved internally, the complainant may be referred to the external agency listed below.

#### **h) MAKING A COMPLAINT TO NDIS COMMISSION**



Participants are encouraged to raise their concerns or complaint with Cross Care Group first, as this is often the best way to have the issue resolved quickly.

As a second instance, a complaint can be made to the NDIS Commission by:

- Phoning: 1800 035 544 (free call from landlines) or TTY 133 677 (interpreters can be arranged).
- Using the National Relay Service and asking for 1800 035 544.
- Completing the Complaint Contact Form:  
<https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=PRD00-OCF>

#### **i) CONTINUOUS IMPROVEMENT**

At the conclusion of investigations into complaints, if the areas for improvement in service operations are identified, these are recorded on the *Continuous Improvement Register* in accordance with the Cross Care Group's *Continuous Improvement Policy and Procedure*.

As a part of the continuous improvement process, the feedback, complaints and dispute resolution will be discussed in team meetings regularly.

The agenda for team meetings will include a standing item on Continuous Improvement, including staff and participants' feedback and complaints.

### **RELATED DOCUMENTS**

- Complaint Report Form
- Feedback and Complaints Register
- Continuous Improvement Plan
- Continuous Improvement Register
- Participant Handbook
- Staff Handbook
- Staff Training Plan
- Training Attendance Record
- Service Agreement

### **REFERENCES**

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- National Disability Insurance Scheme (Procedural Fairness) Guidelines 2018
- NDIS Practice Standards and Quality Indicators – November 2021
- Disability Services Act 1986 (Cth)
- Privacy Act 1988 (Cth)

- Disability Services Act 1991 (ACT)
- Disability Inclusion Act 2014 (NSW)
- Disability Services Act 1993 (NT)
- Disability Services Act 2006 (QLD)
- Disability Inclusion Act 2018 (SA)
- Disability Services Act 2011 (TAS)
- Disability Act 2006 (VIC)
- Disability Services Act 1993 (WA)

## INCIDENT MANAGEMENT POLICY AND PROCEDURE

### PURPOSE

Cross Care Group recognises that the health and safety of our staff and participants is a priority and commits to preventing workplace accidents and minimising dangerous occurrences. If incidents or near misses do occur, they must be reported.

Some incidents may occur in the course of service delivery and threaten the health, safety or well-being of people with disability. Incidents may also have a significant impact on staff, families, carers, community members and the organisation.

The purpose of this policy is to prevent, respond to, and manage incidents that occur while providing supports or services to participants. This document includes procedures for identifying, assessing, recording, managing, resolving and reporting incidents.

This policy has been developed to ensure that all staff, participants and stakeholders of Cross Care Group understand the actions to be taken in the event of any act, omission, event or circumstance which causes or could have caused injury, illness, damage to person, equipment, vehicles, property, material, or the environment or public alarm.

Reporting and resolution of incidents and allegations are encouraged through a non-punitive approach. Incidents should be reviewed, investigated (as required), and action should be taken to ensure that the possibility of recurrence is minimised.

Cross Care Group understands the importance of incident reporting, investigation, management and prevention and has developed an incident management system to manage incidents that occur while providing supports and services to people with disability to be able to minimise workplace accidents and incidents and dangerous occurrences.

This policy aims to:

- Ensure timely and effective responses are taken to address immediate individual safety and well-being.
- Define staff responsibilities to ensure due diligence is delivered.

- Guarantee accountability to staff and participants for actions taken and planned in response to their experience of an incident.
- Support the provision of high-quality services to participants through the full and clear reporting of incidents, near misses and hazards.
- Support organisational development and consistency.
- Ensure that identified deficits or potential deficits in service and support are addressed.
- Establish a non-punitive atmosphere that encourages reporting.
- Minimise risk and prevent future incidents through the development of appropriate person-centred supports, staff training, assessment and review.
- Ensure that there is immediate management of an incident, accident or emergency and that each of these events is prioritised, managed and investigated appropriately.
- Identify opportunities to improve participant support quality by ensuring that the incident management system is planned and coordinated, and linked to the quality and risk management systems.

## SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

## DEFINITIONS

Term	Definition
<b>Allegation</b>	Refers to a claim or assertion that any incident has occurred. This is typically made without proof.
<b>Client or Participant</b>	Refers to any individual who is eligible for or receiving services from Cross Care Group.
<b>Harm</b>	Refers to the resulting impact of an act, omission, event or circumstance that occurs and can include physical, emotional, financial or psychological impacts such as physical injuries, emotional impacts such as fear or poor self-esteem, economic impacts such as a loss of funds, and psychological effects such as depression or impacts on a person’s learning and development.
<b>Impacted Person</b>	A client or a person with disability who has been affected by an incident during the provision of supports and services.
<b>NDIS (Incident Management and Reportable Incident) Rules 2018</b>	The Rules require registered NDIS providers to establish an incident management system that meets minimum requirements, and that is appropriate for the size of a registered NDIS provider and the supports or services they provide. The rules also set out the obligations of registered NDIS providers to notify, investigate and respond to reportable incidents.

<b>Incident</b>	<p>An incident is defined as an act, omission, event or circumstance. It may mean any of the following:</p> <ul style="list-style-type: none"> <li>• Acts, omissions, events or circumstances that occur in connection with providing NDIS supports or services to a person with disability and have, or could have, caused harm to the person with disability.</li> <li>• Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused serious harm, or a risk of serious harm, to another person.</li> <li>• Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability.</li> </ul>
<b>Key Personnel</b>	<p>A member of the group of persons responsible for the executive decisions of the registered NDIS provider and any other person who has authority or responsibility for (or significant influence over) planning, directing or controlling the activities of Cross Care Group.</p>
<b>Person with disability</b>	<p>A person with disability who is an NDIS participant and receives support or services from Cross Care Group as an NDIS provider.</p>
<b>Reportable incidents</b>	<p>Reportable incidents are serious incidents or alleged incidents which result in harm to an NDIS participant and occur in connection with NDIS supports and services. Specific types of reportable incidents include:</p> <ul style="list-style-type: none"> <li>• The death of a person with disability.</li> <li>• Serious injury of a person with disability.</li> <li>• Abuse or neglect of a person with disability.</li> <li>• Unlawful sexual or physical contact with, or assault of, a person with disability (excluding, in the case of unlawful physical assault, contact with, and impact on, the negligible person).</li> <li>• Sexual misconduct committed against, or in the presence of, a person with disability, including grooming the person for sexual activity.</li> <li>• The use of restrictive practice concerning a person with disability, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the person or a behaviour support plan for the person.</li> </ul>
<b>Near Miss</b>	<p>An unplanned event that does not cause harm to people, property or the environment, which, under different circumstances, had a clear potential to do so.</p>
<b>Subject of the allegation</b>	<p>A staff member, a person with disability or any other person who has been accused of being involved with an incident that has occurred in connection with the provision of NDIS supports and services to a person with disability.</p>

<b>Staff</b>	Includes employees, contractors and people otherwise engaged, for example, on a volunteer basis, by Cross Care Group.
<b>Stakeholder</b>	Includes any person with an interest or concern in the incident, e.g., those involved, their families, advocates, guardians, service providers, etc.

## POLICY

Cross Care Group is committed to the following:

- Complying with the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*.
- Ensuring each participant is safeguarded by the incident management system, ensuring that incidents are acknowledged, responded to, well-managed and learned from.
- Providing each participant with information on incident management, including how incidents involving the participant have been managed.
- Demonstrating continuous improvement in incident management by regularly reviewing incident management policies and procedures, review of the causes, handling and outcomes of incidents, seeking participants' and staff members' views, and incorporating feedback throughout the provider's organisation.
- Training all staff in effective incident management to ensure they are aware of and comply with the required procedures in relation to incident management.
- Providing a mechanism for identifying, assessing, recording, managing, resolving and reporting accidents, incidents, work-related illness, near-misses, allegations and dangerous occurrences, and hazards.
- Investigating accidents and relevant incidents to determine the root cause to prevent a recurrence.
- Obtaining statistical information about the accident or incidents.
- Reviewing accident and incident data to assess for trends and minimise risk from happening again.
- Meeting legislative requirements for reporting accidents and incidents.
- Maintaining open and clear methods of communication with those involved in incidents, including (but not limited to) staff, participants, family members, guardians and other stakeholders. Operate in line with open disclosure principles.
- Ensuring the incident management procedures are communicated to participants and their families/carers.

The incident management system covers the following:

- Acts, omissions, events or circumstances that occur in connection with providing NDIS supports or services to a person with disability and have, or could have, caused harm to the person with disability.
- Acts by a person with disability that occur in connection with providing NDIS supports or services to the person with disability and which have caused severe harm, or a risk of serious harm, to another person.
- Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with disability.

All accidents, incidents (including reportable incidents in the NDIS) or near misses related to the provision of support or services must be:

- Reported according to Cross Care Group's incident management system. Cross Care Group understands the importance of the role of staff in responding to incidents.
- Recorded (not just reportable incidents in the NDIS). There must be an appropriate response to them, and the necessary steps must be taken to prevent such incidents from happening again.
- Investigated to determine the root cause and implement the corrective actions.

Individual health and safety are Cross Care Group's priority in every incident. Medical attention must be sought as required.

Any dangerous occurrences that can result in injury or damage to property must be reported in the same manner as an incident. Likewise, any allegations of incidents should be reported in the same manner as an incident.

In the event of an incident, Cross Care Group will ensure relevant Federal and/or State or Territory authorities are notified. This may include (but not be limited to) reports to the NDIS Commission, Department of Health, and/or Police.

The most appropriate corrective action will be taken to ensure the incident does not recur.

Cross Care Group is committed to meeting and exceeding standards and will:

- identify and report relevant incidents and allegations to authorities such as the NDIS Commission, Law Enforcement Agencies, and others as required; and
- work with all authorities transparently and openly and will seek support and feedback to improve quality services.

All staff members are responsible for ensuring the safety of all participants who access our services and must ensure an in-depth understanding of this policy. All incidents must be reported as per this policy and procedure.

Management is responsible for ensuring that staff are trained and undertake the NDIS Worker Orientation Module and any other mandatory training as per the *Human Resource Management Policy and Procedure*.

When dealing with an incident, Cross Care Group will follow all procedural fairness guidelines as required by the Commissioner.

Relevant privacy and confidentiality of incidents must be respected at all times and considered during an incident review, management and escalation.

## **PROCEDURE**

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, responded to, well-managed and learned from.

These procedures have been developed to outline the key steps, actions, tasks and responsibilities for effectively managing incidents.

The procedure covers the reporting, communication, management, review, and monitoring of incidents to promote safety, minimise reoccurrence and manage any risks associated with the course of service delivery.

The responsibility for effective implementation of the incident management system is with the Director and General Manager or their delegate.

## **1. IDENTIFICATION OF INCIDENTS**

At Cross Care Group, all staff members, including key personnel, should feel comfortable identifying incidents when they occur, report incidents to their relevant personnel, and record these incidents in the incident management system to be aware of all incidents that occur and work towards continuous improvement in the safety of supports and services to our clients.

Any incident needs to be reported to the Director and General Manager or their delegate, including near misses.

Incidents may be identified in a number of ways, including where a staff member or another person observes the incident, a person with disability discloses the incident, or another party informs that the incident occurred.

Some incidents will be simple to identify, as a staff member may witness the incident, or a person with disability may make a disclosure that can be recorded. However, other incidents may be harder to identify, especially involving abuse, neglect, or other types of reportable incidents.

In addition to incidents or allegations that are disclosed by an impacted person or witnessed by someone, there are also additional signs that may indicate someone is an impacted person. These are some indicators and signs of potential incidents associated with each incident severity rate:

### **a) Types of Incidents**

In addition to incidents or allegations of incidents that are disclosed by an impacted person, or witnessed by someone, there are also additional signs that may indicate someone is an impacted person. Staff will be trained to familiarise with these indicators of potential incidents, especially where they involve abuse, neglect, sexual misconduct, or unauthorised use of restrictive practices.

Based on the NDIS Quality and Safeguards Commission’s *Incident Management Systems – Detailed Guidance for Registered NDIS Providers (2019)*, the following are potential indicators and signs associated with particular types of incidents:

INCIDENT TYPES	BEHAVIOURAL INDICATORS AND PHYSICAL SIGNS
<p><b>Physical abuse, unlawful physical contact or physical assault</b></p>	<ul style="list-style-type: none"> <li>• Inconsistent, vague, unexpected or unlikely explanation for the injury.</li> <li>• Unexplained injuries – broken bones, fractures, sprains, bruises, burns, scalds, bite marks, scratches or welts.</li> <li>• Other bruising and marks may suggest the shape of the object that caused it.</li> <li>• Avoiding or being fearful of a particular person or worker.</li> <li>• Being overly compliant with workers.</li> <li>• Frequent and overall drowsiness (associated with head injuries).</li> <li>• Out-of-character aggression.</li> </ul>
<p><b>Sexual contact, sexual assault or sexual misconduct</b></p>	<ul style="list-style-type: none"> <li>• Dropping hints that appear to be about abuse.</li> <li>• Bruises, pain, bleeding – including redness and swelling around breasts and genitals.</li> <li>• Torn, stained, or bloody underwear or bedding.</li> <li>• Repeating a word or sign, such as ‘bad’ or ‘dirty’.</li> <li>• Presence of a sexually transmitted disease.</li> <li>• Pregnancy.</li> <li>• Sudden changes in behaviour or character, e.g., depression, anxiety attacks (crying, sweating, trembling, withdrawal, agitations, anger, violence, absconding, sexually expressive behaviour, seeking comfort and security).</li> <li>• Sleep disturbances, refusing to go to bed, and/or going to bed fully clothed.</li> <li>• Refusing to shower.</li> </ul>
<p><b>Psychological, emotional or verbal abuse</b></p>	<ul style="list-style-type: none"> <li>• Depression, withdrawal, crying or emotional behaviour</li> <li>• Being secretive and trying to hide information and personal belongings.</li> <li>• Speech disorders.</li> <li>• Weight gain or loss.</li> <li>• Feelings of worthlessness about life and themselves; extremely low self-esteem, self-abuse, or self-destructive behaviour.</li> <li>• Extreme attention-seeking behaviour and other behavioural disorders (e.g., disruptiveness, aggressiveness, bullying).</li> <li>• Being overly compliant.</li> </ul>
<p><b>Domestic violence</b></p>	<ul style="list-style-type: none"> <li>• Depression, withdrawal, crying or violence.</li> <li>• Feelings of worthlessness about life and themselves; extremely low self-esteem, self-abuse, or self-destructive behaviour.</li> </ul>



INCIDENT TYPES	BEHAVIOURAL INDICATORS AND PHYSICAL SIGNS
	<ul style="list-style-type: none"> <li>• Extreme attention-seeking behaviour and other behavioural disorders (e.g., disruptiveness, aggressiveness, bullying).</li> <li>• Being overly compliant.</li> </ul>
<b>Neglect</b>	<ul style="list-style-type: none"> <li>• Inappropriate or inadequate shelter or accommodation, including unclean and unsanitary living conditions.</li> <li>• Weight loss.</li> <li>• Requesting, begging, scavenging, or stealing food.</li> <li>• Being very hungry or thirsty.</li> <li>• Inadequate supply of fresh food.</li> <li>• Constant fatigue, listlessness or falling asleep.</li> <li>• Dropping hints that appear to be about neglect.</li> <li>• Extreme longing for company.</li> <li>• Poor hygiene or poor grooming – overgrown fingernails and toenails, unclean hair, unshaven, unbathed, wearing dirty or damaged clothing.</li> <li>• Inappropriate or inadequate clothing for the weather.</li> <li>• Unattended physical problems, dental, and/or medical needs.</li> <li>• Social isolation.</li> <li>• Loss of social and communication skills.</li> <li>• Removal of means of communication.</li> <li>• Displaying inappropriate or excessive self-comforting behaviours.</li> </ul>
<b>Financial abuse</b>	<ul style="list-style-type: none"> <li>• Sudden decrease in bank balances.</li> <li>• No financial records or incomplete records of payments and purchases.</li> <li>• Person controlling the finances does not have legal authority.</li> <li>• Sudden changes in banking practices.</li> <li>• Sudden changes in wills or other financial documents.</li> <li>• Unexplained disappearance of money or valuables.</li> <li>• Person does not have enough money to meet their budget.</li> <li>• Person is denied outings and activities due to a lack of funds.</li> <li>• Borrowing, begging, stealing money or food.</li> </ul>

**b) Incident Severity Ratings, Indicators and Reporting Timeframes:**

SEVERITY RATE	INDICATOR	TIMEFRAMES
LOW	Incidents where nobody was or was potentially physically or psychologically harmed. There was no significant damage to property, e.g., perhaps a glass was broken when it slipped out of the staff member’s hand.	5 business days
MEDIUM	An accident resulting in an injury that did not require	48 hours

	medical attention or hospitalisation, e.g., clients may slip and bruise their arm when cleaning the floor. Deliberate acts of aggression that did not result in an injury requiring medical attention/hospitalisation.	
HIGH	An incident that would potentially have required an extreme rating if the intervention had not occurred. An Incident is so serious that it has the potential to result in death, serious injury, abuse or neglect, etc.	Immediately, within 24 hours
EXTREME	Any reportable Incidents under the NDIS. For an incident to be reportable, a certain act or event needs to have happened (or be alleged to have happened) in connection with the provision of supports or services. This includes: <ul style="list-style-type: none"> <li>• the death of a person with disability</li> <li>• serious injury of a person with disability</li> <li>• abuse or neglect of a person with disability</li> <li>• unlawful sexual or physical contact with, or assault of, a person with disability, sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity</li> <li>• use of the restrictive practice in relation to a person with disability where the use is not in accordance with an authorisation (however described) of a state or territory in relation to the person, or if it is used according to that authorisation but not in accordance with a behaviour support plan for the person with disability.</li> </ul>	Refer to External Reporting Timeframes

If any incident happens due to the contribution of an event in the work environment, it will be determined as work-related. In addition, any pre-existing injury or illness aggravated by an event in the workplace will be determined as work-related. Likewise, if the incident is connected with the provision of NDIS supports or services by Cross Care Group.

**c) Supporting the Impacted Person Immediately**

When an incident occurs – irrespective of whether it is reportable or not – action must be taken to ensure the safety and well-being of people involved in the incident (including people with disability, staff and other people where the incident involves an act by a person with disability).

In the event of an incident, injury or illness, where it is safe to do so, Cross Care Group staff will take appropriate immediate action to minimise the risk of further injury or damage.

To ensure safety immediately after an incident or alleged incident has occurred, all staff members should:

- Ensure the impacted person is safe from harm by calling an '000' if there is ongoing danger and/or an immediate risk of harm to anyone.
- Contact the appropriate emergency services if someone is injured and requires medical treatment.
- Contact the Police where it is alleged or suspected that a criminal offence has occurred or where there is an ongoing danger that requires their assistance.
- Immediately call the Child Protection Helpline on 132 111 if an incident involves a child or young person.
- Contact the Director and General Manager immediately. If the Director and General Manager is not available, the staff member must contact any senior manager or supervisor.
- Clear any hazards. Staff must inspect and confirm that no new hazards have been created whilst securing the area.

Preventive actions from further harm or injury will be taken where appropriate. As a part of the investigation, until its end, the incident scene and evidence need to be preserved. However, when assisting an injured person or making the area safer, the incident scene may be disturbed.

## **2. REPORTING INCIDENTS**

### **a) Internal Reporting**

The Director and General Manager is to be notified of all incidents as soon as practical. If the Director and General Manager is not available, the State Manager is to be notified of the incident as soon as practical.

All staff members must complete the *Incident Report Form* when identifying an incident that occurs in the course of service delivery.

An *Incident Report Form* is to be completed by the staff involved immediately or within 24 hours of the incident. The report must include all necessary factual details, immediate actions that have been taken, any identified/planned follow-up actions, and any reports made to other bodies.

The staff member making the report should:

- Do so immediately while events are fresh in their memory. If there is no immediate access to the *Incident Report Form*, details should be written or typed immediately onto plain paper and copied over to the form as soon as possible.
- Keep the report factual. Do not provide an interpretation of why something may have happened. The staff member must explain what they witnessed.
- Describe any events and/or activities happening at the time or in the lead-up to the incident.
- Sign and date the *Incident Report Form*.
- Attach another staff member's report if further information is required.
- Verbally notify the Director and General Manager that the report has been made.

The relevant sections of the *Incident Report Form* are to be completed by the person involved in the incident and reviewed by the Director and General Manager.

The *Incident Report Form* should be completed for all incidents and near misses if:

- the injured person is within the scope of Cross Care Group or participant, and
- the incident is related to the service or supports provided by Cross Care Group.

The Director and General Manager will determine, based on the information provided in the *Incident Report Form* or verbally by the staff member, if the incident is classified as a reportable incident by the NDIS Quality and Safeguards Commissioner or a different type of incident. If it is a reportable incident, the Director and General Manager or their delegate must comply with the reportable incident reporting process (refer to the *External Reporting* section).

A general incident is an accident with non-reportable injuries.

When classifying the type of incident, the Director and General Manager will review the details of the incident, including but not limited to the following:

- People involved.
- Location.
- Circumstances.
- Consequences, e.g., serious injury.

Incident records shall be kept for 7 years from the day the record is made.

**b) External Reporting**

When a reportable incident occurs or is alleged to have occurred in connection with the NDIS supports or services delivered, the NDIS Commission must be notified by the Director and General Manager or their delegate within the required timeframes set out below:

Reportable incident	Required Timeframe
death of a person with disability	24 hours
serious injury of a person with disability	24 hours
abuse or neglect of a person with disability	24 hours
unlawful sexual or physical contact with, or assault of, a person with disability sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity	24 hours
the use of the restrictive practice in relation to a person with disability if the use is not in accordance with a required state or territory authorisation and/or not in accordance with a behaviour support plan	5 business days

The Director and General Manager or their delegate is responsible for the following:

- Reviewing reports before submission to the NDIS Commission.

- Submitting all reportable incidents.
- Collating and reporting the required information through the NDIS Commission portal.

The timeframes are calculated from when the Director and General Manager or any key personnel of Cross Care Group became aware that the incident occurred or was alleged to have occurred. For that, the Director and General Manager or their delegate must follow the steps outlined on the NDIS Commission [website](#).

Cross Care Group may be required to provide a final report on the NDIS Commission Portal. When this is the case, the NDIS Commission will notify Cross Care Group via email and define the date this is due.

In all cases, Cross Care Group must assess the following:

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

Where appropriate, the NDIS Commission may require Cross Care Group to take remedial measures. The NDIS Commission may work with Cross Care Group to implement these measures and monitor progress. Remedial measures may include, but are not limited to, additional staff training and development or improved services to support NDIS participants and updating policies and procedures.

On occasion, Cross Care Group may experience difficulty accessing, using or submitting via the NDIS Commission portal 'My Reportable Incidents' page due to a technical IT issue the user cannot resolve with the quick reference guides or with the available support, and it is outside of business hours, or the NDIS commission portal is unavailable due to system updates and maintenance, for example.

In these circumstances, the Director and General Manager or their delegate must take all reasonable steps to resolve the issues within the required timeframe by calling the NDIS Commission for support.

Outside of business hours and if all reasonable steps have been taken, the Director and General Manager or their delegate should advise the NDIS Commission of these issues as soon as possible by emailing the Reportable Incidents team in the State or Territory or the National Unauthorised Restrictive Practices team:

- ACT Reportable Incidents: [ACTReportableIncidents@ndiscommission.gov.au](mailto:ACTReportableIncidents@ndiscommission.gov.au)
- NT Reportable Incidents: [NTReportableIncidents@ndiscommission.gov.au](mailto:NTReportableIncidents@ndiscommission.gov.au)
- NSW Reportable Incidents: [NSWReportableIncidents@ndiscommission.gov.au](mailto:NSWReportableIncidents@ndiscommission.gov.au)
- QLD Reportable Incidents: [QLDREPORTABLEINCIDENTS@ndiscommission.gov.au](mailto:QLDREPORTABLEINCIDENTS@ndiscommission.gov.au)
- SA Reportable Incidents: [SAReportableIncidents@ndiscommission.gov.au](mailto:SAReportableIncidents@ndiscommission.gov.au)
- TAS Reportable Incidents: [TASReportableIncidents@ndiscommission.gov.au](mailto:TASReportableIncidents@ndiscommission.gov.au)

- VIC Reportable Incidents: [VICREPORTABLEINCIDENTS@ndiscommission.gov.au](mailto:VICREPORTABLEINCIDENTS@ndiscommission.gov.au)
- WA Reportable Incidents: [WAReportableincidents@ndiscommission.gov.au](mailto:WAReportableincidents@ndiscommission.gov.au)
- National Unauthorised Restrictive Practices: [URPnationaltaskforce@ndiscommission.gov.au](mailto:URPnationaltaskforce@ndiscommission.gov.au)

For more information, refer to the “[What to do if you cannot report with the NDIS Commission Portal](#)” section on the NDIS Commission website.

Other incidents may require reporting to other agencies as follows:

- **Reporting to the Australian Information Commissioner:** A data breach or breach of personal information must be reported to the OAIC. Under the Notifiable Data Breach (NDB) scheme, Cross Care Group must notify affected individuals and the OAIC about an eligible data breach. An eligible data breach occurs when:
  - there is unauthorised access to or unauthorised disclosure of personal information, or a loss of personal information, that an organisation or agency holds;
  - this is likely to result in serious harm to one or more individuals; and
  - the organisation or agency has not been able to prevent the likely risk of serious harm with remedial action.

If Cross Care Group suspects an eligible data breach may have occurred, we will quickly assess the incident to determine if it is likely to result in serious harm to any individual.

The Director and General Manager or their delegate will promptly notify any individual at risk of serious harm and the Australian Information Commissioner.

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

When notifying the Australian Information Commissioner and any affected individuals, the Director and General Manager or their delegate will include the following:

- Our organisation’s name and contact details
- a description of the data breach
- the kinds of information involved
- recommendations about the steps individuals should take in response to the data breach

To notify the Australian Information Commissioner of a data breach, the Director and General Manager or their delegate must use the online [Notifiable Data Breach Form](#).

- **Reporting to the state or territory WHS authority:** An injury, death of an employee or any health and safety incidents while on duty must be reported to the applicable

state / territory WHS authority immediately after becoming aware a notifiable incident has occurred.

Failure to report an incident to the applicable state / territory WHS authority is an offence and may result in prosecution.

The Director and General Manager or their delegate must report incidents to the applicable state / territory WHS authority if there here is a serious injury or illness, a potentially dangerous incident or a death of a staff member.

The Director and General Manager or their delegate must follow the applicable state / territory WHS authority incident notification guidelines and instructions on how to report a 'notifiable incident' under the OHS/WHS legislation.

- **Reporting child abuse and neglect to the state or territory authority:** Child abuse and neglect refers to any behaviour or treatment by parents, caregivers, other adults or older adolescents that results in the actual and/or likelihood of causing physical or emotional harm to a child or young person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e., neglect) and commission (i.e., abuse).

Child abuse and neglect are commonly divided into five subtypes:

- physical abuse
- emotional abuse
- neglect
- sexual abuse
- exposure to family violence.

The Director and General Manager or their delegate must report all incidents of child abuse and neglect to the applicable state / territory Child Protection authority within the defined timeframes.

- **Reporting to the Police:** Any incident involving crimes such as assault, theft and fraud must be reported to the local Police.

The Director and General Manager or their delegate is responsible for notifying all reportable incidents to all authorities and external bodies within the defined timeframes, where required.

### 3. RECORDING INCIDENTS

All staff members must submit the *Incident Report Form* to the Director and General Manager or their delegate.

All information regarding incidents is to be recorded and stored in the Cross Care Group's *Incident Register*.

The Director and General Manager or their delegate is responsible for ensuring that all Incident Report Forms are fully completed before logging the information onto the *Incident Register*.

#### 4. ASSESSMENT

When it is identified or disclosed that an allegation or incident has occurred, and the appropriate steps have been taken to ensure the safety of people with disability, an assessment must be undertaken by the Director and General Manager or their delegate to determine:

- Why the incident occurred
- Whether the incident could have been prevented
- How well the incident was immediately managed and resolved
- What, if any, regulatory action needs to be undertaken to prevent further similar incidents from occurring or to minimise their impact
- Whether other persons or bodies need to be notified of the incident

The detailed assessment that includes the cause of the incident, its effect on the person with disability, and any operational issues that may have contributed to its occurrence must also be recorded in the *Incident Register*.

The Director and General Manager or their delegate will assess the incident with the participant and/or their family/support network and collaborate with the persons involved to manage and resolve the incident.

If the Director and General Manager or their delegate cannot establish these factors in the assessment, further investigation may be required for any incident.

#### 5. INVESTIGATION

If required, a formal incident investigation will be conducted and recorded in the *Incident Investigation Form* to explore in more detail why an incident occurred and if any steps are required to prevent it from occurring again.

As a minimum, incidents requiring investigation include:

- Any reportable incident
- Any mandatory report made (see external reports section)
- Any incident that could lead to potential litigation.

If the Police are involved in the incident, no internal investigation is to commence until the Police investigations are complete.

The Director and General Manager or their delegate is to be informed as soon as practicable of any incident investigations and their outcomes.

Any first aider, witness, and injured person should be involved in the investigation.



In the case of reportable incidents, Cross Care Group may be directed by the NDIS Commission to undertake an internal investigation or engage an external party to undertake an investigation.

## 6. CORRECTIVE ACTION

Any corrective action will be determined by the Director and General Manager or their delegate. The corrective actions shall be checked to determine whether they are appropriate and will be preventive or not.

If an incident requires the implementation of corrective action, an appropriate plan will be developed to adjust practices according to the nature of the action required. It is expected that corrective action is taken in the following circumstances:

- Where an incident may have been prevented (or the severity lessened) by some action (or inaction) or by staff
- Where there is an ongoing risk to people with disability
- Where action by staff may prevent or minimise the risk of a reoccurrence.

Like complaints and other feedback, incidents provide an opportunity to review practices and procedures and identify where improvements in service quality and safety can be made.

The assessment or investigation of an incident will consider the following:

- The views of people with disability impacted by the incident;
- What our organisation have learned and could improve on.

The corrective actions should be evaluated to ensure that they are addressing the root cause of the incident and will prevent a recurrence.

The Director and General Manager or their delegate is expected to consider the outcome of such assessments and investigations to determine what action should be taken to continually improve our services quality and delivery of supports.

Examples of what corrective action may include are as follows:

- Corrective actions aimed at reducing the likelihood of the same type of incident occurring in the future may include:
  - Training and education of staff members
  - Modification of the environment
  - Development or amendment of a policy or procedure
  - Changes in the way in which support or services are provided
  - Other practice improvements
  - Disciplinary action for the staff member involved in the incident, including ongoing performance reviews, imposing a probationary period, or termination of employment
- Restorative actions that aim to repair the relationship with the person with disability may include:

- Providing ongoing support to the person with disability impacted by the incident
- Giving an apology to the person with disability involved in the incident

In addition, an assessment or investigation may result in the Director and General Manager or their delegate determining that no further action is necessary.

## 7. OUTCOME OF INCIDENT REVIEWS

On completion of any formal or informal assessments and/or investigations, any corrective action will be implemented. It could include:

- Further training of staff /others involved.
- Reviewing and enhancing policies and/or procedures.
- Changes to the environment /delivery model for support or services.
- The participant and/or their family/support network agree to accept the risks inherent in support delivery to achieve goals.

The Director and General Manager or their delegate will inform participants, or their advocate, of the outcome/s of the incident, either in writing or verbally, dependent on the participant and the situation.

Cross Care Group will ensure the participant and their advocate are involved in the incident's management and resolution.

## 8. FOLLOW-UP AND REVIEW

Corrective actions must be monitored by the Director and General Manager or their delegate, and updates on progress will be added to the *Incident Register* until the incident is satisfactorily concluded.

Following an incident and any assessment or investigation that may take place, the findings and recommendations should inform the mitigation of risks that could result in the same type of incident occurring again and the management of any new risks that may emerge during the investigation. The Director and General Manager or their delegate must record the risk assessment under the *Risk Register*.

Risks will be identified, and control mechanisms will be agreed upon with participants. Cross Care Group will consult with participants, and relevant stakeholders, to design specific risk control mechanisms to reduce risk to participants and their environment.

The effectiveness of control mechanisms will be evaluated via annual internal audits, participant satisfaction surveys, participant feedback, team meetings, review of policies and procedures and any other suitable measure.

The incident management system will be reviewed periodically (at least annually) by the management team or when legislation changes occur and the identification and resolution of systemic issues in relation to incidents.

Incident reports and all related documents are to be kept for 7 years from the incident date.

## 9. CONTINUOUS IMPROVEMENT

All incidents must be registered by the Director and General Manager or their delegate on the *Incident Register*.

After an incident has been assessed and investigated, all corrective actions taken, including any preventative actions required, must be recorded in the *Continuous Improvement Register*. This will assist us in identifying patterns of behaviour or systemic issues that can be continuously improved in providing support to people with disability.

Each corrective action identified will be evaluated to ascertain the action's effectiveness, as per Cross Care Group's *Continuous Improvement Policy and Procedure*. Any information learned from incidents will be incorporated into our continuous improvement cycle to prevent the same incident from recurring in the future.

## 10. CONFIDENTIALITY

All staff members and key personnel must maintain appropriate controls in relation to the privacy and confidentiality of information, particularly where it relates to people with disability receiving NDIS supports and services.

This includes ensuring that personal and sensitive information, including incident reports, are securely stored and, when transmitted (either internally, to other parties such as the Police, or in the case of reportable incidents, to the NDIS Commission) so that privacy and confidentiality are maintained.

## 11. STAFF TRAINING

Cross Care Group recognises the importance of prevention to ensure our staff and participants' safety. Our induction and orientation process includes training in risk and safety practices, including manual handling, infection control, safe environments, and risk and hazard reduction.

Upon commencing employment with Cross Care Group, all staff are trained in Cross Care Group's incident management processes, including how to report an incident and who to report an incident to. All staff are given full access to our organisational policies and procedures to provide guidance.

## RELATED DOCUMENTS

- Incident Report Form
- Incident Register
- Incident Investigation Form

- Complaint Report Form
- Feedback and Complaints Register
- Risk Register
- Staff Handbook
- Participant Handbook
- Staff Training Plan

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators – November 2021
- Privacy Act 1988 (Cth)
- Disability Services Act 1986 (Cth)
- Work Health and Safety Act 2011 (Cth)
- Work Health and Safety Act 2011 (ACT)
- Work Health and Safety Act 2011 (NSW)
- Work Health and Safety (National Uniform Legislation) Act 2011 (NT)
- Work Health and Safety Act 2011 (QLD)
- Work Health and Safety Act 2012 (SA)
- Work Health and Safety Act 2012 (TAS)
- Occupational Health and Safety Act 2004 (VIC)
- Work Health and Safety Act 2020 (WA)

## HUMAN RESOURCE MANAGEMENT POLICY AND PROCEDURE

### PURPOSE

The purpose of this policy is to ensure Cross Care Group's staff selection, recruitment, screening, and management are in line with the NDIS Practice Standards and Quality Indicators and employment legislation.

The purpose of this policy is to ensure Cross Care Group's human resource management practices are structured, effective, transparent, fair and compliant to ensure each staff member is competent in relation to their role to meet each participant's support needs and person-centred support.

### SCOPE

This policy applies to all Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).

## DEFINITIONS

Term	Definition
<b>NDIS</b>	Refers to the National Disability Insurance Scheme.
<b>Worker</b>	Anyone who is employed or otherwise engaged in providing NDIS supports and services to people with disability. Staff can be paid or unpaid and can be people who are self-employed, employees, contractors, consultants, and volunteers.
<b>Key Personnel</b>	Anyone who is responsible for the executive decisions of the organisation and any other person who has authority or responsibility for (or significant influence over) planning, directing or controlling the activities of Cross Care Group. Key personnel can include but are not limited to the CEO, Director, executive staff members, managers and all members of the board of directors.
<b>Participant</b>	Participant refers to a person with a disability who receives support or services from Cross Care Group.
<b>Worker Screening Check</b>	An assessment of whether a person who works, or seeks to work, with participants poses a risk to them. The worker screening check assessment determines whether a person is cleared or excluded from working in certain roles with participants.
<b>Risk-Assessed Role</b>	<p>A safeguard based on the opportunities a role provides to do harm. Under the NDIS Quality and Safeguards, service providers are responsible for assessing every role in terms of its degree of contact with people with disabilities and, therefore, the opportunities the role affords.</p> <p>A risk-assessed role:</p> <ul style="list-style-type: none"> <li>• is a key personnel role of a person or an entity as defined in s 11A of the National Disability Insurance Scheme Act 2013 (for example, a CEO, Director, General Manager or a Board Member)</li> <li>• involves the direct delivery of <a href="#">specified supports or services</a> to a person with disability</li> <li>• is likely to require ‘more than incidental contact’ with people with disability, which includes: <ul style="list-style-type: none"> <li>○ physically touching a person with disability; or</li> <li>○ building a rapport with a person with disability as an integral and ordinary part of the performance of normal duties; or</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ having contact with multiple people with disability as part of the direct delivery of a specialist disability support or service or in a specialist disability accommodation setting.</li> </ul>
<b>More than incidental contact</b>	<p>More than incidental contact involves:</p> <ul style="list-style-type: none"> <li>● Physical contact</li> <li>● Building a level of rapport with the person with disability as an integral or</li> <li>● ordinary part of duties</li> <li>● Having contact with multiple people with disability, either as part of the direct delivery of a specialist disability support or service, or in a specialist disability accommodation setting.</li> </ul> <p>The likelihood that contact is more than incidental increases with the intimacy, frequency, and regularity of the contact with a person with disability.</p>
<b>Worker Screening Unit (WSU)</b>	<p>The Worker Screening Unit conducts the NDIS Worker Screening Check in the State or Territory where a person applies for it. The Worker Screening Unit also decides whether a person is cleared or excluded.</p>
<b>NDIS Worker Screening Database</b>	<p>The NDIS Worker Screening Database (NWSD) is held by the NDIS Commission. The NWSD:</p> <ul style="list-style-type: none"> <li>● holds a register of cleared and excluded workers as determined by each state and territory’s WSU</li> <li>● supports national ongoing monitoring of the criminal history records of workers with NDIS Worker Screening clearances</li> <li>● means NDIS providers across the country can use a single online portal to verify their workers’ Worker Screening Check applications and review the NDIS Worker Screening clearances of prospective workers without needing to contact individual state and territory WSUs</li> <li>● helps NDIS providers with record-keeping requirements.</li> </ul> <p>The NWSD only holds information about workers’ NDIS Worker Screening clearance status for those workers who have undergone a Worker Screening Check.</p>
<b>Disciplinary Action</b>	<p>The circumstances surrounding a staff’s actions and the seriousness of such actions will determine the appropriate level of disciplinary action to be undertaken and can include performance counselling, verbal or written warnings; investigations; and/or termination of employment. Cross Care Group will take appropriate disciplinary action to address breaches of the NDIS Code of Conduct.</p>

## POLICY

Cross Care Group is committed to delivering high-quality services to all participants by supporting, building and managing a diverse and competent workforce.

Cross Care Group will ensure to only recruit and employ staff who is competent in relation to their role, hold relevant qualifications/professional registrations (if applicable), and have relevant expertise and experience to provide person-centred support.

Cross Care Group is committed to ensuring that all staff records of pre-employment checks, identity, qualifications and/or experience are current and maintained following the human resource management procedures.

All staff must undertake and provide evidence of the completion of the [Worker Orientation Module](#), the [New Worker NDIS Induction Module](#), the Infection Control and PPE Training and any other mandatory training before providing supports and services to any participant.

An orientation and induction process are in place to ensure the completion of the mandatory training modules.

Cross Care Group is committed to maintaining an adequate number of staff members to ensure business continuity and quality supports that meets the needs of each participant and business requirements.

Cross Care Group ensures ongoing supervision and support to staff by conducting a comprehensive training plan and annual performance reviews to enhance their skills and level of competency.

Employment conditions for staff will comply with relevant Federal and State or Territory legislation, industry and occupation awards and/or enterprise agreements or other registered agreements.

Legal frameworks are a crucial resource in developing good practices in fostering staff commitment, implementing the *Human Resource Management Policy and Procedure*, and ensuring the organisation's long-term sustainability.

Cross Care Group will seek external advice and information on how to improve the human resource management system when required.

The human resource management procedures are continually reviewed and improved by the Director and General Manager.

## PROCEDURE

The following procedures apply to all staff employed or otherwise engaged by Cross Care Group to deliver supports and services to participants:

## 1. RECRUITMENT AND SELECTION

All staff are selected based on their qualifications (if applicable), experience, skills, specific areas of expertise, and work ethic.

Staff employed or otherwise engaged by Cross Care Group must demonstrate that they have the minimum qualification, experience and/or competencies required for the role as defined in the *Position Description*.

Staff will be requested to complete a *Staff Information Form* and sign the relevant *Position Description* and *Staff Commitment Declaration* before providing services to participants.

Cross Care Group will ensure that only staff who has successfully passed all pre-employment checks will be employed/engaged.

The Director and General Manager or their delegate is responsible for the following:

- Developing *Position Descriptions* and selection criteria for each position based on the requirements of the role and the organisation's needs.
- Convene a selection and interview panel appropriate to the position being recruited.
- Reviewing applications and arranging interviews with applicants.
- Conducting thorough reference checks.
- Notifying unsuccessful applicants in writing or verbally, offering feedback on application.
- Confirming the identity (100 points of identification) and qualifications/membership of all staff prior to their appointment. If qualifications are a mandatory requirement of the role, original qualifications certificates must be copied and certified as being a true copy of the original.
- Maintaining all Cross Care Group staff documents and records, including their qualifications, training and working screening status and WWC check status on each staff folder.

The *Position Description* will include the following:

- Skills and knowledge required for the position.
- Responsibilities and duties of the role.
- Scope and limitations of the position.
- Who the staff member needs to report to.
- Delegated authority.

## 2. MANDATORY PRE-EMPLOYMENT CHECKS

The Director and General Manager will confirm all mandatory checks of all prospective staff members. The below items are compulsory for all new staff and key personnel before starting their position at Cross Care Group:

- i) **All staff must provide 100 points of identification:**



A 100 points proof of ID consists of a combination of at least one primary identification document and one secondary identification document. Secondary identification documents must include their full name and their photograph or signature.

Primary identification documents (70 points each) include:

- Current AHRPA Registration
- Birth Certificate
- Citizenship Certificate
- Current Passport
- Expired passport that was not cancelled and was current within the preceding two years

Secondary identification documents (40 points each) include:

- Australian Drivers Licence
- Identification card for an Australian public employee
- Identification card issued by the Commonwealth, a State or a Territory as evidence of entitlement to a financial benefit
- State or Territory issued personal identification card
- Student card issued by an Australian tertiary education institution

Records of staff identity are maintained in the *Human Resource Register*.

**ii) All staff must provide evidence of their right to work in Australia:**

Citizens must provide evidence of citizenship in the form of a birth certificate, citizenship certificate or passport.

Non-citizens must provide a copy of their passport or ImmiCard.

Records of staff's right to work in Australia are maintained in the *Human Resource Register*.

**iii) Workers Screening Clearance**

The NDIS Worker Screening Check is an assessment of whether a person who works, or seeks to work, with people with disability poses a risk to them. The assessment determines whether a person is cleared or excluded from working in specific roles with people with disability.

All staff are required to obtain an NDIS Work Screening Clearance before they start to work in a risk-assessed role at Cross Care Group.

The Director and General Manager must ensure that only workers who have been cleared in risk-assessed roles are engaged to provide supports or services to participants.

The NDIS Worker Screening Check is conducted by the Worker Screening Unit in the state or territory where the worker applies for it.

Records of staff pre-employment checks are maintained in the *Human Resource Register* and on each staff member's file.

#### **iv) Qualifications and/or Experience**

Staff must demonstrate they are competent in relation to their role, hold relevant qualifications (if applicable), and/or have relevant expertise and experience to provide person-centred support.

Records of staff qualifications and/or experience are maintained in the *Human Resource Register*.

Cross Care Group uses *Human Resource Register* to ensure all pre-employment records are collected and maintained appropriately. These records include but are not limited to the following:

- Staff contact details
- Primary and secondary identification documents to meet the 100 points of identification
- Right to work
- Work Screening Clearance
- Qualifications and/or experience
- Training Certificates
- Risk-assessed roles.

This register is a live document and is updated on an ongoing basis.

### **3. RISK-ASSESSED ROLES**

Cross Care Group is committed to identifying which roles are risk-assessed roles and ensuring all staff in these roles have an NDIS worker screening clearance and complete all mandatory training.

The Director and General Manager is responsible for identifying all risk-assessed roles within our organisation and ensuring staff in identified risk-assessed roles hold valid and appropriate worker screening checks that meet requirements under the NDIS and State or Territory legislation.

The Director and General Manager or their delegate will determine whether the normal duties of a role involve more than incidental contact with a participant, which may include:

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

- electronic communication.

The Director and General Manager or their delegate will record all risk-assessed roles in the *Human Resource Register*.

If a new risk-assessed role is identified or a current role is reclassified as a risk-assessed role, the *Human Resource Register* must be updated within 20 business days of the identification of the risk-assessed role.

Staff whose role has been identified as a risk-assessed role will undergo the appropriate worker screening checks.

Roles that have been determined as not risk-assessed are not required to hold worker screening clearances.

The *Human Resource Register* includes all identified risk-assessed roles, including the assessment date and full name and position title of the person who conducted the risk assessment.

All new staff members are required to obtain an NDIS Worker Screening clearance before they start work in a risk-assessed role with Cross Care Group.

Each staff member working in a risk-assessed role must obtain an NDIS work screening clearance before providing supports or services to participants.

The Director and General Manager or their delegate will record the risk-assessed roles and NDIS work screening clearances in the *Human Resource Register*, which will include the following information:

- the full name, date of birth and address of the staff member
- the risk assessed role or roles in which the staff member engages (job title)
- if the worker may engage in a risk-assessed role without an NDIS worker screening clearance:
  - the basis on which they may do so (refer to the [exceptions](#) to the requirement for a worker to have an NDIS Worker Screening clearance)
  - the start and end date of the period in which the exemption that allows them to work in a risk-assessed role applies
  - the name of the staff member who supervises the worker during this period (if supervision is required)
- the staff's NDIS Worker Screening Check application reference number
- the staff's NDIS Worker Screening check number
- the worker's NDIS Worker Screening Check outcome expiry date
- whether the staff's NDIS Worker Screening Clearance is subject to any suspension or revocation, or any other decision which has the effect that Cross Care Group may not allow the worker to engage in a risk-assessed role, and the nature of any such decision (for example, interim bar, suspension, exclusion)

- records relating to an interim bar, a suspension, an exclusion, or any action taken by Cross Care Group concerning these kinds of decisions concerning any worker (e.g., termination of employment)
- allegations of misconduct against a worker with a check and Cross Care Group's action in response to that allegation, including any investigation.

The Director and General Manager or their delegate will use the NDIS Worker Screening Database (NWSD) to verify staff's Worker Screening Check applications and review the NDIS Worker Screening clearances of prospective staff members. All clearance check details are recorded in the *Human Resource Register*.

Through the NDIS Worker Screening Database (NWSD), the Director and General Manager or their delegate will confirm a worker's clearance or suspension/exclusion.

Staff members engaged in risk-assessed roles by Cross Care Group must not have received an exclusion, interim bar, suspension, or had their NDIS Worker Screening Check application cancelled. If so, the Director and General Manager or their delegate will withdraw the staff member from the risk-assessed role immediately.

The Director and General Manager or their delegate is responsible for keeping a list of risk-assessed roles that staff engages in. For each risk-assessed role, the list must include the following:

- the title or other organisational identifier for the role
- the paragraph or paragraphs of the definition of risk assessed role (as contained in the *National Disability Insurance Scheme (Practice Standards—Worker Screening) Rules 2018*) that applies to the role
- a description of the role
- the date the role was assessed as being a risk-assessed role
- the name and title of the person who made the assessment.
- When a new risk-assessed role is identified or an existing role is reclassified as a risk-assessed role following a review, the written list of roles must be updated within 20 business days of the identification or review of the risk-assessed role.

The Director and General Manager or their delegate is responsible for keeping the list of risk-assessed roles included in the *Human Resource Register* up to date.

A record of a staff member will be kept for seven years from the date the record was made. Records will be kept in an organised, accessible and legible manner.

#### **4. ENGAGING WITH CONTRACTORS**

If Cross Care Group engages a contractor or subcontractors as part of their ordinary activities of service delivery operations, the Director and General Manager or their delegate must verify their:

- Criminal history screening status
- Worker screening clearance

- Working with Children Check (if applicable)
- Appropriate qualifications and experience
- Insurance

If Cross Care Group engages a contractor in a risk-assessed role, they must undergo the appropriate NDIS worker screening checks.

When engaging contractors, the Director and General Manager or their delegate will work with the contractor to ensure that any contractor workers (including individual contractors) have the required worker screening clearances.

Where the role is performed by a contractor, Cross Care Group will have an agreement in place with that contractor which imposes requirements relating to worker screening clearances on the contractor and/or their personnel.

The Director and General Manager or their delegate will complete a risk assessment when engaging contractors and the assessment outcomes will be recorded in the *Human Resource Register*.

The Director and General Manager or their delegate is also responsible for keeping certain records about the contractors or subcontractors that Cross Care Group engages, including but not limited to:

- appropriate contract
- record relating to the administration of the appropriate contract, including the enforcement of any obligation mentioned in section 5A(2) of the National Disability Insurance Scheme (Practice Standards—Worker Screening) Rules 2018 (Worker Screening Rules)
- record relating to the reasonable steps taken to ensure that the individual has a clearance
- record about an allegation of any misconduct against the contractor or subcontractor.

The contract will include clear obligations the contractor or subcontractor must comply with, including but not limited to the following:

- Cooperation with any reasonable request from Cross Care Group for information relating to whether a member of other personnel has a clearance or is subject to an exception in this Division.
- Cooperation with any reasonable request from Cross Care Group for assistance to investigate any complaint made to Cross Care Group about the conduct of, or any reportable incident involving, any member of other personnel engaged in a risk-assessed role.
- Cooperation with any reasonable request from Cross Care Group for information relating to whether and how it is complying with its obligations under the appropriate contract.

## **5. WORKING WITH CHILDREN CHECK**

Where staff have any contact with children in the course of their duties, all Cross Care Group staff must have and maintain a clear Working with Children Check (WWCC). This includes more than incidental contact with children and applies to both paid and volunteer workers.

This requirement applies to all volunteers and students unless:

- they are working under the direct supervision of an educator who is over 18 years of age and holds or is actively working towards an approved Diploma level education and care qualification.
- parents, family members and guardians closely related to children attending the service.

The Director and General Manager or their delegate is responsible for:

- Ensuring staff issued with a Negative Notice do not undertake child-related work.
- Conducting periodic checks of the status of all staff with WWCC and ensuring they are up to date.

Staff and volunteers must:

- Update personal details attached to their WWCC within three months of changes in circumstances information.
- Inform the Director and General Manager within seven days if they have been issued with an Interim Negative Notice or Negative Notice or if they have a relevant change in circumstances.
- Not engage in child-related work if they have been issued with a Negative Notice.

## 6. ORIENTATION AND INDUCTION

Cross Care Group has implemented a comprehensive orientation and induction process that must be undertaken by all staff before providing supports and services to participants.

A *Staff Induction Checklist* is in place to keep a record of the orientation and induction sessions and will be signed by both the inductor and inductee.

The orientation and induction include:

### i) **NDIS Worker Orientation Module**

A Worker Orientation Module called 'Quality, Safety and You' must be undertaken by all staff in risk-assessed roles to better support people with disability.

It will help staff to understand what the NDIS is and why we need it, the role of the NDIS Quality and Safeguards Commission, staff responsibilities under the NDIS Code of Conduct and the staff's role in supporting people with disability to achieve the vision of the NDIS.

This module is included in the induction process for staff.

Records of staff completion of the mandatory NDIS orientation module and records of continuing professional development are maintained in the *Staff Induction Checklist* and *Staff Training Plan*, respectively.

## ii) **New Worker NDIS Induction Module**

This series of eight learning modules provide new workers with specific information to start working in the disability sector.

The modules have been developed by the NDIS Commission to induct new staff during the COVID-19 pandemic who may not be familiar with the disability sector.

This training forms part of a suite of learning products that workers may complete as part of their induction, including the Worker Orientation Module 'Quality Safety and You' and the Department of Health's 'Infection prevention and control for COVID-19' training.

Records of worker completion of the new NDIS Induction Module and records of continuing professional development are maintained in the *Staff Induction Checklist* and *Staff Training Plan*, respectively.

The Director and General Manager is responsible for the orientation and induction of staff.

The *Staff Handbook* has been developed to provide Cross Care Group policies to all staff that are necessary to deliver quality supports and services in a safe and sound manner. This document must be acknowledged and signed by staff using the *Staff Commitment Declaration*.

## **7. TRAINING PLAN AND PROFESSIONAL DEVELOPMENT**

Cross Care Group has developed the *Staff Training Plan* to maintain all training records, including but not limited to mandatory Infection Prevention and Control and Personal Protective Equipment (PPE) training.

Training requirements will be identified by the management team and in the *Position Description*, which outlines skills and competency requirements.

The training will include all current policies and procedures, new requirements, standards and guidelines, and any training modules available to new and existing staff.

Director and General Manager or their delegate is responsible for evaluating training needs to ensure it assists in improving operations and services.

Mandatory training includes but is not limited to the following:

**i) Work Health and Safety Training**

All staff must receive effective induction, training and refresher on Work Health and Safety in the workplace.

Work health and safety training will be provided by the Director and General Manager on how work health and safety are managed at the workplace.

This induction and refresher will cover the following:

- Safe work procedures
- Emergency procedures
- Hazards and risks at the workplace and involved in the staff job, and how to control these
- People like first aiders, fire wardens and health and safety representatives (if applicable)
- Incident or hazard reporting procedure
- Personal Protective Equipment (PPE) and its use
- Infection prevention and standard control precautions, including hand hygiene practices, respiratory hygiene and cough etiquette.
- Other work matters such as who to tell if the staff member is sick (and how: phone or text?), payment and timekeeping, working hours, and any other matter related to their duties.

Records of staff completion of WHS induction and records of continuing professional development are maintained in the *Staff Induction Checklist* and *Staff Training Plan*, respectively.

**ii) Infection Control Training**

All staff must complete the [infection control online training](#) that is available on the Australian Government Department of Health website. It covers the fundamentals of infection prevention and control for COVID-19.

Records of staff completion of the COVID-19 Infection Control Training are maintained in the *Staff Induction Checklist* and *Staff Training Plan*.

All staff will be notified by the Director and General Manager or their delegate to complete their refresher training in some areas annually.

Records of staff refresher training, including the infection prevention and control standard practices, are maintained in the *Staff Training Plan*.

**iii) Personal Protective Equipment (PPE) Training**



All staff must complete the [Personal Protective Equipment \(PPE\) online training](#) that is available on the Australian Government Department of Health website.

The PPE training covers the fundamentals of using Personal Protective Equipment (PPE) to prevent the spread of an infectious disease.

Records of staff completion of the Personal Protective Equipment (PPE) Training are maintained in the *Staff Induction Checklist* and *Staff Training Plan*.

All staff will be notified by the Director and General Manager or their delegate to complete their refresher training in some areas annually.

Records of staff refresher training, including the infection prevention and control standard practices, are maintained in the *Staff Training Plan*.

Cross Care Group staff must follow the Australian Government Department of Health guidance for disability workers on using PPE and will be trained in the use of personal protective equipment (PPE).

Records of staff who are required to use PPE when providing services to people with disability are maintained in the *Human Resource Register*.

Cross Care Group will stay updated with the latest advice from your State or Territory's public health unit to ensure our organisation and our staff are complying with local state or territory guidance in the use of PPE.

## 8. SKILL ASSESSMENTS

Cross Care Group has developed the *Skill Assessment Form* to assess the skills proficiency of the employee in various service types and tasks within their role. The skills assessment must be conducted by the employee's supervisor or a qualified assessor.

This assessment should be conducted in the following events:

- When the employee is acquiring new skills or has recently acquired skills that require further on-the-job assessment.
- When another staff member has raised a concern about the employee's performance.
- When the supervisor is concerned about the employee's skills.

The person conducting the assessment must be sufficiently skilled and qualified to do so and must use evidence-based evaluation methods, such as buddy shift/shadow shift training and evaluation records. All evidence collected during the assessment must be retained in the employee's file.

## 9. PERFORMANCE REVIEWS

Cross Care Group is committed to supporting employees to improve their competence, efficiency and effectiveness at work.

All staff are expected to perform their duties to the best of their ability and show a high level of personal commitment to always provide quality and professional service.

Performance development reviews are conducted annually in consultation with each staff and are based on the *Position Description* and work instructions/plans.

Performance reviews will seek to:

- clarify or solve any issues relevant to the staff member's *Position Description* and performance standards;
- discuss work performance in the context of the *Position Description* and work instructions;
- identify the staff member's strengths and areas of improvement;
- discuss any work-related problems and develop appropriate solutions
- identify training and development needs or changes to work practice/procedures.
- set future professional goals.
- Review currency of knowledge as per staff professional registration requirements (if applicable).

The Director and General Manager or their delegate will conduct performance reviews and keep a record of them using the *Performance Review Form*. This will be signed by them and the staff member.

## 10. CODE OF CONDUCT

All people who are employed or otherwise engaged by Cross Care Group must abide by the following:

- NDIS Code of Conduct
- Cross Care Group's Code of Conduct

The *NDIS Code of Conduct Guidance for Workers* has been developed by the NDIS Commission to help NDIS workers understand their obligations under the NDIS Code of Conduct. The guidance provides information and examples about what the Code of Conduct means in practice.

All staff must read the [NDIS Code of Conduct Guidance for Workers](#) as part of the orientation and induction process. The NDIS Code of Conduct must be acknowledged and signed by staff using the *NDIS Code of Conduct Acknowledgment Form*.

## 11. RECORD KEEPING

The Director and General Manager is responsible for ensuring that all staff records are kept and identifying the risk-assessed roles within the organisation using the *Human Resources Register* and all other appropriate forms.

## 12. INSURANCE

All staff in risk-assessed roles must have appropriate insurance in place.

If the staff is not covered by the Workers' Compensation Insurance, Personal Accident Insurance will be required before starting the role.

## 13. PRIVACY AND PERSONAL INFORMATION

Cross Care Group acknowledges the importance of keeping the privacy of staff's personal information.

Personal information is information that can be used to identify any staff and key personnel, such as names, addresses, phone numbers, email addresses, photos, bank account details, tax file numbers, superannuation fund information, driver's licence details and academic records and others.

The Director and General Manager or their delegate is responsible for collecting, storing, and managing all staff members' personal information in compliance with the Federal and State or Territory legislation.

New staff information will be collected using the *Staff Information Form*. This form includes a validation of the reasons for collecting the information, who will have access to it, their right to access and correct the information, and their right to file complaints or appeals about how their information is handled. Personal information that may be collected includes name, date of birth, gender, current and previous addresses, residency status, phone numbers and email addresses, bank account information, tax file number, driver's license number, photographs, medical history and other information.

Staff will be informed of the location of the policy in the shared drive during the induction process, and their personal information will be kept on file in both electronic and hard copy format, with access limited to authorised staff members. Staff members are expected to notify the company of any changes to their personal information and will be periodically asked to update their information.

Staff members have the right to request and access their personal information, with certain exceptions as allowed by law. To make a request for access, staff members must state the specific information they wish to access and the preferred means of accessing it and submit the request in writing to the Director and General Manager or their delegate.

The Director and General Manager or their delegate will then assess the request, taking into account any current issues related to the staff member and whether they fall under any legal exceptions for denying access. If access is denied, the Director and General Manager or their delegate must inform the staff member in writing of the reasons for the denial and the options available for complaint or appeal within 30 days of receiving the request. If access is granted, the Director and General Manager or their delegate will contact the staff member

within 30 days to arrange for access to the personal information. If the Director and General Manager or their delegate is unable to provide the information in the requested format, they will work with the staff member to find an alternative means of accessing the information.

If staff members have any questions or concerns about Cross Care Group's privacy practices, they should bring it to the attention of the Director and General Manager or their delegate. The Director and General Manager or their delegate will investigate the complaint and may contact the staff member to gather additional information if needed. The staff member will be informed of the outcome and any actions taken as a result of the investigation through written communication or a face-to-face meeting.

If the concerns cannot be resolved and the staff member wishes to file a formal complaint about the management of their personal information, or if they believe Cross Care Group has violated an APP and/or IPP, they can submit their concerns in writing to the Office of the Australian Information Commissioner.

Cross Care Group is committed to complying with the Privacy Act 1988, which sets out requirements for collecting, storing, using and disclosing personal information.

## RELATED DOCUMENTS

- Human Resource Register
- Staff Information Form
- Position Description(s)
- Staff Onboarding Checklist
- Staff Induction Checklist
- Staff Training Plan
- Skill Assessment Form
- Staff Handbook
- Staff Commitment Declaration Form

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Practice Standards - Worker Screening) Rules 2018
- National Disability Insurance Scheme (Code of Conduct) Rules 2018
- NDIS Practice Standards and Quality Indicators – November 2021
- Disability Discrimination Act 1992 (Cth)
- Fair Work Act 2009 (Cth)
- Privacy Act 1988 (Cth)
- Safe Work Australia Act 2008 (Cth)
- Work Health and Safety Act 2011 (Cth)
- Workplace Gender Equality Act 2012 (Cth)

- Work Health and Safety Act 2011 (ACT)
- Work Health and Safety Act 2011 (NSW)
- Work Health and Safety (National Uniform Legislation) Act 2011 (NT)
- Work Health and Safety Act 2011 (QLD)
- Work Health and Safety Act 2012 (SA)
- Work Health and Safety Act 2012 (TAS)
- Occupational Health and Safety Act 2004 (VIC)
- Work Health and Safety Act 2020 (WA)

## CONTINUITY OF SUPPORTS POLICY AND PROCEDURE

### PURPOSE

Continuity of supports management is a crucial aspect of Cross Care Group's operational plans and risk management strategy. Ensuring continuity of supports can lead to higher client satisfaction, the provision of quality and efficient supports and business continuity.

The purpose of this policy is to ensure that participants have continued supports and services and that possible risks of disruptions to supports are identified, mitigated and managed. This means that Cross Care Group strives to ensure the continuity of participant supports and services without disruptions.

### SCOPE

This policy applies to all Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).

### DEFINITIONS

Term	Definition
<b>Continuity of supports</b>	This means a commitment of the NDIS provider to ensure people with disability who were receiving services are not disadvantaged in the event of an emergency, disaster, staff shortage or any other event that may cause disruption.
<b>Staff shortage</b>	Means that there are not enough workers or not enough workers in specific qualifications, knowledge, skills, specialities, or settings to adequately serve participants' needs.
<b>Emergency</b>	A serious, unexpected, and often dangerous situation requiring immediate action.

<b>Disaster</b>	A sudden accident or a natural catastrophe that causes great damage or loss of life.
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## POLICY

Cross Care Group is committed to the following:

- Ensuring participants have access to timely and appropriate support without interruption.
- Delivering services as described in the *Service Agreement* with participants.
- Providing the participants with the agreed supports at the agreed time and in a manner consistent with all relevant laws, including the National Disability Insurance Scheme Act 2013 and rules and the Australian Consumer Law.
- Keeping the scheduled services/appointments with the participant or giving a minimum of 48 hours' notice if we need to make a change to a scheduled appointment.
- Ensuring day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.
- Allocating a suitably qualified and/or experienced person to perform the role in the event of a worker's absence or vacancy.
- Planning supports to meet the participant's specific needs and preferences. These needs and preferences are documented and provided to workers prior to commencing work with each participant to ensure the participant's experience is consistent with their expressed preferences.
- Putting arrangements in place to ensure support is provided to the participant without interruption throughout the period of their service agreement. Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, will be:
  - explained and agreed with them; and
  - delivered in a way that is appropriate to their needs, preferences and goals.

Cross Care Group has established a continuity of support process to support service planning and delivery.

Cross Care Group has developed processes to provide continuity of services if unable to meet the above requirements, including (but not limited to):

- Arranging for contractors to provide services; or
- signing Memorandums of Understanding with other local service providers to provide services.

## PROCEDURE

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring continuity of supports:

### WORKER ABSENCE OR VACANCY

In the event of a worker's absence or vacancy, a suitably qualified and experienced person will perform the role.

If the usual position holder is unable to attend or fulfil their duties, the Director and General Manager or a manager will delegate responsibility to another worker suitably informed and qualified. The *Human Resource Register* is used to identify the replacement or backup worker for each staff member.

The Senior Management Team is responsible for avoiding service interruptions to participants by:

- Allocating suitable replacement workers that can undertake supports where practicable.
- Ensuring that the replacement worker has all required qualifications, skills and knowledge to properly support the participant.
- Ensuring the replacement or backup worker, where possible, meets the participants' preferences (i.e., language).
- Delegating responsibilities to a worker who has worked with the participant before and is aware of their preferences and support needs.
- Informing the participant if the usual support worker is unable to provide services or attend an appointment.
- Obtaining the consent of participants and/or their families, carers or guardians before proceeding with services.
- Gathering feedback from participants on the replacement or backup worker upon completion of the service/activity.

## DELEGATION OF AUTHORITY

Cross Care Group is committed to ensuring responsibilities are delegated to the appropriate authority to meet the legislative, regulatory, financial and contractual responsibilities and to monitor and respond to quality and safeguarding matters associated with delivering supports to participants.

The specific authorities for each role are outlined in the corresponding *Position Descriptions* and delegated authorities are outlined in the *Delegation of Authority Register*.

To properly delegate authority, Cross Care Group will implement the following measures:

- Establish a clear and documented system of delegation, outlining who will assume responsibility in the event that the usual position holder is unavailable.
- Ensure that the designated backup worker has the necessary qualifications, knowledge and experience to effectively perform their duties.
- Minimize disruptions to important management tasks by:
  - Postponing any non-critical meetings and management activities.
  - Prioritizing and planning essential management activities.
  - Communicating our delegation of authority plans to all employees.
  - Keeping returning management staff informed of any work that was done during their absence.

The Senior Management Team is responsible for delegating responsibility and authority to another suitable person in the absence of a usual position holder in the event of planned or unexpected leave. The delegation decision will take into account the caseload and qualifications, knowledge and skills of the other workers at the time.

In the event that delegated duties involve the direct provision of services to participants, the managers/supervisors must obtain consent from participants prior to the reallocation of any direct participant services.

Each staff member will be informed of the planned and unexpected leave arrangements during the orientation and induction. Appropriate handover and training of the role and responsibilities to be covered will be undertaken by the replacement or backup worker prior to the leave period of the position holder.

The delegation of roles and responsibilities and the period of time of the delegation will be recorded via written communication (e.g., meeting minutes or emails), and a record will be kept in the delegated staff member's file.

All staff are responsible for reporting all planned and unplanned leaves to their line manager or supervisor.

## **SUPPORT PLANNING**

Participant needs, support requirements, and preferences, including the inputs from their family and support network, are identified during the initial assessment process and documented in the *Participant Assessment and Support Plan*.

The *Participant Assessment and Support Plan* is reviewed regularly with the participants and their families/support network to ensure that each support is consistent with the participant's needs, goals and preferences.

## **AVOIDING SERVICE INTERRUPTIONS**

*Service Agreements* between participants will include details of our cancellation arrangements (including rescheduling the support) and advice periods for cancellations and changes to agreed appointments.

When rescheduling service, Cross Care Group will proceed only if:

- There is no capacity to assign support duties to a qualified worker.
- The rescheduling will not negatively impact the participant's safety, health or well-being. Staff will document and handle any risks associated with rescheduling services

To reschedule a service, staff must:

- Contact the participant by phone or in person.
- Arrange a date and time that is suitable for the participant.
- Handle any related administrative promptly.



## EMERGENCY AND DISASTER MANAGEMENT

Cross Care Group has developed an *Emergency and Disaster Management Plan* to ensure business continuity in the case of a disruption or disaster event that impacts the provision of services.

The *Emergency and Disaster Management Plan* incorporate strategies to ensure continuity of supports before, during and after the occurrence of a disaster event.

When an unavoidable interruption occurs, staff will contact the participants to inform them of the disruption event and changes to their appointments/services. If staff cannot contact the participant due to the disruption event (i.e., outage), they will be briefed at the next scheduled service.

## RELATED DOCUMENTS

- Participant Handbook
- Staff Handbook
- Human Resource Register
- Delegation of Authority Register
- Participant Consent Form
- Participant Assessment and Support Plan
- Service and Support Schedule Form
- Emergency and Disaster Management Plan

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021

# EMERGENCY AND DISASTER MANAGEMENT POLICY AND PROCEDURE

## PURPOSE

Cross Care Group recognises that preparedness for disasters and emergencies is vital to ensure staff and participants' safety and continuity of service.

Cross Care Group acknowledges the importance of implementing an *Emergency and Disaster Plan* as part of the risk management system.

Emergency and disaster management includes planning that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated and ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster.

The purpose of this policy is to ensure that Cross Care Group, and our staff understand the measures that are in place to ensure appropriate risk management and enable continuity of supports that are critical to the safety, health and wellbeing of each participant before during and after an emergency or disaster.

Cross Care Group will endeavour to provide an adequate level of service to our clients and participants during and after all types of emergency or disaster events.

## SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

## DEFINITIONS

Term	Definition
Emergency	A serious, unexpected, and often dangerous situation requiring immediate action.
Disaster	A sudden accident or a natural catastrophe that causes great damage or loss of life.

## POLICY

Cross Care Group has developed an *Emergency and Disaster Management Plan* which explains and guides how Cross Care Group will respond to and oversee the response to an emergency or disaster.

Cross Care Group is committed to ensuring:

- The implementation of clear and effective emergency and disaster management procedures.
- Measures are in place to enable continuity of supports that are critical to the safety, health and wellbeing of each participant (if applicable) before, during and after an emergency or disaster. The measures include planning for each of the following:
  - preparing for and responding to the emergency or disaster;
  - making changes to participant supports;
  - adapting and rapidly responding to changes to participant supports and other interruptions;

- communicating changes to participant supports to staff and participants and their support networks.
- The *Emergency and Disaster Management Plan* is developed and reviewed regularly in consultation with participants and their support networks.
- Mechanisms are in place to actively test the plans and adjust them in the context of a particular kind of emergency or disaster.
- The *Emergency and Disaster Management Plan* has periodic review points to enable Cross Care Group to respond to the changing nature of an emergency or disaster.
- Management communicates the plans to staff, participants and their support networks.
- Each staff member is trained in the implementation of the *Emergency and Disaster Management Plan*.
- All participants are informed of the *Emergency and Disaster Management Plan* to assist them in preparing for an emergency or disaster, building their resilience, and maintaining their confidence in our organisation.

Cross Care Group acknowledges that we may not provide the same service level to our participants during or immediately after an emergency or disaster situation. For these reasons, all participants must be supported by Cross Care Group to prepare for changes due to a disaster or an emergency.

Cross Care Group is committed to complying with all laws, guidelines, policies and mandatory standards relating to emergency management that apply to any premises where we operate.

During a disaster, staff must adhere to this policy, the *Emergency and Disaster Management Plan* and also work within any additional guidelines and instructions provided to our organisation by state and federal government authorities.

## **PROCEDURE**

The following procedures support the implementation of an effective disaster and emergency management system that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated and ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster.

## **RESPONSIBILITIES**

During any type of disaster or emergency, Cross Care Group will undertake the following actions:

- Comply with all relevant government guidelines and instructions.
- Try to keep key staff members assigned to the same participants.
- Strive to maintain continuity of support for all participants.
- Stay informed about government directives and act accordingly.

- Identify personnel who are essential to delivering essential frontline services (if applicable).
- Identify participants and their support networks whose services may be impacted by the situation.
- Implement this policy in conjunction with the *Risk Management Policy and Procedure*, *Information Management Policy and Procedure*, and *Human Resource Management Policy and Procedure*.
- Try to continue providing participants with the same staff members if possible.
- If a staff member is affected by an emergency or disaster, replace them with experienced staff who can provide appropriate services to the participant.

The Director and General Manager or their delegate is responsible for:

- Keeping staff, participants, and other relevant parties informed about the organisation's response, both verbally and in writing.
- Informing participants of the current situation and how it may affect their services and staff.
- Informing participants of any service changes and the reasons for them.
- Notifying other organisations that work with Cross Care Group of our emergency and disaster procedures.
- Providing all staff with information about any necessary actions through email, online messaging, virtual meetings, or other methods.
- Overseeing communications with staff regarding an emergency or disaster event.
- Scheduling and conducting emergency drills at least annually.

Staff must:

- Attend all emergency drills as scheduled and share learning opportunities after each drill.
- Prepare to assist participants in coping with an emergency or disaster event.
- Adhere to this policy and the *Disaster and Emergency Management Plan*.
- Follow any guidelines and instructions provided by our organisation and Federal and/or State or Territory authorities.

## **OPERATIONAL READINESS**

Cross Care Group has developed the *Emergency and Disaster Management Plan* in consultation with the participants and their support networks.

Cross Care Group will communicate the *Emergency and Disaster Management Plan* to all staff, participant and relevant stakeholders.

The Director and General Manager or their delegate is responsible for establishing and maintaining proper operational readiness measures, including but not limited to:

- Implementing and testing evacuation procedures.
- Training staff members on emergency procedures.
- Conducting refreshing training to staff members at least annually.
- Testing the *Emergency and Disaster Management Plan*.

- Consulting with participants and their support networks about the *Emergency and Disaster Management Plan* and its review.

The Director and General Manager or their delegate regularly assess staff readiness for emergency and disaster situations by testing and updating the *Emergency and Disaster Management Plan* on an annual basis.

One or two scenarios from the *Emergency and Disaster Management Plan* are selected to be tested, based on their level of risk, and conduct either an actual drill or a desktop simulation. The results and any lessons learned are documented in the *Emergency and Disaster Drill Report Form*.

As a result of the drill and any changes in emergency or disaster risk, the Director and General Manager or their delegate reviews the outcome and updates relevant documents such as the *Emergency and Disaster Management Plan* in consultation with our staff, participants and their support networks. If the *Emergency and Disaster Management Plan* is amended, the Director and General Manager will update the revision number and date and communicate the changes to our staff, participants and their support networks.

Training records on the *Emergency and Disaster Management Plan* are kept in the *Staff Induction Checklist*, *Staff Training Plan* and on the staff member's file.

## **RISK MANAGEMENT**

During the intake and assessment stage, staff will screen participants to identify their particular needs or requirements and any potential risks to their safety in the event of a disaster or emergency. This will be included in the *Participant Assessment and Support Plan*.

The *Emergency and Disaster Management List* will be kept up to date and maintained by the Director and General Manager or their delegate to include the list of all participants with particular needs or requirements to ensure appropriate assistance before, during and after an emergency or disaster event. The list includes participants who:

- have a medical condition or disability which requires a medical management plan
- are recovering from an accident or illness
- have a vision, hearing or ambulatory impairment
- have an intellectual disability
- use a wheelchair or scooter
- are aging
- are non-English speakers.

Staff will actively work to improve the safety of our participants in emergencies by encouraging and supporting them to undertake personal emergency planning.

The Director and General Manager or their delegate will conduct risk assessment regularly to identify potential risks to the business, staff and participants in the event of a disaster or emergency. They will follow the *Risk Management Policy and Procedure* for this purpose.

## **CONTINUITY OF SUPPORTS**

Cross Care Group will identify supports that are critical to participants' health, safety, and wellbeing, which must be maintained during a crisis, and prepare contingency plans in the event that participants are inaccessible to suitably qualified workers (i.e., high-intensity care).

If changes to the supports or delivery services are required, the Senior Management Team will communicate with the participant and their support network.

## **DISASTER AND EMERGENCY PLAN**

The *Emergency and Disaster Management Plan* has been developed by the Governing Body and will be tested by the Director and General Manager or their delegate. The *Emergency and Disaster Management Plan* includes the following:

- Emergency contacts
- Emergency procedures
- Emergency drills
- Emergency kit
- Emergency team roles and responsibilities
- Evacuations plans
- Business impact assessment
- Business continuity plan
- Recovery plan.

The *Emergency and Disaster Management Plan* will be implemented in the event of an emergency or disaster. Staff must also comply with the directions from the emergency team.

The Director and General Manager or their delegate will consult key management and service-delivery personnel about their roles in the *Emergency and Disaster Management Plan*.

The Director and General Manager or their delegate will review the measures taken to preserve business continuity during each drill or a real disaster or emergency event and make appropriate improvements to the *Emergency and Disaster Management Plan*.

The Director and General Manager or their delegate will revisit and retest the *Emergency and Disaster Management Plan* periodically, particularly when new services are introduced, and to include learnings from previous drills. The plan will be reviewed at least once per year to ensure it remains current.

## **RELATED DOCUMENTS**

- Emergency and Disaster Management Plan

- Emergency and Disaster Management List
- Emergency and Disaster Drill Report
- COVID-19 Management Plan
- Risk Register
- Service Agreement
- Participant Assessment and Support Plan

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021
- Privacy Act 1988 (Cth)
- Disability Services Act 1986 (Cth)

# ACCESS TO SUPPORTS POLICY AND PROCEDURE

## PURPOSE

The purpose of this policy is to ensure each participant and staff member is informed about the availability of supports and the access or entry criteria, and appropriate adjustments are implemented to suit each participant's needs and preferences during service delivery.

## SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

## DEFINITIONS

Term	Definition
<b>Access to supports</b>	Cross Care Group will provide services to all participants who meet the eligibility criteria without discrimination for any reason.
<b>Responsiveness</b>	Cross Care Group will ensure that participants receive responsive, timely, competent and appropriate supports that enable them to achieve their needs and preferences.
<b>Dignity of Risk</b>	Means the belief that each person with a disability is entitled to experience and learn from life situations even if these, on occasion, may be a threat to their well-being. Each person

	experiencing a risk, of which they have been informed, is to receive support in the situation.
<b>Duty of Care</b>	Means the obligation to take reasonable care to avoid injury to a person whom it can be reasonably foreseen might be injured by an act or omission.

**POLICY**

Cross Care Group is committed to ensuring each participant accesses the most appropriate supports that meet their needs, goals and preferences.

Cross Care Group ensures:

- The supports available and any access/entry criteria (including any associated costs) are clearly defined and documented. This information is communicated to each participant using the language, mode of communication and terms that the participant is most likely to understand.
- Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and each participant’s health, privacy, dignity, quality of life and independence are supported.
- Each participant is supported to understand under what circumstances supports can be withdrawn. Access to supports required by the participant will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the participant.

Cross Care Group’s service eligibility criteria, priority of access and waitlist management is undertaken in a fair, equitable and transparent manner and in line with this policy and the *Rights and Responsibilities Policy and Procedure*.

Access to supports is based on eligibility, organisational capacity and available resources, participants' and/or families/carers' need for the service and the best interests or impact on existing participants.

Once they have met the eligibility criteria, participants are encouraged to contribute to the assessment process to make sure supports are planned and delivered in consideration of their individual needs and preferences.

Cross Care Group will recognise the right of participants to make informed choices and to take calculated risks. Every person has the right to experience and learn from life, take advantage of opportunities, and develop skills and independence, even when these situations may pose a risk to their wellbeing.

Cross Care Group recognises they have a duty of care to prevent or minimise harm to the participant and their staff. The safety of the participant and the staff are considered in conjunction with risk-taking and, if required, takes priority over risk taking, privacy and confidentiality.



## PROCEDURE

The following procedures are implemented to ensure that Cross Care Group meets its policy objective:

### ELIGIBILITY CRITERIA

The Director and General Manager is responsible for defining the eligibility criteria and regularly seeking feedback about the service accessibility and provision.

Suggestions or feedback about the service's accessibility will be directed to Cross Care Group's *Feedback and Complaints Management Policy and Procedure*.

Before commencing any assessment process, staff must ensure participants meet the eligibility criteria.

Staff are responsible for:

- Responding quickly and appropriately to each request for support or service.
- Informing the participant and their family/carers of the eligibility criteria to access our supports or services and the associated costs for each service.
- Communicating the eligibility criteria to all participants using the language, mode of communication and terms that the participant is most likely to understand.
- Determine if the participant requires our Easy Read documents that inform them of their rights, their voice in the development of their Service Agreement and Support Plan, how to complain and how we will maintain their privacy. An interpreter will be provided to the participant if required.

Eligibility criteria for our NDIS supports or services include the following:

- The participant must hold an NDIS Plan that lists access to Cross Care Group registration groups.
- Availability of skilled workers to provide supports and services and meet participants' preferences.

Participants who meet the eligibility criteria will start the intake process.

### PRIORITY OF ACCESS

Priority of access will be given by taking into consideration the following considerations:

- The participants need to access our supports or services.
- The needs of their family members or carers, where relevant.
- Cross Care Group capacity to meet those needs in terms of resources and availability.
- The best interests of the participants and existing clients.

Participants who have priority of access to our supports will start the intake process.

## **INTAKE PROCESS**

Cross Care Group will undertake an assessment to ensure that our organisation is able to provide the supports or services in the manner that the participant requires.

During the intake process, staff must:

- Undertake an intake interview to assess any barriers to the person accessing services. Only trained staff will conduct intake assessments of the participants.
- Advise participants of their right to involve a support person in their dealings with Cross Care Group.
- Provide information and support for the person to access an advocate, where needed, to assist them during service intake, planning and delivery.
- Engage an interpreter or an external agency where language or cultural barriers are identified.

Director and General Manager will delegate the responsibility to undertake intake interviews.

Staff are responsible for providing the following information to participants during the intake interview:

- Intake and exit procedures.
- Eligibility and priority of access criteria.
- Support or service fees.

The *Participant Intake Form* will be completed by the participants and staff members undertaking the intake processes to ensure comprehensive and thorough records of the participants' service requests and intake processes are recorded accordingly. The *Participant Intake Form* will include the following details:

- Participant details (their full name, DOB, NDIS number, contact details, etc.).
- Eligibility
- Referral information
- Consent to collect and manage their personal information
- Specific needs, preferences and requirements.
- Family/carer details.
- Services or supports requested.

Participants will be contacted within one (1) business day of the intake interview to advise them of the outcome. Staff will inform them by phone or email. The outcome of the intake process may include one of the following options:

- Service offering
- Placement on the waiting list
- Service refusal
- Alternative services or referral to other service providers.

## **SERVICE OFFERING AND ACCEPTANCE**

Following their intake process, if a participant is offered Cross Care Group's supports or services and they accept, staff will work with the participant and their family/support network to assess their needs, goals and preferences and develop and agree upon a *Service Agreement*.

Staff will meet with the participant and their family/support network as soon as practicable for an assessment and planning meeting.

Upon service commencement, participants will be provided with a Welcome Pack that includes the following:

- Participant Handbook
- Participant Rights and Responsibilities Statement
- Complaint Report Form
- Participant Satisfaction Survey
- Easy to read documents.

### **WAITING LIST PROCESS**

If the participant has been found eligible but Cross Care Group cannot accept or accommodate the participant due to a lack of capacity or resources to provide the supports or services, the participant will be given the opportunity to be placed on a waiting list with their consent.

The reasons for placing a participant on a waiting list must be recorded accordingly using the *Participant Intake Form*.

While participants are placed on a waiting list, staff must:

- Provide an estimation of the wait time to the participants and their family/support network.
- Maintain regular contact (at least every 3 months) to inform participants of updates regarding their positioning on the list. Each time a participant on the waiting list is contacted, staff will confirm their place on the list and recommend appropriate alternative service providers.
- Confirm whether or not they want to remain on the waiting list.
- Provide referrals to other service providers where required.

Cross Care Group will ensure the waiting list is used in the correct manner, which means that participants who applied earlier will receive the approval of admission to Cross Care Group supports prior to those who applied later. Also, Cross Care Group will maintain a manageable list to ensure participants are not waiting for long periods of time.

### **SERVICE REFUSAL AND APPEAL PROCESS**

Cross Care Group will document the reason for service refusal using the *Participant Intake Form*. The participant and their family/support network will be given the reason why Cross

Care Group is unable to offer our supports or services. Some reasons why Cross Care Group may refuse acceptance to our supports or services include but are not limited to:

- If Cross Care Group does not have the appropriate resources to accommodate the participant's specific support needs and requirements.
- If Cross Care Group cannot provide the supports or services as the organisation is not registered to provide the class supports required by the participant.
- If the participant does not meet the eligibility criteria for Cross Care Group.

Where a participant's service request is refused, or they are ineligible for service with Cross Care Group, staff will advise them of their right to appeal the decision.

If a participant wishes to appeal the service refusal decision, they will be advised to fill out the *Application for the Review of a Decision Form*. All appeals will be referred to the Director and General Manager or their delegate for its assessment, and a final decision will be made by them or the Senior Management Team where appropriate. The final decision will be provided by email.

If the participant is unsatisfied with the outcome of their appeal, they can raise a complaint as per the *Feedback and Complaints Management Policy and Procedure*. The participant will be provided with information about the complaints management and resolution system using the language, mode of communication and terms that the participant is most likely to understand.

Staff will provide support to the participant to make an appeal or raise a complaint by either transcribing their feedback/complaint or providing support to the participant to access an interpreter or advocacy services.

If the service has been refused, Cross Care Group will work collaboratively with participants and their families/support network to identify alternative services or referrals that could meet their needs and preferences.

### **REFERRAL PROCESS**

Cross Care Group will provide assistance in circumstances in which participants were refused acceptance or denied acceptance. This includes referring the participant to alternative services or providers with the participants' consent.

If the participant consents, Cross Care Group will provide all relevant information to the service providers to ensure a seamless transition. Cross Care Group may also meet with the service providers to facilitate this transition.

If Cross Care Group offers our supports or services to a participant and they decide to deny their acceptance, staff must not offer incentives or persuade the participant to accept Cross Care Group offer. However, staff should ensure participants are aware they are able to contact Cross Care Group again if they change their mind.

### **REASONABLE ADJUSTMENT TO SUPPORTS**

Cross Care Group will make reasonable adjustments to the Participant's Support Plan and support delivery environment to ensure it is fit for purpose and each participant's health, privacy, dignity, quality of life and independence is supported.

During the provision of supports and at each support plan review meeting, staff will consult with the participant and their family/support network if they are satisfied with the way supports are delivered or if reasonable adjustments must be implemented.

Also, adjustments can be made as a result of continuous improvement initiatives, feedback from participants, their family/support network or staff, and incidents or complaints.

Any adjustment must be discussed and negotiated with participants and their family/support network and recorded in the *Participant Assessment and Support Plan*. The *Service Agreement* will be changed if required.

### **WITHDRAWAL OR TERMINATION OR SERVICES**

Cross Care Group may withdraw supports if any of the following circumstances occurs:

- If the participant fails to comply with the *Service Agreement*.
- If the participant fails to comply with the policies and procedures of Cross Care Group.
- If the participant and/or their family/carer is unwilling to work toward agreed goals.
- If other individuals may be at risk of harm from the participant.
- If the participant no longer has an approved NDIS Plan.
- If payments for supports or expenses have not been received as per *the Service Agreement*.
- If the participants' health care needs change to a higher support level that cannot be provided by Cross Care Group.

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

Cross Care Group may withdraw or terminate services at any time with a minimum of 14 days' written notice. Should the participant wish to end the *Service Agreement*, they must give 14 days' notice as well.

Cross Care Group will inform the reason for the termination of services to the participant and their family/support network.

Upon termination of the *Service Agreement* by either party, Cross Care Group will take steps to ensure:

- The termination of service has been reported to the National Disability Insurance Agency (NDIA).
- All services that have been provided under the terms of the *Service Agreement* have been claimed.

- The participant has alternative support solutions in place for their safety and wellbeing.

## RELATED DOCUMENTS

- Participant Handbook
- Participant Intake Form
- Application for the Review of a Decision Form
- Referral Form

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021
- Disability Services Act 1991 (ACT)
- Disability Inclusion Act 2014 (NSW)
- Disability Services Act 1993 (NT)
- Disability Services Act 2006 (QLD)
- Disability Inclusion Act 2018 (SA)
- Disability Services Act 2011 (TAS)
- Disability Act 2006 (VIC)
- Disability Services Act 1993 (WA)

# SUPPORT PLANNING POLICY AND PROCEDURE

## PURPOSE

This policy aims to set out how the assessment, planning and review of participants' support plans will be undertaken by Cross Care Group.

The purpose of this policy is to inform Cross Care Group staff how to plan to collaborate in the development of the participants' support plans that incorporate their needs, requirements, preferences, strengths and goals.

## SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

## DEFINITIONS

Term	Definition
<b>Initial assessment</b>	Means a comprehensive and effective assessment undertaken by Cross Care Group staff and relevant to the services sought by the participant, which is required prior to establishing their <i>Support Plan</i> .
<b>Support Plan</b>	As a result of the initial assessment meeting, a <i>Support Plan</i> will be developed. The participant’s support needs and current and future goals are included in the <i>Participant Assessment and Support Plan</i> .
<b>Review</b>	At the time of developing a support plan, a review date is identified at a frequency relevant to the participant’s risks and goals (at least annually). The date can change if thought to be beneficial by the participant or Cross Care Group.

## POLICY

Cross Care Group is committed to ensuring each participant is actively involved in the development of their support plans. All support plans will reflect participant needs, requirements, preferences, strengths and goals and are regularly reviewed.

All participants and their families/support networks are encouraged to collaborate and participate in the development of a goal-oriented support plan.

Cross Care Group is committed to ensuring that:

- With each participant’s consent, work is undertaken with the participant and their support network to enable an effective assessment and to develop a support plan.
- Appropriate information and access are sought from a range of resources to ensure the participant’s needs, support requirements, preferences, strengths and goals are included in the assessment and the support plan.
- In collaboration with each participant:
  - risk assessments are regularly undertaken and documented in their support plans; and
  - appropriate strategies are planned and implemented to treat known risks to them.
- Risk assessments include the following:
  - consideration of the degree to which participants rely on Cross Care Group’s services to meet their daily living needs;
  - the extent to which the health and safety of participants would be affected if those services were disrupted.
- Periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed and changes are made when required.
- Each support plan is reviewed annually or earlier in collaboration with each participant, according to their changing needs or circumstances.

- Progress in meeting desired outcomes and goals is assessed at a frequency relevant and proportionate to risks, the participant's functionality and the participant's wishes.
- Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan.
- Each participant's support plan is:
  - provided to them in the language, mode of communication and terms they are most likely to understand; and
  - readily accessible by them and by workers providing supports to them.
- Each participant's support plan is communicated, where appropriate and with their consent, to their support network, other providers and relevant government agencies.
- Each participant's support plan includes arrangements, where required, for proactive support for preventative health measures, including support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services.
- Each participant's support plan:
  - anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health and wellbeing; and is understood by each worker supporting them.

The support planning process is consultative, where the participants, family members, carers, advocates and support network work together to identify the participants' needs, strengths, and goals with a focus on choice and decision-making.

If a participant identifies as Aboriginal or Torres Strait Islander, their support plan will include engagement activities with their community.

The participants and their families/carers/advocates may request a review of the support plan at any time.

This policy aligns with the planning requirements as set out in the Disability Services Act 1991 (ACT), Disability Inclusion Act 2014 (NSW), Disability Services Act 1993 (NT), Disability Services Act 2006 (QLD), Disability Inclusion Act 2018 (SA), Disability Services Act 2011 (TAS), Disability Act 2006 (VIC), Disability Services Act 1993 (WA) and NDIS Act 2013 (Cth) which acknowledge and support the rights of people living with disabilities to exercise choice and control in relation to decision-making and the obligation of disability service providers to design and administer supports to meet the individual needs and goals of the persons to whom the services are provided taking into account their age and other personal circumstances and any further disadvantage suffered as a result of their gender, ethnic origin, aboriginality, financial situation or location.

## PROCEDURE

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring support plans are developed taking into consideration the participant's



needs, requirements, preferences, strengths and goals and are regularly reviewed, allowing each participant active involvement in its development.

## **INITIAL ASSESSMENT**

The *Participant Intake Form* includes the following:

- Identifying the place and time of the initial assessment interview/meeting.
- People to be present/contribute to the assessment.
- Obtaining consent to proceed with the initial assessment.

Staff conducting the initial assessment and support plan development will have the necessary skills and competence to undertake these tasks. The Director and General Manager is responsible for delegating these tasks to the staff members with appropriate skills, qualifications and knowledge, where applicable.

Prior to meeting with the participant review, staff must review the Participant Intake Form, intake assessment information, any referral documents, and other relevant notes or data available that will assist them in understanding the participant's individual needs, preferences and requirements.

The initial assessment is undertaken in collaboration with the participant and their family/carers to:

- Identify pertinent others in the participant's support network (e.g., other family members and carers) are identified, and consent is obtained to contact them to obtain relevant pertinent information to enable the thorough and effective assessment and development of the support plan.
- Identify risks and the associated management strategies. These are recorded on the support plan. Risks are recorded within the context of our *Independence and Informed Choice Policy and Procedure* to ensure participants' wishes are fully considered in managing risks. Risks are informally reviewed at each episode of service delivery and more formally at each support plan review. If new risks become evident, the support plan is updated.
- Identify the participant's strengths and ensure these are recorded on the support plan.

During the initial assessment process, staff are responsible for:

- Explaining the support planning process to the participant and their family/support network.
- Advising participants of their right to involve a support person in their dealings with Cross Care Group. Where required, staff must provide support to participants to access a person of their choice, such as an advocate or interpreter, to assist them.
- Discussing the participant's physical, emotional, spiritual, cultural, community, social, financial and any other needs and recording them in their support plan.
- With the participant's or their decision maker's consent, arranging meetings with any relevant party that can contribute to the support plan development, such as service providers who deliver existing or complementary services to the participant.

- Developing the support plan with as much input from the participant and their family/support network as possible.
- Encouraging the participant and their family/support network to identify their own personal goals and aspirations.
- Asking the participant to identify the type of supports or assistance that would be most relevant to them and taking into consideration their wishes in regard to accepting or rejecting specific support options, recording these decisions in their support plan.
- Providing the participant with examples or suggestions of how Cross Care Group services may be able to help them achieve their goals.
- Providing the participant with a clear understanding of their choices and service options available so that they can make informed decisions about their choices and priorities.
- Explaining to the participant any information-sharing requirements with other third parties.
- Discussing the participant's rights and responsibilities and confirming their understanding verbally, using an interpreter or advocate where required.
- Reinforcing the protection of the participant's privacy and confidentiality by Cross Care Group during service planning and delivery.
- Completing a risk assessment and documenting strategies to manage/control identified risks in the support plan.

The initial assessment will take into consideration the following:

- The participant's needs, requirements, goals and longer-term aspirations.
- The supports that Cross Care Group is able to provide to meet those needs, requirements, goals and aspirations.
- The participant's age, ability, gender, sexual identity, culture, religion or spirituality.
- The potential barriers to achieving the participant's goals and strategies to overcome them.
- How the participant requires the supports to be delivered, including the location and frequency.
- The participant's preferred links to family, friends, community and other support networks.
- The participant's NDIS Plan.

Staff must ensure that appropriate communication is used with the participant at all times in the support planning process and all information about the provision of supports is provided in the language, mode of communication and terms that the participant is most likely to understand.

Support plan reviews and participant surveys reveal if participants and their family/support network are part of the support plan development process; and if all relevant information is being considered and documented.

### **SUPPORT PLAN DEVELOPMENT**

To develop each support plan, staff must:

- Record the participant's needs, requirements, preferences, strengths, goals and long-term aspirations.
- Assist the participant in identifying and setting SMART goals (Specific, Measurable, Attainable, Realistic and Timely).
- Ask the participant to prioritise their goals if many goals have been identified.
- Negotiate and record the specific days and time ranges for the delivery of services or supports.
- List the actions, responsibilities, frequency, target dates and progress of each goal.
- Determine with the participant how each goal will be measured or agree with them on the criteria to evaluate the effectiveness of supports provided.
- Set a timeframe for each set goal to measure and track progress.
- Record the participants expressed priorities, agreed actions and goals.
- Where possible, identify the supports that will help the participant to develop, maintain and strengthen independence, problem-solving, social and self-care skills according to their needs and particular circumstances.
- Consider any limitations to providing supports or specific programs to the participant, such as financial capacity, skills, the availability of specialised staff, expertise and competence of current staff to provide the services, etc.
- Identify and record with the participant and their family/support network any potential barriers to achieving their goals, and work out strategies to overcome these barriers, if possible.
- Identify and record all relevant parties (e.g., family members, other services or agencies) that will participate in the achievement of the participant's set goals.

The participant and/or their representative must sign the support plan to acknowledge their agreement with it.

The staff members who develop the support plan will make sure that all involved stakeholders have copies of the agreed plan.

Where required, staff will identify and provide referrals to other service providers and activities and provide support and assistance to help them access these, including but not limited to health, wellness, cultural and community services.

### **RISK ASSESSMENTS**

Cross Care Group will undertake risk assessments in collaboration with each participant to fundamentally determine any possibly arising risks that may occur during the service provision.

Staff members who are responsible for the development and implementation of the participant's support plan must:

- Undertake risk assessments regularly and document them in their support plans.
- Identify and implement appropriate strategies to treat known risks to participants.

- Undertake periodic reviews of the effectiveness of risk management strategies with each participant to ensure risks are being adequately addressed and changes are made when required.
- Conduct a formal review or re-assessment of each identified risk on each support plan review. These reviews or re-assessment should happen in conjunction with participants, family members, carers, support workers, etc.

## **PARTICIPANT SUPPORT PLAN REVIEW PROCESS**

### **Frequency**

- Support Plans must be reviewed either at the end of each *Service Agreement* or at least every twelve (12) months.
- Participants that are at higher risk will be reviewed more often. The frequency is to be determined at the time of assessment and noted on the *Participant Assessment and Support Plan*.
- Participants may request for reviews to be done more or less frequently than planned. The participant's reasons for this must be clearly documented. Cross Care Group will consider the request and, if the risk/effectiveness of doing this is acceptable, will determine an agreed timeframe.

The same people who provided input into the support plan development will review the plan. As a minimum, it is to include their assigned support worker and the participant. If a substitute decision maker is involved, they should also provide input into the review.

The review of the support plan will cover the following:

- Each part of the support plan must be reviewed and updated if/as required.
- Any new/changed risks and any required new risk mitigation strategies to be implemented.
- Use any feedback/complaints/incident reports to inform the review.
- Goals assessed to determine if they were achieved (fully/partly/not).
- If not/partly achieved, the reasons why are to be explored and recorded.
- Any general feedback regarding Cross Care Group services that may not directly relate to the participant's services.
- Any changes to consent from *Service Agreement* – if changes to consent are made, Cross Care Group will amend the consent section of the *Service Agreement* and ensure changes are initialled by both parties.

The participant and their trusted decision-makers are pivotal in this review. In collaboration with the participant, an updated support plan is generated, signed and saved in the participant's file. With consent, changes are communicated to people in the participant's network, including family members, carers, other providers and relevant government agencies.

At each plan review meeting/discussion, staff must:

- Discuss with the participant/substitute decision maker if the goals are still relevant, suitable and achievable and consider alternative goals and strategies to achieve them/
- Discuss with their supervisor or line manager why goals were not achieved, what improvements could be made, as well as possible alternative goals and strategies to achieve them.
- Discuss with the participant any results of the conversation with the supervisor or line manager for approval/change by the participant.
- Confirm goals (either new or past) and strategies to achieve them for the next Support Plan period with the participant.

All documentation related to assessment, planning and review will be maintained on the participants' files.

## RELATED DOCUMENTS

- Participant Assessment and Support Plan
- Participant Intake Form
- Participant Handbook
- Service Agreement

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021
- Disability Services Act 1991 (ACT)
- Disability Inclusion Act 2014 (NSW)
- Disability Services Act 1993 (NT)
- Disability Services Act 2006 (QLD)
- Disability Inclusion Act 2018 (SA)
- Disability Services Act 2011 (TAS)
- Disability Act 2006 (VIC)
- Disability Services Act 1993 (WA)

# SERVICE AGREEMENTS WITH PARTICIPANTS POLICY AND PROCEDURE

## PURPOSE

A Service Agreement is a formal agreement between a participant and Cross Care Group. They help to ensure there is a shared understanding of the following:

- Expectations of what supports will be delivered and how they will be delivered; and

- The respective responsibilities and obligations of Cross Care Group and the participant and how to resolve any problems that may arise.

A *Service Agreement* allows Cross Care Group to mitigate business risks that we may experience in the course of doing business with an NDIS participant.

The purpose of this policy is to set out how service agreements will be developed and what they will establish, and how participants will be supported to understand their service agreements and conditions.

## SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

## DEFINITIONS

Term	Definition
<b>Service Agreement</b>	A <i>Service Agreement</i> is a written agreement between Cross Care Group and the participant which defines their terms of engagement.

## POLICY

Cross Care Group is committed to ensuring each participant has a clear understanding of the supports they have chosen and how they will be provided.

To achieve this commitment, Cross Care Group will ensure the following:

- Collaboration occurs with each participant to develop a *Service Agreement*, which establishes expectations, explains the supports to be delivered, and specifies any conditions attached to the delivery of supports, including why these conditions are attached.
- Each participant is supported to understand their *Service Agreement* and conditions using the language, mode of communication and terms that the participant is most likely to understand.
- Where the *Service Agreement* is created in writing, each participant receives a copy of the agreement signed by the participant and Cross Care Group. Where this is not practicable, or the participant chooses not to have an agreement, a record is made of the circumstances under which the participant did not receive a copy of their agreement.
- Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, documented arrangements are in place with each participant and each specialist disability accommodation provider.

At a minimum, the arrangements should outline the party or parties responsible and their roles (where applicable) for the following matters:

- How a participant's concerns about the dwelling will be communicated and addressed;
  - How potential conflicts involving participant(s) will be managed;
  - How changes to participant circumstances and/or support needs will be agreed upon and communicated;
  - In shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation taken into account; and
  - How behaviours of concern that may put tenancies at risk will be managed if this is a relevant issue for the participant.
- Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster.

## PROCEDURE

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring all supports chosen by the participants are included in their *Service Agreement* to allow a clear understanding of how they will be provided.

Cross Care Group staff will work collaboratively with participants and their families/support network to develop their *Service Agreement*.

Service Agreements will be simple and set out how and when supports will be delivered. They will include information such as:

- What supports and services Cross Care Group has agreed to provide;
- The prices of those supports and services;
- How, when and where the supports and services are being provided;
- The duration of the *Service Agreement* and when and how the Agreement will be reviewed;
- How the participant or Cross Care Group may change or end the Service Agreement;
- How any problems or issues that may arise will be handled;
- Arrangements to be put in place in the event of an emergency or disaster;
- Participant responsibilities under the *Service Agreement*; and
- Cross Care Group responsibilities under the *Service Agreement*.

Service Agreements will be consistent with the *NDIS Pricing Arrangements and Price Limits* guidelines and the requirements of the *A New Tax System (Goods and Service Tax) Act 1999* regarding the application of the GST.

Cross Care Group staff must not seek to impose conditions on participants through *Service Agreements* that are not in line with those set out in the *NDIS Pricing Arrangements and Price Limits* and its associated documents.

Staff must ensure that each participant and/or their representatives sign the *Service Agreement* before service delivery commences.

For each Service Agreement, staff must:

- Collaborate with the participant or their family/support network to develop the *Service Agreement*.
- Provide a copy of the *Service Agreement* to each participant. Where this is not practicable, or the participant chooses not to have an agreement, staff must keep a record of the circumstances under which the participant did not receive a copy of their agreement. The participant or their representative can make a note of the agreement about this.
- Ensure that the participant and their family/support network understand their Service Agreement. Staff must supply easy-to-read documents or engage an interpreter or advocate where required.
- Keep a copy of each Service Agreement on the participant's file.

The Director and General Manager is responsible for delegating the function of the development of Service Agreements with participants to the appropriate staff members.

## RELATED DOCUMENTS

- Service Agreement
- Service and Support Schedule Form
- Participant Handbook
- Staff Handbook
- Easy to read documents

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- A New Tax System (Goods and Service Tax) Act 1999 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021
- National Standards for Disability Services
- Disability Services Act 1991 (ACT)
- Disability Inclusion Act 2014 (NSW)
- Disability Services Act 1993 (NT)
- Disability Services Act 2006 (QLD)
- Disability Inclusion Act 2018 (SA)
- Disability Services Act 2011 (TAS)
- Disability Act 2006 (VIC)
- Disability Services Act 1993 (WA)

## RESPONSIVE SUPPORT PROVISION POLICY AND PROCEDURE



## PURPOSE

The purpose of this policy is to provide guidance on how Cross Care Group can deliver response, timely, competent and appropriate supports to participants to meet their needs, desired outcomes and goals.

## SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

## DEFINITIONS

Term	Definition
<b>Evidence-informed practice</b>	An evidence-informed practice blends knowledge from research, practice and people experiencing the practice to inform activities, decisions, evaluation and reporting to contribute to intended program outcomes or the achievement of set goals.
<b>Least intrusive</b>	Means the level of intervention necessary, reasonable, and humanely appropriate to the client's needs, which is provided in the least disruptive or invasive manner possible.

## POLICY

Cross Care Group is committed to ensuring each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.

To achieve this commitment, Cross Care Group will ensure the following:

- Supports are provided based on the least intrusive option, in accordance with contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes.
- For each participant (with their consent or direction and as agreed in their service agreement,) links are developed and maintained by Cross Care Group through collaboration with other providers, including health care and allied health providers, to share their information, manage risks to them and meet their needs.
- Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports.
- Where a participant has specific needs which require monitoring and/or daily support, workers are appropriately trained and understand the participant's needs and preferences.

## PROCEDURE

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring all supports are responsive, timely, competent and meet the participant's needs, desired outcomes and goals.

### **EVIDENCE-INFORMED PRACTICE:**

When determining supports to be provided, staff must choose the less intrusive options in accordance with contemporary evidence-informed practices and consider the participant's expected outcomes. If the evidence supports more intrusive options to assist the participant in meeting their goals, staff must inform the participant and allow them to exercise their right to choose.

Cross Care Group promotes a person-centred and evidence-informed approach to its service delivery. Service planning, delivery and review use evidence to inform the activities that best supports participants in achieving their desired outcomes and goals. Participants are supported to take control of and responsibility for their choices (dignity of risk).

All services and support plans must be developed and delivered in collaboration with the participant and their family/support network. Staff must ensure the involvement of the participant and their family/support network in any decision-making process, selection of services and activities and approval of the support plan.

Staff must ensure that supports provided to participants are responsive to the changing needs, goals, aspirations and choices of participants and communicate any recommended or suggested changes in service delivery using the language, mode of communication and terms that the participant is most likely to understand to facilitate their informed decision-making and choice.

### **COLLABORATION WITH OTHER PROVIDERS**

Cross Care Group will work collaboratively with disability-specific and mainstream services to provide holistic service delivery to all participants.

In the event the skills of Cross Care Group staff do not meet the needs of the participants, they will consult with the participant and, if appropriate and consented to, facilitate a referral or recommendation to a more appropriate service that is competent in the service required.

Where required, staff will identify and provide referrals and linkages to services and activities that will meet the participant's needs and requirements and provide support and assistance to help participants access these.

Cross Care Group has built strong relationships with other providers to increase support and referral options for participants and other stakeholders, which ultimately may result in improved outcomes for participants, their families/support network and communities. This may include (but is not limited to) building relationships with:

- Health care providers.
- Allied health providers.
- Local government agencies.
- Non-government providers/agencies.
- Local Aboriginal and Torres Strait Islander (A&TSI) and CALD service providers to assist with culturally sensitive service delivery.
- Interpreters and translation service providers to assist with language-sensitive service delivery.

Cross Care Group will develop processes to provide continuity of services if unable to meet the participant's needs or requirements, including (but not limited to):

- Engage contractors to provide the services required by the participant.
- Collaborate and establish clear procedures with other service providers in the form of *Memorandums of Understanding* or other agreements to refer participants for service provision. The Director and General Manager or their delegate will establish and review those agreements.

Staff are encouraged to develop and maintain relationships with other service providers, attend interagency meetings or participate in any relevant local networks as a means of linking participants with other providers and allowing referral options. Staff must maintain records of all network involvement, such as meeting minutes, communications, etc.

The Director and General Manager or their delegate is responsible for maintaining a comprehensive referrals database which will be updated and built upon by the service delivery staff.

Non-face-to-face time spent collaborating and linking with other providers to assist the participant in meeting their goals is outlined on the participant's support plan and consented to by the participant or their decision maker.

All referrals will be provided taking into consideration the participant's needs, requirements and preferences. With the participant's consent or direction, their information will be shared with the other service providers as part of the referral process to manage risks to participants and meet their needs.

## **STAFF SELECTION**

At the time of intake, the participant's cultural and personal preferences are identified, assisting with the selection of the appropriate staff member, including cultural background and gender. If the participant wishes to change their support worker, this is accommodated if another support worker with appropriate skills/qualifications criteria is available. If the

participant's preferences are unable to be met, they have the choice to make enquiries to other service providers.

In the event Cross Care Group is unable to provide timely services to the participant, they will be informed of the waiting period and given a choice to seek an alternative service provider.

Most services provided by Cross Care Group are noncritical and do not require monitoring or daily support. However, in the event monitoring is required (e.g., monitoring of skin care and pressure, cast comfort), the Director and General Manager will allocate the appropriately trained staff member who will be able to conduct the monitoring and train the participant and their family/carer to undertake this monitoring. This is documented in the participant's support plan.

The Director and General Manager or their delegate is responsible for:

- Ensuring the participant and their family/support network are involved in selecting their workers according to their preferences and needs.
- Allocating appropriately trained staff to work with the participant, here they have specific needs which require monitoring and/or daily support.
- Ensuring that the cultural needs of participants from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds are safeguarded through staff training in cultural competency.
- Encouraging applications from Aboriginal peoples, people from culturally and/or linguistically diverse backgrounds and people with a disability in the recruitment and selection processes.

Staff will work with participants and adapt to their changing needs, regardless of the frequency or reason.

## RELATED DOCUMENTS

- Participant Intake Form
- Participant Assessment and Support Plan
- Participant Handbook
- Staff Handbook
- Service Agreement
- Participant Consent Form
- Staff Information Form

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021

## TRANSITION TO OR FROM A PROVIDER POLICY AND PROCEDURE

### PURPOSE

The purpose of this policy is to define the required assistance and support to assist the participant in transitioning to or from Cross Care Group services.

### SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

### DEFINITIONS

Term	Definition
<b>Transition</b>	Means the support provided to the participant transitioning from or to a provider.
<b>Exit</b>	Means the process undertaken when participants decide to leave or transition out of Cross Care Group services.

### POLICY

Cross Care Group is committed to ensuring each participant experiences a planned and coordinated transition to or from the service.

To achieve this commitment, Cross Care Group will ensure the following:

- A planned transition to or from the service is facilitated in collaboration with each participant when possible, and this is documented, communicated and effectively managed.
- Risks associated with each transition to or from the service are identified, documented and responded to, including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a healthcare risk requiring hospitalisation.
- Processes for transitioning to or from the service (including temporary transitions) are developed, applied, reviewed and communicated.
- Exit and transition procedures are fair, non-discriminatory, transparent and well-planned, and will follow the procedures and uphold the participant's rights.

### PROCEDURE

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring a smooth transition to and from a provider for the participant.

## **PLANNED TRANSITION**

If exiting Cross Care Group service, the participant will be provided with advice and support. With the participant's consent, they will be referred to other providers and/or relevant information will be provided by Cross Care Group to the new service provided to support the participant's seamless transition. Meetings may be arranged between Cross Care Group staff and the staff of the new service provider to facilitate a smooth transition for the participant.

Staff are responsible for:

- Collaborating with the participant and their family/support network to facilitate a smooth transition to or from the service and allow informed decisions and choices.
- Assessing the risks associated with each transition to or from the service and documenting them in the *Individual Risk Assessment Form* and/or the *Participant Assessment and Support Plan*.
- Informing the participant and their family/support network of any risks involved with transitioning to or exiting from Cross Care Group services.
- Managing and minimising the impact of change and risks associated with each transition to meet the participant's goals, needs and requirements appropriately.
- Developing and implementing a plan to transition from or to a provider, which will be recorded in the *Participant Assessment and Support Plan*.
- Advising participants about the transition and exit procedures at the time of the intake and support planning processes.
- Collaborating with other service providers to enhance the transition process to meet the participant's needs, requirements and goals where appropriate.

With the consent of the participant, family members, carers, and guardians will be involved in transition planning.

## **RISK ASSESSMENT**

Cross Care Group will assess risks to the participant associated with transitioning to or from the service, including the level and nature of support the participant needs and will have available after transitioning.

The risk assessment will be documented using the following forms:

- *Individual Risk Assessment Form* if the participant is transitioning from another provider. This form will be used during the intake assessment process.
- *Participant Assessment and Support Plan* if the participant is transitioning to or from the service. This form will be used during the support planning process.

Risks will be appropriately managed by staff, supporting the participant and their family/support network to manage identified risks, where possible.

## **TRANSITION PROCESS**

A transition plan will be developed for each participant transitioning from or to a provider. The transition plan will be recorded in the *Participant Assessment and Support Plan* and include the following:

- Details of the provider transitioning to/from a provider.
- Information provided by/to the provider.
- Reasons for the transition.
- Feedback from the participant and their family/support network.
- Details of the transition process and estimated timeframes.
- Communication plan and details of communications with the other provider.
- Identification of risks to the participant and risk management measures.
- Notes regarding the exit process and interviews.

### **EXIT PROCESS INTERVIEW**

All participants have the right to terminate or exit Cross Care Group services at any time, and their decision will not prejudice future access to our services.

If the participant is exiting or transitioning from Cross Care Group services to other providers, they will be invited to complete a *Participant Exit Form* and will be offered the opportunity to have an exit interview with a staff member.

Staff will conduct an exit interview with the participant and their family/support network as part of the exit or transition plan. During the exit interview, the outcomes of the service and support provided will be reviewed, and the transition plan and arrangements will be discussed.

### **RELATED DOCUMENTS**

- Participant Assessment and Support Plan
- Individual Risk Assessment Form
- Participant Handbook
- Participant Exit Form

### **REFERENCES**

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021
- Practice alert - [Transitions of care between disability services and hospitals](#)

## **SAFE ENVIRONMENT POLICY AND PROCEDURE**

## PURPOSE

All participants' safety is a priority for Cross Care Group to ensure the provision of high-quality supports and services.

The purpose of this policy is to set out all the standard practices, procedures and risk control measures to ensure a safe support delivery environment for participants.

## SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

## DEFINITIONS

Term	Definition
<b>Infectious diseases</b>	Means any communicable diseases caused by organisms such as bacteria, viruses, fungi and parasites.
<b>Personal Protective Equipment (PPE)</b>	PPE is anything a staff member or a participant uses or wears to keep them healthy and safe.

## POLICY

Cross Care Group is committed to ensuring each participant accesses supports in a safe environment that is appropriate to their needs.

To achieve this commitment, Cross Care Group will ensure the following:

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



- each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).
- Systems for escalation are established for each participant in urgent health situations.
- Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants.
- Routine environmental cleaning is conducted in settings in which supports are provided to participants (other than in their homes), particularly on frequently touched surfaces.
- Each worker is trained and has refresher training in infection prevention and control standard precautions, including hand hygiene practices, respiratory hygiene and cough etiquette.
- Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE.
- PPE is available to each worker, and each participant, who requires it.

## **PROCEDURE**

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring a safe environment for all participants while in service provision.

### **SAFETY PROCEDURES**

Staff must undertake all reasonable steps to safeguard participants, themselves and other staff members from any risk to their health and safety during service provision.

The Director and General Manager or their delegate is responsible for communicating all standard safety procedures to all staff members and ensuring they comply with the safety procedures.

Cross Care Group has implemented the following safety procedures to ensure a safe environment for each participant:

#### **Identification of workers**

A badge/tag and/or uniform will be provided to each staff member to assist participants in easily identifying them. Staff must wear the badge/tag or uniform at all times during service provision.

At the commencement of the service delivery, staff must introduce themselves to the participant and their family/support network. If participants cannot identify the worker after the first introduction has happened, staff will keep introducing themselves in every service delivery opportunity.

The Senior Management Team must ensure that participants can identify their front-line staff.

If any staff member loses their badged or tag, they must report it to their supervisor or line manager immediately.

### **Risk Assessments**

A risk assessment is undertaken by staff before delivering the supports and services to participants in their homes or any other setting.

To ensure a safe environment for participants, staff must:

- Determine if the participants' home or setting is safe during the initial assessment and support planning interviews/meetings.
- Undertake a risk assessment by completing the *Home Risk Assessment Form* at an appropriate frequency (daily, weekly, fortnightly or monthly), depending on the severity of the identified risks, to inspect the service environment and take necessary actions.
- Collaborate and work with each participant, their family/support network and other people in settings where supports are provided to identify and manage risks effectively.
- Work with other providers (including health care and allied health providers and providers of other services) to collaboratively identify and manage risks to participants and to correctly interpret their needs and preferences.
- Remove or avoid any identified hazard in the setting where possible.
- Identify any environmental risks for the participants and staff outside their homes.

### **INFECTION PREVENTION AND CONTROL**

Infection prevention and control uses a risk management approach to minimise or prevent the transmission of infectious diseases.

Cross Care Group is committed to minimising the risk of the spread of infectious diseases in its work environments.

To prevent the spread of infectious diseases, staff must implement standard precautions throughout all settings in which supports are provided to participants. Standard precautions include but are not limited to the following:

- Routine environmental cleaning is conducted in settings in which supports are provided to participants (other than in their homes), particularly on frequently touched surfaces.
- Hand hygiene before and after all participant contact and service provision.
- The use of personal protective equipment (PPE), which may include gloves, impermeable gowns, plastic aprons, masks, face shields and eye protection
- The safe use and disposal of sharps, where applicable.

- The use of an aseptic "non-touch" technique for all invasive procedures, including the appropriate use of skin disinfectants.
- Appropriate chemical use and storage.
- Reprocessing of reusable instruments and equipment.
- Waste management.
- Respiratory hygiene and cough etiquette
- Appropriate handling of linen.

All staff are inducted in these standard precautions when they start their employment or engagement with Cross Care Group, and induction records are maintained in the *Staff Induction Checklist*. A refresher training in infection prevention and control standard precautions, including hand hygiene practices, respiratory hygiene, cough etiquette and the use of PPE, is undertaken annually as per the *Staff Training Plan*.

Any staff member with any infectious disease, including the flu and COVID-19, must not attend any settings in which supports are provided to participants and is required to report it to their supervisor or line manager immediately.

The Director and General Manager or their delegate is responsible for:

- Training staff in infection prevention and control standards precautions.
- Ensuring standard precautions are being followed by all staff.
- Ensuring PPE is available for each worker, and each participant, who requires it.
- Keeping up to date with Federal and State or Territory health authorities' and work health and safety guidelines, SOPs and industry best practices and communicating them to front-line staff.
- Providing educational materials about infection prevention and control to staff.

To ensure infection prevention and control, staff must:

- Ensure participants are familiarised with Cross Care Group infection prevention and control standard precautions.
- Encourage participants to disclose any infectious disease or health issue or raise any concern about their health following Cross Care Group's *Feedback and Complaints Management Policy and Procedure*.
- Report incidents related to infection control or infectious diseases in accordance with Cross Care Group's *Incident Management Policy and Procedure*.

For each participant requiring support with communication, the following arrangements are in place to assist staff who support them to understand their communication needs and the manner in which they express emerging health concerns:

- Participant communication needs will be recorded in their support plan.
- Staff are trained on how to monitor the participant's health or safety and the different ways they can express their health concerns.
- The participants' emergency contacts and emergency management plans and protocols are recorded in their support plans, which include escalation processes.
- Staff are trained in how to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).

- Systems for escalation are established for each participant in urgent health situations and recorded in their support plan.

## RELATED DOCUMENTS

- Home Risk Assessment Form
- Human Resource Register
- Staff Induction Checklist
- Staff Training Plan
- Participant Assessment and Support Plan
- Emergency and Disaster Management Plan
- COVID-19 Management Plan
- Participant Handbook
- Staff Handbook
- Risk Register

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021
- Work Health and Safety Act 2011 (Cth)
- Work Health and Safety Act 2011 (ACT)
- Work Health and Safety Act 2011 (NSW)
- Work Health and Safety (National Uniform Legislation) Act 2011 (NT)
- Work Health and Safety Act 2011 (QLD)
- Work Health and Safety Act 2012 (SA)
- Work Health and Safety Act 2012 (TAS)
- Occupational Health and Safety Act 2004 (VIC)
- Work Health and Safety Act 2020 (WA)

## PARTICIPANT MONEY AND PROPERTY POLICY AND PROCEDURE

### PURPOSE

The purpose of this procedure is to ensure that staff who have access to participants' money or property are aware, accountable for and trained on how to manage and protect it with the consent of the participant and for the purposes intended by them.

### SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

## DEFINITIONS

Term	Definition
<b>Money</b>	This means the participant’s money that is handled by Cross Care Group staff with the consent of the participant and for the purposes intended by them.
<b>Property</b>	This means the participant’s property that is managed, protected and accounted for by Cross Care Group staff with the consent of the participant and for the purposes intended by them.
<b>Financial abuse</b>	Any act which involves misusing the money or property of a participant without their consent and for different purposes than the ones intended by them. This includes but is not limited to theft of money or property.

## POLICY

Cross Care Group is committed to ensuring each participant's money and property is secure and each participant uses their own money and property as they determine.

To achieve this commitment, Cross Care Group will ensure the following:

- Where Cross Care Group staff has access to a participant’s money or other property, processes to ensure that it is managed, protected and accounted for are developed, applied, reviewed and communicated. Participants’ money or other property is only used with the consent of the participant and for the purposes intended by the participant.
- If required, each participant is supported to access and spend their own money as the participant determines.
- Participants are not given financial advice or information other than that which would reasonably be required under the participant’s plan.

## PROCEDURE

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring participants are supported to manage, control, access and spend their own money and property as they determine.

In general, staff does not have access to or control over participants’ money and property. At induction, staff are informed they are not to handle any participant cash or have direct access to any participant credit cards or bank accounts, nor use or touch participants’ property unless requested or reasonably required in the context of service delivery.

Where money is handled in the context of service provision related to meeting the participant's goals (e.g., learning to shop for meal preparation), any money spent is recorded, receipts are signed by both parties and copies are provided to the participant and/or their family/carers.

Staff must only use and touch the participant's property to deliver a service (i.e., the use of a vacuum machine to complete household tasks). A record of the participant's property that is to be used will be listed in the *Participant Money and Property Register*.

Staff induction and training include understanding the *Participant Money and Property Policy and Procedure*, the limitations associated with handling participant's money and property, how to prevent financial abuse and rules, ethics, conflicts of interest and code of conduct regarding handling participant money and property.

### **PARTICIPANT CONSENT**

Cross Care Group staff will not manage participants' money and property without their explicit consent.

Participants can make their own decisions about how they may spend their money within the context of Cross Care Group support activities, such as an optional visit to a community event where the participant can spend their money on food or a social or entertainment activity.

Staff are responsible for:

- Ensuring participants lead, direct and give their consent for all transactions.
- Handling participants' money or using their property for the purposes intended by them.
- Ensuring participants make informed decisions about the use of their money and property and supporting them in taking responsibility for their choices and belongings.
- Supporting each participant to access and spend their own money as they determine.
- Involving the participant's family, carers or guardians in all transactions held during service provision, where possible.
- Informing the supervisor or line manager of all transactions and keeping records of all transactions in the *Participant Money and Property Register*, including the money received, spent and returned.
- Ensuring the accuracy of records for all transactions.
- Keeping a copy of the receipts and invoices for all transactions.

Staff must not ask participants to disclose their PIN, passwords or security information to access their bank accounts or any other online or physical system, safe or location where the participant keeps their money or property.

## **PARTICIPANT'S FUNDS**

Staff should not manage or make decisions regarding participants' funds, including providing financial information or advice other than that which would be reasonably required under the participant's NDIS plan. This means that financial advice is only given in the context of support delivery relevant to the participant's goals, e.g., learning to budget and considering the relative benefits of purchasing different equipment options.

## **FINANCIAL ABUSE**

If suspected or real financial abuse has been reported, the Director and General Manager or their delegate will take all reasonable steps to stop the alleged abuse, investigate and/or report the incident and take any immediate, preventative or corrective actions as per the *Incident Management Policy and Procedure*.

## **RELATED DOCUMENTS**

- Participant Money and Property Register
- Participant Consent Form
- Staff Induction Checklist
- Staff Training Plan
- Incident Report Form
- Incident Investigation Form
- Incident Register

## **REFERENCES**

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021

# **MANAGEMENT OF MEDICATION POLICY AND PROCEDURE**

## **PURPOSE**

Medication management plays an important role in helping participants to maintain health, prevent illness and treat disease. However, inappropriate or incorrect use of medications can cause harm to them.

The purpose of this policy is to facilitate the best possible use of medications to improve health outcomes for participants and promote the benefits of effective medication management and minimise the risk of inappropriate use and harm.

This policy aims to ensure medication management practices throughout service provision are consistent with legislative requirements and contemporary standards of practice relating to disability services.

## SCOPE

This policy applies to all Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers) who are involved in the support and/or administration of medication.

## DEFINITIONS

Term	Definition
<b>Medication</b>	A substance given with the intention of preventing, diagnosing, curing, controlling, or alleviating a disease or otherwise enhancing the physical or mental wellbeing of individuals. Medications include prescription and non-prescription medications, including complementary health care products.
<b>Consumer Medicines Information (CMI)</b>	Leaflets that contain information on the safe and effective use of prescription and pharmacist-only medications. The purpose of CMI leaflets are to provide information aimed at informing patients, carers and support workers to encourage better health outcomes.
<b>Prescription medications</b>	Prescription medications are only available by prescription from a healthcare professional who is authorised to issue prescriptions in the State or Territory where they are located. This usually refers to a medical practitioner (Doctor) but might include a nurse practitioner, dentist, or optometrist.
<b>Non-prescription Medication</b>	Examples of non-prescription medications include cough mixtures, simple analgesics and antacids. Some non-prescription medications can be sold only by pharmacists (pharmacist only) or in a pharmacy (pharmacy only), while others can be sold through non-pharmacy outlets such as supermarkets. Non-prescription medications are also known as 'over-the-counter' medications.
<b>Refused Medication</b>	When the participant refuses to take the medication or will only take some of the prescribed doses.

## POLICY

Cross Care Group is committed to ensuring each participant requiring medication is confident that Cross Care Group staff will administer, store and monitor the effects of their medication and work to prevent errors or incidents.

To achieve this commitment, Cross Care Group will ensure that:



- Records clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication.
- All staff responsible for administering medication understand the effects and side effects of the medication and the steps to take in the event of an incident involving medication.
- All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers.
- All medications are managed in line with Federal and/or State or Territory legislation and framework.

Medication management includes:

- how people take medications or are assisted in taking them;
- how medications use is recorded and reviewed;
- how medications are stored and disposed of safely; and
- how medications use is supported, monitored and evaluated.

### Guiding principles

- **Medication administration is person-centred:**
  - Medication management practices place participants at the centre of planning and delivery and maximise, as much as possible, the capacity for participants to take control of their lives.
- **Individual outcomes:**
  - Medication management practices build on participant strengths and reflect participant needs, strengths, interests, goals, and formal and informal support networks.
  - Medication management practices are informed by individualised support plans.
- **Decision-making and consent:**
  - Participants are informed about the predicted risks and benefits of prescribed medication in a way that meets their communication needs and cognition.
  - Participants are encouraged and supported to be involved in decision-making as far as possible according to their capacity.
  - Participants' consent is required for the administration of medication.
  - If a participant does not have the capacity to consent to receive medication, a legally appointed guardian or person responsible must provide or withhold consent on the participant's behalf. Participants who have capacity have the right to refuse or withdraw consent to the administration of medication
  - A participant who has capacity has the right to refuse or withdraw consent to the administration of medication.
- **Support for self-management:**
  - Participants are actively encouraged and supported to self-manage their own medications.

- Where appropriate, participants are given the opportunity to build capacity so that they can self-manage some or all of their medications.
- A clearly defined and documented assessment is undertaken by a suitably qualified health professional if a participant does not wish to or does not appear to have the capacity to manage their medication.
- **Quality Use of Medicines:**
  - Promote a Quality Use of Medicines approach to medication management.  
This means:
    - selecting the best way of maintaining the participant's health and treating any illness, which may or may not include medications;
    - choosing suitable medications if a medication is considered necessary;
    - using those medications safely and effectively;
    - documenting the reason for the administration of medications;
    - implementing a timely and appropriate review of medications.
- **Medication management is undertaken in line with written policies and procedures:**
  - Cross Care Group have its own policy and procedures which support the Federal and State or Territory legislation and which outline practices specific to the service delivery and staffing arrangements of the organisation.
  - Written policies and procedures relating to medication management are readily available to all staff, participants and others involved in supporting them.
- **Evaluation and continuous improvement:**
  - All parties involved in the management of medication, including participants, prescribers, and staff, have a responsibility to reflect on current practice, recognise when and where problems exist, identify factors that contribute to those problems, initiate interventions and evaluate the outcome of interventions to improve practice.

## PROCEDURE

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring safe and accountable medication management.

### **ROLES, RESPONSIBILITIES AND ACCOUNTABILITIES**

Trained staff members who will administer medications to participants must:

- Adhere to the Principles for Medication Management.
- Work cooperatively to ensure the safe and effective use of medications.
- Seek to understand the risks and benefits associated with the use of medications.
- Reflect on current practice to recognise when and where problems exist, identify factors that contribute to those problems, initiate interventions and evaluate the outcome of interventions to improve practice.
- Comply with legislative and regulatory requirements and restrictions for medication management.

- Ensure that the wishes of the participant are communicated and adhered to as much as possible.
- Work with the participant, health professionals and other carers to ensure medications are used appropriately for their intended purpose and seek help to solve problems when they arise.
- Ask for and use information, resources and services to make decisions and take actions that enable medications, when they are required, to be chosen and used wisely.
- Prepare a support plan for each participant that details medication management, including:
  - Consent arrangements. i.e., who is the staff member responsible for the administration of medication;
  - individual preferences with regard to medication management and administration;
  - any assessments and arrangements made with regard to self-administration;
  - strategies in place for increasing the participant's capacity for self-administration.
- Not administer medications until training has been completed and they are deemed to be competent by the RTO who provided the training to administer medication.
- Meet workplace health and safety responsibilities, which include taking reasonable care for their own health and safety while at work and taking reasonable care that their acts or omissions do not adversely affect the health and safety of other persons.
- Ensure they understand this policy and procedure, the Federal and State or Territory legislation and any other organisational policies and procedures related to medication management.
- Ensure that their day-to-day practices with regard to medication management comply with the policies and procedures of Cross Care Group and the training they have received and are not outside the scope of their responsibilities.
- Support participants and administer medications according to directions provided by the treating health professional and on the packaging or label provided by the pharmacist.
- Reflect on their own skills, experience, knowledge, and limitations and inform their supervisors/line managers if they do not understand or feel competent in performing tasks required of them in the administration of medication.
- Participate in monitoring of their own competence by Cross Care Group.
- Access to current and accurate information on medications and their safe and effective use to support decision-making about medications and medication management.
- Seek approval from a relevant health professional for common or regularly used over-the-counter medications to ensure that they are appropriate for the participant and that they do not interact negatively with other medications.

The Director and General Manager or their delegate is responsible for:

- Reviewing this policy and procedure in accordance with current Federal and State or Territory legislation and frameworks.

- Provide clear information for staff about who and how to contact a more senior staff member who can assist in the event of unexpected events or for clarification.
- Ensure that front-line staff have a level of competency to provide an appropriate and safe support to participants. This includes medication administration.
- Provide access to training in first aid, healthy body systems and the administration of medication that is delivered by a Registered Training Organisation (RTO) in accordance with the Australian Qualification Framework (AQF) standards.
- Maintain a register of staff's qualifications and current competency.
- Ensure the recruitment, training and scheduling of staff who are competent in medication management.
- Regularly review and evaluate the organisation's medications administration practice for outcomes and follow-up where required, e.g., review of incidents.
- Report any incidents and meet requirements under the NDIS Incident Management and Reportable Incidents Rules 2018.

All participants who require assistance with the administration of medication will be encouraged to:

- Work in partnership with those who support them to develop skills and confidence to use medications appropriately and seek assistance to solve problems when they arise.
- Ask for and use information, resources and services to make decisions and take actions that enable medications when they are required to be chosen and used wisely.
- Become more aware of the risks and benefits of medications, the possibility of non-drug options and the importance of a healthy lifestyle.
- Not request that those who are providing them with support act outside of their scope of responsibility, their organisation's policies and procedures or legislative requirements.

## **STAFF TRAINING**

Staff must receive training in first aid, healthy body systems and the administration of medication by a Registered Training Organisation (RTO) in accordance with the Australian Qualification Framework (AQF) standards before administering medication to participants.

The minimum requirement includes the following units (or equivalent units):

- HLTAID003 Provide first aid; and
- HLTAAP001 Recognise healthy body systems; and
- HLTHPS006 Assist clients with medication

Or

- HLTAID003 Provide first aid; and
- CHCSS00070 Assist Clients with Medication Skillset.

Staff must demonstrate competency consistent with the Performance Standards, Knowledge Standard, and Assessment Conditions required for HLTHPS006 Assist Clients with Medication before administering medication.

A staff member may also be assessed as competent if they have a higher qualification, e.g. A Registered Nurse who is acting within the scope of their employment with Cross Care Group (i.e., employed as a Nurse).

Qualifications that are entirely theoretical in content and have no component of practical assessment in medication administration should not be considered as meeting the required standard of competency.

A review of knowledge and performance will be undertaken at least every 12 months by a suitably qualified person, for example, a senior member of staff who has current qualifications and routinely administers medication. This review will be completed by Cross Care Group as part of a performance management framework.

Completion of refresher training every 3 years should be considered best practice. E.g., Refresher training would consist of a shorter course covering recent changes in medication policy, procedure and best practice and may include a review of competency.

In addition to an annual review of knowledge and performance, a reassessment may be required in the following situations:

- an incident or error occurs that is linked to competency
- a request is made by the staff member
- a request is made by the participant or family
- a request is made by a team leader/supervisor/line manager where there are performance issues relating to specific tasks
- there is a change in a participant's health or medication needs requiring a different range of competencies
- there is a change in the participant's accommodation or environment impacting Cross Care Group's ability to perform tasks
- Staff member has had limited opportunity to apply previous training, e.g., episodic/irregular employment.

## **SUPERVISION**

Cross Care Group will provide supervision of staff in order to ensure competent performance in carrying out the duties of their position.

A senior member of staff delegated by the Director and General Manager, who has current qualifications and routinely administers medication, will act as supervisor of staff with less experience in medication administration. Supervision may be conducted by various means, including:

- in person
- through the use of communication methods such as telephone, email or video conferencing, where necessary.

The need to correct and develop work skills such as time management, organisation requirements, communication skills, and other factors supporting the provision of support and working within a team.

## **MEDICATION INFORMATION**

As part of safe administration practice, staff should have access to and have read a Consumer Medicines Information (CMI) relating to each medication being administered. Staff should know what medication is being administered and what the medication is being administered for. This will reduce the risk of medication administration errors and the inadvertent use of a restrictive practice (e.g., unauthorised use of a chemical restraint).

A CMI includes:

- name of the medication
- names of the active and inactive ingredients
- recommended dosage of the medication
- what the medication is used for, and how it works
- warnings and precautions, such as when the medication should not be taken
- interactions the medication might have with food or other medications
- how to use the medication properly
- side effects
- what to do in the case of an overdose
- how to store the medication properly
- name and address of the sponsor
- date the CMI was last updated.

CMI documents may be included in the medication package or may be provided in leaflet form by the pharmacist or medical practitioner. If not provided CMIs can be requested from the pharmacist or medical practitioner and are also available on the Therapeutic Goods Administration (TGA) website.

Staff must request and read the CMI information for all prescription and pharmacy-only medications in circumstances where they are supporting a participant to administer the medication or administering the medication. All instructions for administration should include the following:

- circumstances when it is appropriate to take the medication (indications for use)
- generic name of the medication
- route of administration
- dosing frequency
- desired effects/side effects
- dosage (including maximum dosage in a 24-hour period)
- number of days the medication can be used, where applicable.

## **CONSENT**

The starting point in the process of medication administration is to establish consent from the participant. A *Medication Management Consent Form* must be completed and signed by the participant or their representative before administering medication to participants.

It should be assumed that participants have capacity to make decisions about their health and whether or not to take medication. Capacity should be assumed unless and until the participant is assessed as not having it. Capacity depends on understanding, and understanding depends on effective communication, accessible information as well as cognitive abilities.

If the participant is not able to provide consent, substitute consent must be obtained from the person responsible (including a guardian) or if a person responsible has not been defined or is not available, request the appointment of a legal guardian from the ACT Civil and Administrative Tribunal (ACT), NSW Civil and Administrative Tribunal (NSW), Northern Territory Civil and Administrative Tribunal (NT), Queensland Civil and Administrative Tribunal (QLD), South Australian Civil and Administrative Tribunal (SA), Tasmanian Civil and Administrative Tribunal (TAS), Victorian Civil and Administrative Tribunal (VIC) or State Administrative Tribunal of Western Australia (WA). Details regarding the person responsible will be included in the participant's support plan.

Administration arrangements may change over time depending on changes to the participant's preferences, changes in the participant's capacity or changes in the type or complexity of the medication to be administered.

### **SELF-MANAGEMENT AND ADMINISTRATION**

Participants will be supported and encouraged to self-administer their medication.

Capacity for self-administration should be the starting point unless:

- the participant requests assistance with medication administration or
- it is established via an assessment process that the participant does not have capacity to administer their medication.

Participants may wish to self-administer some of their medications and ask for support or full administration for others.

All decisions made in relation to the self-administration of medication, as well as the factors contributing to the decision, are recorded in the participant's support plan.

Where an assessment is needed to determine a participant's capacity to participate in the management of their own medication, a general practitioner, registered nurse or pharmacist should complete an assessment of the participant's ability to self-medicate and provide it to Cross Care Group.

### **ADMINISTRATION OF MEDICATIONS**

Cross Care Group staff will develop a support plan based on the medications that the participant is currently taking, that includes:

- Participant's name and date of birth
- Participant's allergies and reaction to allergens
- Medication to be given
- Dose to be administered
- Specific route e.g., oral, topical etc
- Time to be given
- Specific instructions regarding the medication, e.g., to be taken with food
- Commencement date of medication
- Cessation or review date of the medication.

Staff will communicate with the participant's general practitioner, pharmacist, and/or other health professional when required to clarify or discuss the participant's medication support and/or medication administration needs.

The Director and General Manager is responsible for assigning responsibility for medication administration to an appropriately qualified staff member. For each shift, it is essential that responsibility for medication administration is clearly assigned and that the staff member has a clear understanding of who to contact if they need assistance or require clarification.

Staff should only administer medications in a way that is consistent with their level of training and competence.

Staff must adhere to the following checking process (the 7 Rights of medication administration) to ensure the safe administration of medication:

1. Right person
2. Right medication
3. Right dose
4. Right time, this includes the frequency and duration of the prescribed order
5. Right route and administration method as prescribed.
6. Right reason
7. Right documentation

Before administering medication, staff must, as far as possible, understand the following:

- the reason a participant is taking each medication
- how the medication is administered
- possible side effects of the medication and interactions with other medications
- be familiar with the location of all first aid equipment and how to use it
- be familiar with first aid strategies and how to administer them.

Staff must not administer if (contraindications):

- the seven rights of medication administration have not been met
- a prescription only medication has not been prescribed or recommended by a medical practitioner
- the medication is not contained in the original packaging or a SDAA



- the packaging is damaged, or the SDAA has been opened
- the medication is past its use-by date or has been damaged
- there is any reason to believe that the participant has had an adverse reaction to a previous dose
- if a participant is unable to receive it, such as if they are asleep, unconscious, drowsy, vomiting or having a seizure, unless a suitable dosing form/mechanism is provided for these circumstances (i.e., intranasal medication for seizures).
- the medication has been spilt on the floor
- they have uncertainty about their competency to administer the medication or are uncertain about the prescriber's instructions.

### **Responsibilities for Administration of Medication**

When administering medication support and/or medication administration, the staff will:

- Identify on the participant's support plan that they require supporting medication support or administration.
- Ensure the participant has consented to the staff assisting with the administration of their medication.
- Ensure the participant has their medications available.
- Wash their hands before assisting the participant with the support and/or administration of their medication.
- Ensure that the participant has taken the medication.
- Record the administration of the medication on the Medication Administration Record.
- Never be involved in administering participant medication beyond their skills and training.
- Be adequately trained by attending Cross Care Group endorsed medication training (including theory assessment), assessed as competent by a qualified senior staff member (at least annually) and feel confident in performing the participant medication administration required of them.
- Ensure that their day-to-day practices comply with the training they have attended.
- Have their competencies monitored every twelve months by reassessment by a trained senior staff member in the workplace.

### **Procedure for Administration of Medication**

Staff administering medication must:

#### **A. Preparation**

1. Pay attention to the administration of medication and do not attend to other tasks at the same time.
2. Collect all information and equipment required.
3. Check the participant's preferences relating to medication administration.
4. Complete hand hygiene steps before and after administering medications with each participant.
5. Wear gloves if appropriate, e.g., to apply ointments, creams and lotions.

6. Check that the medications are in suitable condition and have been stored properly.
7. Check use-by dates on original container medications.
8. Check on the *Medication Administration Record* that the previous dose was administered correctly. If there are discrepancies, discuss these with your supervisor:
9. Check the 7 Rights of medication administration:
  - i. Right medication
  - ii. Right person
  - iii. Right dose
  - iv. Right time, this includes the frequency and duration of the prescribed order
  - v. Right route and administration method as prescribed
  - vi. Right reason
  - vii. Right documentation
10. Prepare medications – for example: altering dose form if permitted, crushing or splitting solid dose medications, dissolving powder, measuring liquid medications, placing medication in a nebuliser or spacer, placing medication from a SDAA into a cup, preparing water to assist with swallowing.

#### **B. Prepare the participant**

1. Communicate with the participant that it is time for their medication – this may involve discussing the procedure and encouraging participation.
2. If required, adjust the posture, position, or clothing of the participant and seek assistance if available and required.
3. If appropriate, provide privacy and/or a quiet environment.
4. Check that the participant is able to receive medication – check for physical or behavioural changes that may be contra indicators for medication administration.

#### **C. Administration of Medication**

1. Administer the medication strictly according to the prescribing health professional's instructions.
2. Assist the participant in taking their medication as required, in accordance with the participant's needs and documented procedures.
3. Supervise and observe the participant when taking the medication and confirm with the participant their ingestion or completion.
4. Return unused medication and equipment to secure storage.
5. Discard any waste products associated with medication administration.

#### **D. After Administration of medication - Record and monitor**

1. Staff who administered the medication must record in pen/ink the administration of each medication.
2. Monitor the participant, and if there appear to be unusual or adverse reactions, report these to a supervisor or health professional immediately or as soon as practicable.
3. Implement appropriate responses if there is an incident.
4. If administering PRN medication for pain management, medication management may also include implementation of PRN instructions, observation of the participant's response to the medication and reporting of ongoing symptoms to a supervisor or health professional.

Where there is any uncertainty about the administration of medication, staff must first speak with their supervisor, as per this policy, and/or a person who is qualified to make a clinical judgment. This may include the prescriber, usual community pharmacist or another health professional.

### **OBSERVATION OF INDIVIDUAL RESPONSES**

If a participant is taking medication, staff must observe them afterwards and note any unusual state of behaviour that may be medication related. The CMI obtained from the pharmacy when the prescription was filled will contain information about common reactions to medications.

The prescribing health practitioner should be contacted for a review of the participant if:

- there appears to be a worsening in the participant's health
- there is little or no sign of improvement
- the medication appears to be making the problem worse
- there are observable differences in the participant's usual state:
  - changes in the airway (e.g., choking), breathing (including slow, fast or absent breathing, colour changes) or circulation (including unexpected drowsiness, colour change and absence of pulse)
  - rash
  - inflammation or redness
  - swelling
  - headache
  - skin tone
  - feelings of dizziness
  - slurring of speech
  - nausea and vomiting
  - blurred vision
  - confusion
  - changes in behaviour.

If an extreme reaction occurs, staff must ring an ambulance 000.

### **END-OF-SHIFT COMMUNICATION AND CHECKING**

At the end of a shift, staff must:

- check that all medication documentation is completed
- check that all medication has been administered during the shift as prescribed
- inform incoming staff of any changes to a participant's medication
- inform incoming staff of any participants' exhibiting effects or side effects of medication and any action taken or to be taken
- note that medications have been checked and accounted for.

### **PROCEDURE WHEN A PARTICIPANT REFUSES TO TAKE MEDICATION**

Whilst every effort must be made to encourage participants to take medication as prescribed, a participant must not be forced to take medication against his or her wishes; this includes tricking or deceiving participants into taking medications.

If the participant refuses to take the medication, staff must:

- Explore with the participant why they are refusing to take the medication.
- Explain to the participant why the medication is needed.
- Wait up to 30 minutes and offer medication again.
- If refusal persists, call the prescribing health professional, dispensing pharmacist, and/or supervisor and follow their instructions.
- Observe the participant for any changes in behaviour or wellbeing and report these to a supervisor.
- Call an ambulance 000 if participant safety is at sufficient risk.
- Record refusal of medication on the Medication Administration Record.
- Notify the prescribing medical professional as soon as possible after the refusal about the incident and seek advice regarding future treatment
- Notify other staff or staff working subsequent shifts.

## **RECORD KEEPING**

Documentation provides a record of what has been administered, when and by whom.

### **Medication Lists**

Each participant should be encouraged to maintain a current list of all medications, including prescription, non-prescription and CAM medications. Alternatively, a list should be maintained on the participant's behalf. This list should be easily accessible to the participant and all those involved in the participant's care.

The participant's usual community pharmacist may be able to assist with the preparation of a Medication List.

The list should include the following:

- the participant's name, address, and date of birth
- emergency contact details, e.g., the name, address and phone number of the participant's GP / prescriber and pharmacy
- details of all medications the participant is currently taking, including the brand name, the active ingredient, strength, form, dose, frequency, route, date started and when to stop
- an indication of what the medication is being taken for
- any allergies or previous adverse drug reactions that the participant has experienced
- the date of the most recent medication review.

A Medication List is not a record of administration.

The Medication List should be kept with the participant's medications and be accessible to anyone responsible for the administration of medications and others involved in the participant's care.

Consent must be obtained from the participant or person responsible before sharing information on the Medication List.

The Medication List should be updated if there are changes to medications.

The Medication list should be reviewed when a participant has been to a hospital, an outpatient appointment or another healthcare facility to ensure that any changes are included.

### **Medication Administration Record**

Medication Administration Records (MAR) are a key tool for monitoring, reviewing and reconciliation of a participant's medication information and administration. MARs support safe prescribing and administration, better communication, and continuity in treatment between differing support settings. Above all, MARs play a key role in reducing errors and incidents.

The MAR should be a current, accurate and reliable record of all medications, including prescribed, non-prescription, complementary and alternative medications used by the participant.

At the end of each shift, staff must check MARs to ensure that no medications have been missed and that an accurate record has been checked. Staff also has responsibility for checking the Register of S8 and S4D medications, where applicable.

### **STORAGE AND DISPOSAL**

All medications must be safely and securely stored in a manner that maintains the quality of the medication and safeguards participants and others who live, work or may be visiting the home.

Medications must be:

- stored and transported according to the manufacturer's recommendations, e.g. refrigeration
- stored in accordance with legislative requirements
- stored in their original container or a pharmacy-issued SDAA
- stored in a locked cupboard or room
- stored separately from antiseptics, disinfectants, and other chemicals.

Keys to the medication cabinet should always be clearly labelled and held by the person in charge of medication at the premises. A spare set of keys is kept in a secure location on site.

Generally, medications should be stored in their original container in a cool, dark, dry and secure place. Some medications require special conditions, such as refrigeration. Medications that require refrigeration should be stored in a key-locked container separately to avoid food contamination and, if required, should be stored in a lockable container in the fridge. Medication should not be stored at the door of the fridge.

S8 and S4D medications must be in a locked safe or locked secure enclosure, separate from other medications. The size and level of security required for this enclosure will depend on the number of doses held.

All medications, either in their original packaging or a SDAA, which are out of date or no longer being administered to a participant, can be returned to any pharmacy for disposal. This practice is consistent with the quality use of medications and will maintain individual confidentiality and avoid accidental poisoning, misuse, and toxic release into the environment.

Care should be taken to remove or obscure identifying personal information from empty packaging.

A record must be made indicating the medication, date and method of disposal.

Sharps such as needles, syringes, picks, barrels, and lancets pose a risk of injury for anyone who may come into contact with them if they are not disposed of correctly. Sharp waste is classified as bio-hazardous waste and must be carefully handled. Sharps should always be:

- placed in an appropriate sharps disposal container that has rigid walls, is resistant to puncture and is sealed or can be securely closed
- disposed at a sharps collection facility or sharps disposal bin
- kept out of reach of children or others who may be harmed.

## **INCIDENT REPORTING**

All medication incidents will be identified as high-risk.

A medication incident is any event where the expected course of events in the administration of medications is not followed. It may include:

- medication is given to the wrong person
- incorrect medication is given
- incorrect dose is given
- incorrect time
- incorrect route
- incorrect medication has been supplied
- missing a dose
- incomplete dose
- spilt or dropped medication
- missing medication
- out-of-date medication

- participant refuses or requests not to be given medication
- lack of documentation such as assessment, consent, medication order, instruction, medication administration record
- incorrect storage of medications
- a near miss
- incorrect supply of medications from the pharmacy.
- does not comply with the Federal and State or Territory legislation and framework.

### **Responding to an incident**

When reporting an incident, support workers must:

1. Remain calm, acknowledge that an error has been made and attempt to identify the nature and cause, for example, the wrong medication has been administered, the medication is missing, medication has been dropped, the participant does not want to take their medication
2. Call an ambulance if participant safety is at risk
3. If appropriate, administer first aid (e.g., D.R.S.A.B.C.D)
4. Inform the participant that there has been an error – if they appear unaware
5. Stay with the participant until advised that it is safe to leave them
6. Call on their supervisor or line manager to seek further advice and assistance
7. For non-emergencies, continue to observe the participant for changes in behaviour or well-being
8. If the participant is refusing to take medication, explore with the participant why medication is being refused; attempt to explain to the participant why medication is needed; and wait up to 30 minutes and offer medication again – if refusal persists, call the prescribing health professional, dispensing pharmacist, and/or supervisor and follow their instructions.
9. Call the Poisons Information Line on **13 11 26** when the participant has been poisoned, overdosed or a mistake has been made with their medication.
10. Continue to observe the participant for any adverse reaction, changes in behaviour or wellbeing.
11. Record the error in the *Medication Administration Record (MAR)* and complete an *Incident Report Form* following Cross Care Group's *Incident Management Policy and Procedure*
12. Ensure other staff members are aware of the incident and provide information about the incident when handing over to other workers.
13. Notify the prescribing medical practitioner (e.g., GP) as soon as possible after the incident outcome and seek advice regarding future treatment.
14. Notify the person responsible if appropriate.
15. Reassure the participant and do not leave them until instructed to do so by supervisor/line manager.
16. Clarify instructions for future medication administration and ensure future supply.

In the event of an incident in the management and or administration of participant medication, the Director and General Manager or their delegate should:

1. Remain calm and acknowledge that an incident has occurred.

2. Identify the nature of the incident. For example, has the wrong tablet been given, or has the participant refused their medication.
3. Contact the general practitioner or pharmacist or Poisons Information Line for information and instructions.
4. Follow advice provided by the general practitioner, pharmacist or Poisons Information Line (get this advice confirmed in writing as soon as possible after the event and include it as part of the incident report).
5. In accordance with the general practitioner, pharmacist or Poisons Information Line instructions, instruct the support worker to observe the client for changes in behaviour or wellbeing as a result of the incident and report these to the general practitioner as advised.
6. Instruct the support worker to call an ambulance if the client is in distress or showing signs of being unwell.
7. Advise the support worker when they can leave the client.
8. Assist the support worker to complete an *Incident Report Form*.
9. Advise the participant's carer or significant other of the medication incident.
10. Ring to check on the participant later in the day/next day (if appropriate).
11. Carry out an investigation of the specific incident with emphasis on the process associated with the incident not on the people involved.
12. Develop an action plan to prevent re-occurrence of the incident and share the decided actions.

### **Reporting and Review of potential and adverse events**

Staff must follow the incident management procedure for collecting data about and reviewing all errors, incidents, near misses and adverse medication events. Regular review of this data will drive improvement in the quality of supports Cross Care Group delivers.

The medication error may also be considered a Reportable Incident and reported to the NDIS Quality and Safeguards Commission. The Commission monitors compliance with the NDIS Practise Standards and Code of Conduct. The Director and General Manager is responsible for ensuring the requirements under the NDIS Incident Management and Reportable Incidents Rules 2018 are met.

All staff who are involved in the management and administration of medication need to be observant for evidence indicating misappropriation or misuse of medications. Where this occurs, medication is being diverted from its intended purpose, and such behaviour must be investigated.

Any regular or recurring discrepancies involving medications or any isolated discrepancy that is not satisfactorily explained warrants further action and investigation by an appropriate authority.

If staff suspects that an individual, member of staff or other person is misappropriating medication, the matter should immediately be discussed with a supervisor.



The misappropriation or misuse of medication is a serious incident, and notification should be made to the NDIS Quality and Safeguards Commission.

If it is believed that medication has been stolen, a notification will be made to the Police. This is particularly important if the medication is considered High Risk.

The Director and General Manager is responsible for notifying all Reportable Incidents to all relevant authorities following the *Incident Management Policy and Procedure* and the Federal and State or Territory legislation and frameworks.

## RELATED DOCUMENTS

- Medication Administration Record
- Medication Management Consent Form
- Administration of Medication Evaluation Checklist
- Staff Handbook
- Incident Report Form
- Incident Investigation Form
- Incident Register

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021
- National Standards for Disability Services
- National Strategy for the Quality Use of Medicines | Australian Government Department of Health and Aged Care
- Guiding Principles for Medication Management in the Community | Australian Government Department of Health and Aged Care
- Standard for the uniform Scheduling of Medicines and Poisons (SUSMP)
- Housing Disability and Community Services - Department of Communities Tasmania. Medication Management Framework. 30 June 2022. P2010/097-002
- Privacy Act 1988 (Cth)
- Information Privacy Act 2014 (ACT)
- Privacy and Personal Information Protection Act 1998 (NSW)
- Information Act 2002 (NT)
- Information Privacy Act 2009 (QLD)
- Personal Information Protection Act 2004 (TAS)
- Privacy and Data Protection Act 2014 (VIC)
- Freedom of Information Act 1992 (WA)

## MEALTIME MANAGEMENT POLICY AND PROCEDURE

### PURPOSE

Having access to mealtimes that are safe and enjoyable is critical – it minimises the risk of choking and serious health problems and improves a participant’s safety and quality of life.

The policy aims to describe how Cross Care Group supports people to record their preferences in relation to nutrition, capture risks related to nutrition and swallowing and how *Mealtime Management Plans* are implemented. The procedures contain alerts to risks associated with swallowing difficulties and how these are managed under the guidance of the participant’s ‘usual’ general practitioner (GP) and other health specialists.

### SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

### DEFINITIONS

Term	Definition
<b>Allied health professional</b>	An allied health professional is a qualified health professional, including a speech pathologist, accredited practising dietitian, occupational therapist, physiotherapist, psychologist, podiatrist, etc.
<b>General practitioner (GP)</b>	A general practitioner is the participant’s doctor.
<b>Mealtime Management Plan</b>	A Mealtime Management Plan is a plan which is prescribed by a health professional and describes specific support recommendations for a person to eat and drink in a safe and nutritious way.
<b>Nutrition</b>	The process of providing or obtaining a healthy balanced diet.
<b>Dysphagia</b>	Difficulty swallowing

### POLICY

Cross Care Group is committed to ensuring each participant requiring mealtime management receives meals that are nutritious, of a texture that is appropriate to their individual needs, and appropriately planned and prepared in an environment and manner that meets their individual needs and preferences and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.

To achieve this commitment, Cross Care Group will ensure the following:

- Each participant requiring mealtime management is identified.
- Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:
  - undertaking comprehensive assessments of their nutrition and swallowing; and
  - assessing their seating and positioning requirements for eating and drinking; and
  - providing mealtime management plans which outline their mealtime management needs, including swallowing, eating and drinking; and
  - reviewing assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.
- With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.
- Each staff member responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.
- Each staff member responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.
- Mealtime management plans for participants are available where mealtime support is provided to them and are easily accessible to workers providing mealtime management to them.
- Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:
  - be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and
  - if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) – proactively manage those risks.
- Procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime management plans for participants and to check that meals for participants are of the correct texture, as identified in the plans.
- Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants.

## PROCEDURE

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring quality and safety in the provision of mealtime management.

### MEALTIME SUPPORT

Every support worker who provides support for mealtime management and/or enteral nutrition, including line managers and supervisors, must read the participant's *Mealtime Management Plan* before they provide support.

They must have received instruction on how to implement support prescribed in the plan before attempting to provide support.

### SPECIFIC TRAINING

Staff providing mealtime management or enteral nutrition support to a participant, inside or outside of the disability accommodation support setting, must receive specific training on how to implement the prescribed support outlined in the participant's Mealtime Management Plan.

The allied health professionals (AHP) who prescribed the *Mealtime Management Plan* are expected to provide specific training to support workers and others who support the person to eat, drink or receive enteral nutrition as follows:

- how to prepare or modify the participant's foods and drinks
- how to incorporate the dietary recommendations
- how to position the participant
- how to support the participant to eat and drink
- mouth/oral care, e.g., swabbing
- how to recognise when there is a problem
- what action to take to address a problem.

On completion of training, the AHP signs off that the support worker and others are able to support the person to eat, drink and receive enteral nutrition safely.

### GENERAL TRAINING

Supporting safe and enjoyable meals is an eLearning Module developed by the NDIS Commission that aims to improve NDIS worker awareness and understanding of how to provide safe and enjoyable mealtime assistance to people with disability. Staff who provides mealtime management supports must undertake this module.

The module includes the following topics:

- Mealtime assistance and the *Mealtime Management Plan*.
- Swallowing and symptoms of swallowing difficulty.
- Planning food and food texture modifications.

- Mealtime positioning and assistive technology.
- Four topics in the module will provide information, tips, scenarios and actions that can be taken to reduce the risks associated with mealtimes and provide a safe and enjoyable environment for people with disability.

Additional guidance for NDIS providers and workers is available in the NDIS Commission's Practice Alerts section on the following related topics:

- Dysphagia, safe swallowing and mealtime management.
- Medicines associated with swallowing problems.
- Lifestyle Risk Factors.
- Oral Health.

Staff must review all available resources and undertake any additional training modules on mealtime support as directed by the Director and General Manager or their delegate.

Those resources and training are designed to support people with swallowing difficulties in their mealtime decisions and mealtime assistance needs and promote the co-creation of safe and enjoyable meals.

## **RESPONSIBILITIES**

### **Responsibility of support workers**

Support workers are responsible for addressing a participant's nutrition and swallowing risks and implementing specified mealtime and enteral nutrition support requirements.

Each support worker providing mealtime supports has the responsibility to:

- Complete the *Nutrition and Swallowing Risk Checklist* annually and when the participant's usual way of eating and drinking changes.
- Support the participant to access their GP to address risks identified in the *Nutrition and Swallowing Risk Checklist*.
- Request GP to document a clear path of action to address risks identified in the *Nutrition and Swallowing Risk Checklist*.
- Ensure the GP is aware of the form of medication the participant can swallow or whether the participant receives medication via an enteral tube.
- Request a referral to a specialist if the GP is unable to provide prescribed actions to address risks.
- Work with the participant and their circle of support to create a personalised *My Eating and Drinking Profile* if the participant does not require a formal Mealtime Management Plan.
- Read the participant's *Mealtime Management Plan* if they have one and attend any training relating to the implementation of the plans.
- Ensure they understand how to use equipment and prepare the participant's food and drinks as prescribed by the AHP or GP before attempting to provide mealtime support.

- Ensure they understand how to administer medication in line with the participant's *Mealtime Management Plan* and medication chart.
- Refer to their line manager or supervisor for clarification if they do not understand their responsibilities and requirements in relation to a *Mealtime Management Plan* before attempting to provide any meals, drinks or enteral nutrition to the participant.
- Understand their requirements of what to do and who to call when supporting a participant in an emergency.
- Immediately seek medical attention when they observe a problem, such as when the person:
  - appears to have difficulty eating or swallowing their food or drink
  - appears to be in any pain or discomfort
  - shows changes in behaviour during mealtimes, e.g., the person is unhappy or distressed when usually happy to sit at the table
  - displays any symptom that has already been identified as a risk or that is
  - unusual for the person
  - vomits blood
  - passes a bowel motion containing blood.
- Refer to GP or AHP for advice when concerned about the person's health in relation to eating or drinking.
- Complete a new *Nutrition and Swallowing Risk Checklist* when any changes occur in the participant's usual way of eating and drinking or receiving enteral nutrition and support them to see their GP within the required timeframe.
- Safeguard the participant's *My Eating and Drinking Profile* or *Mealtime Management Plan* in an accessible location, preferably where the participant normally eats or drinks.
- Monitor review requirements and ensure the participant is supported to attend reviews and consultations with their GP and AHP.
- Maintain communication (once consent has been provided) about the participant's Mealtime Management Plan with any other support providers, including family, friends and day programs and schools.
- Ensure copies of *Mealtime Management Plans* or the *My Eating and Drinking Profile* are provided to family or any other services supporting the person, e.g., school, workplace and day programs.
- Consider whether the participant's *My Eating and Drinking Profile*, or *Mealtime Management Plan* is best located safely in the kitchen or dining area where they can be referred to when preparing food and drinks.
- Ensure the completed *Nutrition and Swallowing Risk Checklist* is located in the participant's file. The completed *Nutrition and Swallowing Risk Checklist* will need to be referred to next time the checklist is reviewed.

### **Responsibility of the line manager or supervisor**

The line manager or supervisor is responsible for ensuring each person requiring mealtime management support is provided with support as prescribed by their GP or AHP.

Line managers have a responsibility to:

- Ensure they are fully aware of the support requirements for each person who requires support with mealtime management.
- Monitor the implementation of all prescribed support, training and review of plans.
- Ensure that every support worker, including casual and agency staff:
  - Has access to the participant's *Mealtime Management Plan* at all times, including during induction.
  - Understand their responsibilities in implementing the participant's *Mealtime Management Plan*.
  - Understand the consequences to the participant if the support requirements are not implemented as prescribed.
- Ensure at the time of induction that new support workers, including casual and agency staff, are provided with instructions on how to implement a participant's *Mealtime Management Plan*.
- Ensure each support worker has received instruction in a participant's *Mealtime Management Plan* or before they attempt to prepare or provide mealtime support to the participant.
- Ensure support workers are able to provide support as outlined in the *Mealtime Management Plan* and are able to recognise when a problem arises and what actions they need to take to address the problem.
- Identify when a support worker is not providing support in line with a participant's *Mealtime Management Plan*.
- Guide and correct inappropriate support worker practice.
- Refer to the prescribing GP or AHP for direction and assistance if they don't understand the plan or implementation requirements of support workers.
- Ensure support workers with the necessary skills are rostered to work during mealtimes.
- Ensure that staff of other support services, day programs or workplaces are provided with the most current version of the participant's *Mealtime Management Plan*.
- Maintain communication (once consent is provided) about the participant's *Mealtime Management Plan* with other support providers, including family and friends.

## **NUTRITION AND SWALLOWING RISK CHECKLIST**

The *Nutrition and Swallowing Risk Checklist* is a way of screening people for difficulties related to nutrition and swallowing. Ideally, the *Nutrition and Swallowing Risk Checklist* is completed by staff as part of the participant's support planning process.

The *Nutrition and Swallowing Risk Checklist* cannot make a diagnosis of a medical condition. A diagnosis can only be made by the participant's GP or an allied health professional (AHP) the GP has referred the person to for advice.

A *Nutrition and Swallowing Risk Checklist* must be completed by staff for participants:

- who reside in disability accommodation support services and access centre-based respite services; and

- at list annually as part of a participant's annual support plan review process, or sooner if the participant's usual way of eating or drinking, health, behaviour or skills change.

All questions in the *Nutrition and Swallowing Risk Checklist* must be completed by a support worker who knows the participant well and with the assistance of the participant as much as possible.

If the participant consents, collaboration with a family member and/or others who know the participant well or provide supports to them may be helpful in obtaining the most accurate result.

If this is not possible, it is preferable to have another support worker who knows the participant well or the line manager, e.g., Team Leader, assist with the completion of the *Nutrition and Swallowing Risk Checklist*.

Ideally, the *Nutrition and Swallowing Risk Checklist* is also completed within 7 days prior to the participant's annual health assessment with their GP.

The *Nutrition and Swallowing Risk Checklist* has three parts:

- Part 1 – The Preliminary Profile:  
The Preliminary Profile records information about the person's weight and height, BMI and who is completing the checklist.
- Part 2 – Nutrition and Swallowing Risk Checklist:  
The Risk Checklist assesses if the person has signs of nutritional problems or swallowing difficulties that may affect their health.
- Part 3 – Summary of Results:  
The Summary of Results table records descriptions of the risks or issues of concerns relating to questions answered with a 'Yes' or 'Unsure / Do not know'. The GP should review the Summary of Results and prescribe action to be taken in the shaded 'Further Action Required' column.

After completing the *Nutrition and Swallowing Risk Checklist*, staff must:

1. Make an appointment with the participant's GP within 7 days of completing the *Nutrition and Swallowing Risk Checklist* to review any 'Yes' and 'Unsure/Do not know' responses. Ideally, the *Nutrition and Swallowing Risk Checklist* can be reviewed during the participant's annual health assessment – if the GP appointment is scheduled within 7 days of the *Nutrition and Swallowing Risk Checklist* being completed.
2. If an appointment with the participant's GP cannot happen within 7 days, take the participant to the nearest medical centre or hospital.
3. If the participant is unable to access the GP, medical centre or hospital within 7 days, inform the line manager or supervisor immediately.
4. Support the participant to attend the consultation with someone who knows them well.
5. Ensure the *Nutrition and Swallowing Risk Checklist* is taken to the GP appointment, along with any other supporting documentation (i.e., *My Eating and Drinking Profile*,



*Participant Assessment and Support Plan, Mealtime Management Plan, and any other current management plan*). Any further action, including referrals to other allied health professionals such as a speech pathologist, dietitian, physiotherapist, occupational therapist or psychologist, must be recorded by the GP in the grey 'Further Action Required' column.

6. During the appointment, confirm with the GP if the services of an allied health professional (AHP) are required.

If all of the *Nutrition and Swallowing Risk Checklist* responses are 'No', the participant will be supported to eat and drink in line with their *My Eating and Drinking Profile* and any Federal and State or Territory mealtime support guidelines and procedures.

After completing the *Nutrition and Swallowing Risk Checklist*, staff must:

- Provide support in line with the participant's *My Eating and Drinking Profile* and Federal and State or Territory mealtime support guidelines and procedures to ensure that the person is supported to eat, drink and enjoy mealtimes in a healthy way and according to their preferences.
- Place a copy of the completed *Nutrition and Swallowing Risk Checklist* in the person's file.
- Ensure the participant's *My Eating and Drinking Profile* is reviewed when the participant's preferences or usual way of eating or drinking change.
- Take the participant's *My Eating and Drinking Profile* to the participant's next annual health assessment with their GP.

All line managers or supervisors must verify that the *Nutrition and Swallowing Risk Checklist* has been completed, all relevant referrals have been actioned, and copies of the checklist are in the participant's file.

The *Nutrition and Swallowing Risk Checklist* is completed every 12 months or sooner if there is a change to the participant's:

- usual way of eating or drinking
- health
- behaviour
- skills or abilities

If the support worker, other support workers, family or people in the participant's circle of support notice changes in the participant's usual way of eating and drinking, the *Nutrition and Swallowing Risk Checklist* must be completed again. Depending on the risks identified, the participant must be referred to the GP immediately or within 7 days of the *Nutrition and Swallowing Risk Checklist* being completed.

When completing a *Nutrition and Swallowing Risk Checklist*, staff must refer to answers in the participant's previous checklist and describe how the situation has changed for the participant, including whether it has improved in Part 3 - Summary of Results.

## **MY EATING AND DRINKING PROFILE**

Mealtimes should be a social and enjoyable experience. Mealtimes and sharing meals are a way for families and friends to develop and maintain social relationships and connections.

Most participants have a routine and a time when they eat and drink. Conventional mealtimes include breakfast, morning tea, lunch, afternoon tea, dinner and supper time. Mealtimes, however, also include eating and drinking outside of these set times. All eating and drinking support plans must be referred to any time the participant eats or drinks.

Understanding what the participant enjoys about eating and mealtimes, how they express choice about what they prefer to eat, the way they like to be supported, and the place where they prefer to eat their meals is fundamental to ensuring the participant's mealtimes are enjoyable as well as nutritious and safe.

Recording the participant's preferences, communication techniques, and nutritional requirements allows staff who provide support to get to know the participant and understand how they prefer to be supported.

The *My Eating and Drinking Profile* is a guide for providing consistent support in the way the participant prefers when they are eating or drinking at home or in the community.

The *My Eating and Drinking Profile* captures preferences as well as the participant's usual behaviour and appearance at mealtimes. The profile is completed and reviewed as part of the participant's support planning and annual health planning process and is updated whenever the participant's preferences or needs change.

The *My Eating and Drinking Profile* is completed by a support worker who knows the person well and involves the participant as much as possible. Working with a family member or someone in the participant's circle of support when completing it will help to capture the most accurate information.

All support workers are encouraged to contribute their knowledge of the participant's preferences during the development of the participant's *My Eating and Drinking Profile* and to update it when the participant's habits and preferences change.

Additionally, the *My Eating and Drinking Profile* provides the participant's GP and allied health professional with a starting point for reviewing the participant's nutrition needs. A

The *My Eating and Drinking Profile* is developed after the risks identified in the *Nutrition and Swallowing Risk Checklist* have been addressed and managed.

The *My Eating and Drinking Profile* can be located where the person normally eats and drinks, for example, in or near the dining or kitchen area. Support workers are not to make multiple copies of the profile for use within the home, disability accommodation or respite centre.

Participants who do not have a formal *Mealtime Management Plan* prescribed by an allied health professional must have a *My Eating and Drinking Profile*.

Where a participant is prescribed a formal *Mealtime Management Plan*, the prescribed plan is used instead of the *My Eating and Drinking Profile*.

## RELATED DOCUMENTS

- Mealtime Management Plan
- My Eating and Drinking Profile Form
- Nutrition and Swallowing Risk Checklist

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021 |
- Practice Alert - Dysphagia, safe swallowing and mealtime management | NDIS Quality and Safeguards Commission
- Practice Alert - Medicines associated with swallowing problems | NDIS Quality and Safeguards Commission
- Practice Alert - Lifestyle Risk Factors | NDIS Quality and Safeguards Commission
- Practice Alert - Oral Health | NDIS Quality and Safeguards Commission

# WASTE MANAGEMENT POLICY AND PROCEDURE

## PURPOSE

Cross Care Group may generate waste that is unsafe to dispose of with general waste as part of its delivery of supports and services. Appropriate waste disposal is key for infection prevention and control.

The purpose of this policy and procedure is to ensure Cross Care Group participants, staff and others are protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.

## SCOPE

This policy applies to:

- All Cross Care Group staff, including permanent or casual employees, contractors, consultants, and people otherwise engaged by Cross Care Group (e.g., volunteers).
- All participants receiving NDIS services and support, including their families and support network.

## DEFINITIONS

Term	Definition
<b>Hazardous waste</b>	<p>Any waste which, through toxicity, carcinogenicity, mutagenicity, teratogenicity, flammability, explosivity, chemical reactivity, corrosivity, infectiousness or other biologically damaging properties, which may present danger to the life or health of living organisms when released into the environment.</p> <p>Should general waste be mixed or contaminated with any clinical and related waste, it must be then treated as contaminated or hazardous waste.</p>
<b>Clinical and related waste</b>	<p>Waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity is waste that has the potential to cause injury, infection or offence. It includes:</p> <ul style="list-style-type: none"> <li>• clinical waste;</li> <li>• cytotoxic waste;</li> <li>• pharmaceutical, drug or medicine waste; and</li> <li>• sharps waste.</li> </ul>
<b>Clinical waste</b>	<p>waste that has the potential to cause sharps injury, infection or offence. Includes:</p> <ul style="list-style-type: none"> <li>• sharps;</li> <li>• human tissue (excluding hair, teeth and nails);</li> <li>• bulk body fluids and blood;</li> <li>• visibly blood-stained body fluids and disposable material and equipment;</li> <li>• laboratory specimens and cultures; and</li> <li>• animal tissues, carcasses or other waste arising from laboratory investigation or for medical or veterinary research.</li> </ul>
<b>Cytotoxic waste</b>	<p>Material contaminated with residues or preparations containing materials toxic to cells, principally through action on cell reproduction. This includes any residual cytotoxic drug and any discarded material associated with the preparation or administration of cytotoxic drugs.</p>
<b>General Waste</b>	<p>Waste that does not have the potential to cause sharp injury, infection or hazard. Such waste may be disposed of in the same way as domestic waste. This stream includes incontinence pads, sanitary waste, disposable nappies, saline, dextrin, oxygen masks, drained IV bags and tubing, gloves (not blood stained), napkins and sterile wraps.</p>
<b>Pharmaceutical waste</b>	<p>Pharmaceutical waste includes expired or discarded pharmaceuticals, filters or other materials contaminated by pharmaceutical products.</p>

<b>Sharps</b>	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.
<b>Personal Protective Equipment (PPE)</b>	Protective clothing and equipment that should be used in conjunction with other control measures to eliminate or minimise a hazard which could include gloves, safety glasses, surgical masks, aprons or gowns.

## POLICY

Cross Care Group is committed to ensuring each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.

To achieve this commitment, Cross Care Group will ensure the following:

- Policies, procedures and practices are in place for the safe and appropriate storage, handling and disposal of waste and infectious or hazardous substances (including used PPE), and each policy, procedure and practice comply with current legislation and local health district requirements.
- All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed.
- An emergency plan is in place to respond to clinical waste or hazardous substance management issues and/or accidents. Where the plan is implemented, its effectiveness is evaluated, and revisions are made if required.
- Each worker involved in the management of waste, or infectious or hazardous substances, is trained in the safe and appropriate handling of the waste or substances, including the use of PPE or any other clothing required when handling the waste or substances.

As a generator of clinical and related waste, Cross Care Group is responsible for the safe handling, transport and disposal of the waste in a manner that minimises risk to participants, staff, other people, the community and the environment.

Cross Care Group will ensure compliance with the minimum standards specified in the Federal and State or Territory legislation, standards and regulations, including, but not limited to:

- Proper waste segregation, packaging, labelling and storage of waste;
- Provision of appropriately designed storage areas for wastes;
- Clear and unambiguous labelling of waste packages and storage areas;
- Use of approved waste contractors for collection and transport of waste;
- Clear communication with waste contractors and operators of waste facilities;
- Verification that the disposal facility is approved to accept the waste for treatment and/or disposal;
- Clear assignment of responsibilities in the waste management process;

- Adequate levels of training for all staff involved in the generation and handling of waste, and
- Regular auditing and review of waste management practices.

Any contaminated or hazardous waste generated by Cross Care Group staff during the delivery of supports must be disposed of in accordance with the legislative requirements and national standards for the type of waste.

## PROCEDURE

Different types of waste have different waste management procedures that need to be followed by Cross Care Group staff. These procedures cover the disposal of clinical and pharmaceutical waste, given this is the waste most likely to be produced in the delivery of Cross Care Group's supports and services.

The following procedures are implemented to ensure that Cross Care Group meets its policy objective of ensuring specific waste is appropriately handled and contained through safe work practices and the use of appropriate personal protective equipment (PPE) in order to minimise the risk of exposure to infection, chemical contamination, radiation exposure or other health and safety issues.

Cross Care Group is likely to produce clinical and pharmaceutical waste in the course of the provision of supports. Staff must ensure they dispose of waste as per the procedures described below. Any instances where they are not able to do so must be reported to the Director and General Manager or their delegate, and any waste management incidents must be reported immediately in accordance with Cross Care Group's *Incident Management Policy and Procedure*.

## WASTE MANAGEMENT PLAN

Cross Care Group has developed and implemented a *Waste Management Plan* relevant to the types of waste likely to be generated during service provision. The *Waste Management Plan* covers the following:

- Functions and responsibilities within the plan.
- Strategies for ensuring waste is disposed of safely - to prevent contact with people and minimise environmental risks.
- Management processes for waste streams in line with the State or Territory legislation.
- Contract management, including contractor details, contact arrangements, auditing, safe operating and spill management procedures.

Staff will be trained in the correct procedures for waste handling and will be trained in the implementation of the *Waste Management Plan*.

The *Waste Management Plan* will be reviewed at least annually by the Director and General Manager and their delegate.

## WASTE SEGREGATION AND PACKING

For appropriate waste segregation and packing, staff must comply with the following procedures:

### Colour coding and labelling:

- Ensure clinical, and related waste is segregated at source into discrete waste categories in accordance with the Australian and New Zealand Standard AS/NZS 3816:2008 Management of Clinical and Related Wastes.
- Ensure clinical, and related waste that presents as a 'mixed' waste stream is managed according to the highest risk category of its constituents.
- Ensure that waste containers used for the storage and transport of clinical and related waste are accurately labelled with details relating to the waste. The requirements for colour coding and labelling of clinical and related waste are subject to AS/NZS 3816:2008 and, as such, may be amended from time to time. For example:
  - **Clinical Waste:** Clinical waste containers and plastic bags must be yellow, labelled with a black biohazard symbol and the text "Clinical Waste".
  - **Pharmaceutical Waste:** Pharmaceutical waste packages and containers must be marked with the label PHARMACEUTICAL WASTE. No symbols or signage are required.

The Director and General Manager and their delegate must ensure that staff receive training and education in correct segregation and labelling procedures.

### Containers and packing:

- Ensure that containers used for the disposal of clinical and related waste meet the requirements as specified by Standards Australia (where applicable) for each type of clinical and related waste generated.
- Reusable rigid-walled containers (such as mobile garbage bins) must be resistant to leakage, impact rupture and corrosion.
- Rigid-walled containers must have interiors of smooth impervious construction to contain spills so they may readily be cleaned, sanitised and inspected.
- All collection containers (including drums, plastic bags and sharps containers) must be securely sealed once filled.
- Collection containers for pharmaceutical waste must be:
  - Tamper-proof;
  - Designed and constructed to contain any accidental spillage of liquid or ointment preparations through breakage or other foreseeable events;
  - Designed to cater for standard medicine containers while preventing their removal from the container once disposed of; and
  - Lined with non-PVC plastic liners if they are to be incinerated.
- Reusable containers must not be used for the collection of cytotoxic waste.

- Disposal containers are placed as close as practicable to the source of waste generation.
- Containers and bags must be filled to a maximum of two-thirds of their capacity (shown by a capacity indicator), or 6kg, whichever is the lesser. Sufficient air space should be permitted for the container or bag to be securely sealed once capacity is reached. Staples or other closure devices with sharp protuberances or edges should not be used to seal containers or bags.
- Reusable containers must be inspected after each use to make sure that they are clean, intact, and without leaks.

### **Waste Handling**

- Waste is correctly classified and segregated at source and managed in accordance with the relevant level of risk.
- Clinical and related waste must not be manually compacted, mulched or shredded prior to disposal unless as part of an approved treatment process.
- Wastes must be moved from the point of generation or initial storage to consolidated storage or treatment area by means of solid-base garbage trolleys or handcarts designed to prevent leakage, reduce the need for manual handling and facilitate easy cleaning and disinfection.
- Clinical and related wastes must be contained during transit off-site in purpose-designed bags, boxes, bins or drums. Containers and bags must be sealed prior to moving the waste to prevent accidental spills and contamination. Very wet waste must be contained in a manner that prevents or captures spills. The lid of the drum, box or garbage trolley must be able to be closed securely with a good seal to avert discharge of the contents.
- Adequate supplies of absorbent and cleansing materials must be readily available in the area of preparation or administration of cytotoxic drugs, as well as in transit, to cater for accidental spills. Suitable materials include sawdust, commercially available absorption granules, detergents or cytotoxic spill kits. Waste that is, or might reasonably be expected to be, contaminated with cytotoxic material, must be treated as cytotoxic waste.
- Chutes must not be used for the transport of clinical and related wastes.
- Manual handling of the waste must be avoided at all times due to the risk of needle-stick injuries from sharps inadvertently placed into waste bags.
- The onsite movement of waste must avoid sensitive areas such as public areas, food preparation and dining areas, and heavy foot traffic areas.

Regular collection rounds to prevent hazards associated with waste accumulation constitute good housekeeping practice.

The Director and General Manager and their delegate must ensure that staff:

- Are trained in safe handling practices and identification of non-conforming waste loads.
- Have access to, wear, and are trained in the use of appropriate personal protective equipment (PPE); and



- Adhere to established standardised procedures for waste collection, spill management, treatment and disposal operations, and in identifying and rectifying inappropriate practices.

The Director and General Manager and their delegate is responsible for reviewing waste management practices periodically to:

- Optimise waste collection and transportation processes;
- Ensure spill management plans are appropriate to the level of risk;
- Eliminate excessive waste handling; and
- Promote safe work practices.

## **DISPOSAL**

Waste must be managed and disposed of through the standard clinical and related waste streams in accordance with Cross Care Group's *Waste Management Plan*.

Waste generated in the delivery of Cross Care Group's services can be generally categorised into three categories:

- Clinical waste
- Pharmaceutical waste
- General waste.

Regular disposal of waste items with storage containers will be arranged by the Director and General Manager or their delegate. It is the responsibility of all staff to notify their supervisor or line manager if a storage container requires replacement sooner than scheduled disposal. Contracted waste disposal companies will remove waste and replace containers.

### **A. Clinical waste disposal:**

Clinical waste is waste generated in a clinical or similar setting that has the potential to cause disease, injury or public offence. Cross Care Group does not usually produce clinical waste apart from sharps.

Clinical waste must not be disposed of in general waste containers. Extreme care must be taken in the management and disposal of sharps waste.

### **B. Pharmaceutical waste disposal:**

Pharmaceutical waste does not include empty capsules, empty bottles (containing no liquid) or uncontaminated wrapping (packaging boxes and empty blister packs) or pill cups that have been used to dispense medications. This waste may be disposed of as general waste. Ampoules should be disposed of as sharps waste.

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

or community pharmacist for disposal. Schedule 8 medication, which is no longer required, is returned to the pharmacy within 24 hours.

If the participant or their family/carer is unable to return pharmaceutical waste, Cross Care Group's staff will dispose of it on their behalf. Director and General Manager or their delegate will provide staff with the address and contact details of nearby pharmacies that are registered to accept unwanted medicines.

### **C. General waste disposal:**

The general waste category refers to the broad sector of sanitary, plastic and miscellaneous waste materials that are not classified as controlled wastes.

General waste does not require special treatment prior to disposal and does not require approval to transport under the Waste Management Regulations.

Under normal circumstances with good handling practices, sanitary waste such as incontinence pads or disposable nappies will be classified and treated as general waste unless the material has come from a participant with or is suspected of having a communicable disease. In these cases, it must be treated as clinical waste.

General waste may be separated into recyclable or compostable. General waste is to be placed in the general waste bin for disposal.

## **PERSONAL PROTECTIVE EQUIPMENT**

Cross Care Group will supply the necessary Personal Protective Equipment (PPE) for the types of waste that may be handled in the course of service provision.

Staff must use appropriate PPE when handling waste, including, but not limited to, gloves, safety eyewear and an apron. The type of PPE to be worn by staff is indicated in the *Waste Management Plan* based on each waste stream.

The Director and General Manager or their delegate is responsible for ensuring that PPE is available for staff at all times to perform their duties safely.

## **INCIDENT RESPONSE AND SPILLS MANAGEMENT PLAN**

All incidents relating to waste management and disposal should be reported in accordance with Cross Care Group's *Incident Management Policies and Procedures*. This may include, but is not limited to:

- If a person has been exposed to infectious, body or hazardous substances that may pose a threat to their health.
- Any clinical or related waste spills that occur in the course of service delivery.

All incidents involving infectious, body or hazardous substances must be:

- Reported to the Director and General Manager or their delegate immediately.
- Reported by the relevant authorities by the Director and General Manager or their delegate.
- Recorded on the *Incident Report Form* and *Incident Register*.
- Investigated by the Director and General Manager or their delegate.
- Reviewed and added to the *Continuous Improvement Register*.

The *Waste Management Plan* contains an emergency plan to be implemented where an accident or incident occurs relating to clinical or related waste management.

The Director and General Manager or their delegate is responsible for ensuring:

- The *Waste Management Plan* sets out procedures for waste spills.
- Staff involved in spill management are trained in emergency procedures and handling requirements, including the use of spill kits.
- Spill kits are readily accessible at the point of waste generation and at other strategic points as necessary.
- PPE and emergency spill kits are available, restocked and appropriate for the waste handled.

Staff members who sustain a needle-stick injury or are exposed to blood and/or body fluids may need to be notified to WorkSafe ACT (ACT), SafeWork NSW (NSW), NT WorkSafe (NT), Workplace Health and Safety Queensland (QLD), SafeWork SA (SA), WorkSafe Tasmania (TAS), WorkSafe Victoria (VIC) or WorkSafe WA (WA).

## RELATED DOCUMENTS

- Waste Management Plan
- Emergency and Disaster Management Plan
- Hazard Report Form
- Incident Report Form
- Incident Investigation Form
- Incident Register
- Staff Induction Checklist
- Continuous Improvement Form

## REFERENCES

- National Disability Insurance Scheme Act 2013 (Cth)
- NDIS Practice Standards and Quality Indicators – November 2021
- AS/NZ 3816:2008 Management of Clinical and Related Wastes
- AS/NZS 4123:2006 Mobile waste containers
- Waste Management Plan
- Waste Management Record
- Emergency and Disaster Management Plan
- Work Health and Safety Act 2011 (ACT)

- Work Health and Safety Act 2011 (NSW)
- Work Health and Safety (National Uniform Legislation) Act 2011 (NT)
- Work Health and Safety Act 2011 (QLD)
- Work Health and Safety Act 2012 (SA)
- Work Health and Safety Act 2012 (TAS)
- Occupational Health and Safety Act 2004 (VIC)
- Work Health and Safety Act 2020 (WA)
- Waste Management and Resource Recovery Act 2016 (ACT)
- Protection of the Environment Operations (Waste) Regulation 2014 (NSW)
- Waste Management and Pollution Control Act 1998 (NT)
- Waste Reduction and Recycling Act 2011 (QLD)
- Environment Protection (Waste to Resources) Policy 2010 (SA)
- Environmental Management and Pollution Control (Waste Management) Regulations 2020 (TAS)
- Circular Economy (Waste Reduction and Recycling) Act 2021 (VIC)
- Waste Avoidance and Resource Recovery Act 2007 (WA)