

# Policy and Procedure Guide

This document sets out Great Mates Policies and Procedures Guide to ensure that we provide care consistent with all legislative requirements and provide our participants with a safe, efficient and effective service.

Prepared: January 2024

**GreatMates**

## Table of Contents

<b>ABOUT GREAT MATES</b> .....	<b>13</b>
<b>OUR VISION</b> .....	<b>13</b>
<b>OUR MISSION</b> .....	<b>13</b>
<b>OUR VALUES</b> .....	<b>13</b>
<b>ABOUT THIS MANUAL</b> .....	<b>15</b>
<b>PART 1: GOVERNANCE POLICY AND PROCEDURE</b> .....	<b>17</b>
<b>PURPOSE AND SCOPE</b> .....	<b>17</b>
<b>APPLICABLE NDIS PRACTICE STANDARDS</b> .....	<b>17</b>
<b>DEFINITIONS</b> .....	<b>17</b>
<b>POLICY</b> .....	<b>17</b>
<b>PROCEDURES</b> .....	<b>18</b>
<b>RESPONSIBILITIES</b> .....	<b>20</b>
<b>SUPPORTING DOCUMENTS</b> .....	<b>22</b>
<b>MONITORING AND REVIEW</b> .....	<b>22</b>
<b>DOCUMENT CONTROL</b> .....	<b>22</b>
<b>SUCCESSION PLANNING POLICY AND PROCEDURE</b> .....	<b>23</b>
<b>PURPOSE AND SCOPE</b> .....	<b>23</b>
<b>APPLICABLE NDIS PRACTICE STANDARDS</b> .....	<b>23</b>
<b>DEFINITIONS</b> .....	<b>23</b>
<b>POLICY</b> .....	<b>23</b>
<b>PROCEDURES</b> .....	<b>24</b>
<b>MONITORING AND REVIEW</b> .....	<b>24</b>
<b>SUPPORTING DOCUMENTS</b> .....	<b>25</b>
<b>DOCUMENT CONTROL</b> .....	<b>25</b>
<b>CONFLICT OF INTEREST POLICY AND PROCEDURE</b> .....	<b>26</b>
<b>PURPOSE AND SCOPE</b> .....	<b>26</b>
<b>APPLICABLE NDIS PRACTICE STANDARDS</b> .....	<b>26</b>
<b>DEFINITIONS</b> .....	<b>27</b>
<b>POLICY</b> .....	<b>27</b>
<b>PROCEDURES</b> .....	<b>27</b>
<b>SUPPORTING DOCUMENTS</b> .....	<b>28</b>
<b>MONITORING AND REVIEW</b> .....	<b>28</b>

DOCUMENT CONTROL.....	29
<b>STRATEGIC AND OPERATIONAL PLANNING POLICY AND PROCEDURE .....</b>	<b>30</b>
PURPOSE AND SCOPE .....	30
APPLICABLE NDIS PRACTICE STANDARDS .....	30
DEFINITIONS.....	30
POLICY.....	30
PROCEDURES .....	31
REVIEW .....	31
SUPPORTING DOCUMENTS.....	31
MONITORING AND REVIEW.....	31
DOCUMENT CONTROL.....	32
<b>CONTINUOUS IMPROVEMENT POLICY AND PROCEDURE .....</b>	<b>33</b>
PURPOSE AND SCOPE .....	33
APPLICABLE NDIS PRACTICE STANDARDS .....	33
DEFINITIONS.....	33
POLICY .....	33
PROCEDURES.....	34
SUPPORTING DOCUMENTS.....	35
MONITORING AND REVIEW.....	35
DOCUMENT CONTROL.....	36
<b>COMPLIANCE POLICY AND PROCEDURE.....</b>	<b>37</b>
PURPOSE AND SCOPE .....	37
APPLICABLE NDIS PRACTICE STANDARDS .....	37
DEFINITIONS.....	37
POLICY.....	39
PROCEDURES .....	39
SUPPORTING DOCUMENTS.....	42
MONITORING AND REVIEW.....	43
DOCUMENT CONTROL.....	43
<b>FINANCIAL MANAGEMENT POLICY AND PROCEDURE .....</b>	<b>44</b>
PURPOSE AND SCOPE .....	44
APPLICABLE NDIS PRACTICE STANDARDS .....	44
DEFINITIONS.....	44
POLICY.....	45

PROCEDURES .....	45
ASSETS.....	46
SUPPORTING DOCUMENTS.....	51
MONITORING AND REVIEW.....	51
DOCUMENT CONTROL.....	52
RISK MANAGEMENT POLICY AND PROCEDURE.....	53
PURPOSE AND SCOPE .....	53
APPLICABLE NDIS PRACTICE STANDARDS .....	53
DEFINITIONS.....	53
POLICY .....	55
PROCEDURES.....	55
SUPPORTING DOCUMENTS.....	59
MONITORING AND REVIEW .....	59
DOCUMENT CONTROL.....	60
WORK HEALTH AND SAFETY POLICY AND PROCEDURE.....	61
PURPOSE AND SCOPE .....	61
APPLICABLE NDIS PRACTICE STANDARDS .....	61
DEFINITIONS.....	62
POLICY.....	63
PROCEDURES .....	64
SUPPORTING DOCUMENTS.....	74
MONITORING AND REVIEW.....	75
DOCUMENT CONTROL.....	75
EMERGENCY PLANNING POLICY AND PROCEDURE .....	76
PURPOSE AND SCOPE .....	76
APPLICABLE NDIS PRACTICE STANDARDS .....	76
DEFINITIONS.....	77
POLICY .....	78
PROCEDURES.....	78
REPORTING.....	84
SUPPORTING DOCUMENTS.....	84
MONITORING AND REVIEW .....	85
DOCUMENT CONTROL.....	85
CHEMICAL USE AND STORAGE POLICY AND PROCEDURE .....	86

<b>PURPOSE AND SCOPE .....</b>	<b>86</b>
<b>APPLICABLE NDIS PRACTICE STANDARDS .....</b>	<b>86</b>
<b>POLICY .....</b>	<b>87</b>
<b>PROCEDURES .....</b>	<b>87</b>
<b>REPORTING .....</b>	<b>91</b>
<b>SUPPORTING DOCUMENTS .....</b>	<b>91</b>
<b>MONITORING AND REVIEW .....</b>	<b>92</b>
<b>DOCUMENT CONTROL.....</b>	<b>92</b>
<b>WASTE MANAGEMENT POLICY AND PROCEDURE.....</b>	<b>93</b>
<b>PURPOSE AND SCOPE .....</b>	<b>93</b>
<b>APPLICABLE NDIS PRACTICE STANDARDS .....</b>	<b>93</b>
<b>DEFINITIONS.....</b>	<b>93</b>
<b>POLICY .....</b>	<b>95</b>
<b>PROCEDURES .....</b>	<b>95</b>
<b>REPORTING .....</b>	<b>99</b>
<b>SUPPORTING DOCUMENTS.....</b>	<b>100</b>
<b>MONITORING AND REVIEW.....</b>	<b>100</b>
<b>DOCUMENT CONTROL.....</b>	<b>100</b>
<b>PHYSICAL ACCESSIBILITY POLICY AND PROCEDURE.....</b>	<b>101</b>
<b>PURPOSE AND SCOPE .....</b>	<b>101</b>
<b>APPLICABLE NDIS PRACTICE STANDARDS .....</b>	<b>101</b>
<b>POLICY .....</b>	<b>102</b>
<b>PROCEDURES .....</b>	<b>102</b>
<b>REPORTING .....</b>	<b>102</b>
<b>SUPPORTING DOCUMENTS.....</b>	<b>103</b>
<b>MONITORING AND REVIEW .....</b>	<b>103</b>
<b>DOCUMENT CONTROL.....</b>	<b>103</b>
<b>INFECTON CONTROL POLICY AND PROCEDURE.....</b>	<b>104</b>
<b>PURPOSE AND SCOPE .....</b>	<b>104</b>
<b>APPLICABLE NDIS PRACTICE STANDARDS .....</b>	<b>104</b>
<b>DEFINITIONS.....</b>	<b>105</b>
<b>POLICY .....</b>	<b>105</b>
<b>PROCEDURES .....</b>	<b>105</b>
<b>REPORTING .....</b>	<b>107</b>

SUPPORTING DOCUMENTS.....	107
MONITORING AND REVIEW .....	107
DOCUMENT CONTROL.....	107
<b>FOOD STORAGE AND PREPARATION POLICY AND PROCEDURE .....</b>	<b>108</b>
PURPOSE AND SCOPE .....	108
APPLICABLE NDIS PRACTICE STANDARDS .....	108
POLICY .....	108
PROCEDURES .....	108
REPORTING .....	110
SUPPORTING DOCUMENTS.....	110
MONITORING AND REVIEW.....	110
DOCUMENT CONTROL.....	111
<b>VEHICLE SAFETY POLICY AND PROCEDURE .....</b>	<b>112</b>
PURPOSE AND SCOPE .....	112
APPLICABLE NDIS PRACTICE STANDARDS .....	112
POLICY .....	112
PROCEDURES .....	112
REPORTING .....	115
SUPPORTING DOCUMENTS.....	115
MONITORING AND REVIEW .....	115
DOCUMENT CONTROL.....	115
<b>MEDICATION MANAGEMENT POLICY AND PROCEDURE .....</b>	<b>116</b>
PURPOSE AND SCOPE .....	116
APPLICABLE NDIS STANDARDS .....	116
DEFINITIONS.....	116
POLICY .....	118
PROCEDURES .....	118
REPORTING .....	124
SUPPORTING DOCUMENTS.....	124
MONITORING AND REVIEW.....	125
DOCUMENT CONTROL.....	125
<b>WORKPLACE INCIDENT MANAGEMENT POLICY AND PROCEDURE .....</b>	<b>126</b>
PURPOSE AND SCOPE .....	126
APPLICABLE NDIS PRACTICE STANDARDS .....	126

DEFINITIONS.....	127
POLICY .....	128
PROCEDURES .....	128
SUPPORTING DOCUMENTS.....	135
MONITORING AND REVIEW.....	135
DOCUMENT CONTROL.....	135
<b>HUMAN RESOURCES POLICY AND PROCEDURE .....</b>	<b>136</b>
PURPOSE AND SCOPE .....	136
APPLICABLE NDIS PRACTICE STANDARDS .....	136
POLICY .....	137
PROCEDURES.....	137
RECRUITMENT AND SELECTION.....	138
EMPLOYMENT CONTRACTS.....	138
MANDATORY CHECKS .....	138
RISK ASSESSED ROLES.....	141
SCREENING OUTCOMES.....	142
WORKING WITH CHILDREN CHECK.....	144
TRAINING AND DEVELOPMENT .....	147
SECONDARY EMPLOYMENT .....	153
SUPPORTING DOCUMENTS.....	154
MONITORING AND REVIEW .....	154
DOCUMENT CONTROL.....	155
<b>TEAM POLICY AND PROCEDURE .....</b>	<b>156</b>
PURPOSE AND SCOPE .....	156
APPLICABLE NDIS PRACTICE STANDARDS .....	156
DEFINITIONS.....	156
POLICY .....	157
PROCEDURES .....	157
SUPPORTING DOCUMENTS.....	161
MONITORING AND REVIEW.....	161
DOCUMENT CONTROL.....	161
<b>DISPUTES AND GRIEVANCES POLICY AND PROCEDURE.....</b>	<b>162</b>
PURPOSE AND SCOPE .....	162
APPLICABLE NDIS PRACTICE STANDARDS .....	162

DEFINITIONS.....	162
POLICY.....	163
PROCEDURE.....	163
SUPPORTING DOCUMENTS.....	165
MONITORING AND REVIEW.....	165
DOCUMENT CONTROL.....	166
EQUITY, ANTI-DISCRIMINATION AND WORKPLACE HARASSMENT POLICY AND PROCEDURE.....	167
PURPOSE AND SCOPE.....	167
APPLICABLE NDIS PRACTICE STANDARDS.....	167
DEFINITIONS.....	167
POLICY.....	168
PROCEDURES.....	168
SUPPORTING DOCUMENTS.....	170
MONITORING AND REVIEW.....	170
DOCUMENT CONTROL.....	170
RECORDS AND INFORMATION MANAGEMENT POLICY AND PROCEDURE.....	171
PURPOSE AND SCOPE.....	171
APPLICABLE NDIS PRACTICE STANDARDS.....	171
DEFINITIONS.....	172
POLICY.....	172
PROCEDURES.....	172
SUPPORTING DOCUMENTS.....	176
MONITORING AND REVIEW.....	177
DOCUMENT CONTROL.....	177
PRIVACY AND CONFIDENTIALITY POLICY AND PROCEDURE.....	178
PURPOSE AND SCOPE.....	178
APPLICABLE NDIS PRACTICE STANDARDS.....	178
POLICY.....	181
PROCEDURES.....	182
INFORMATION COLLECTION AND CONSENT.....	183
REPORTING.....	186
SUPPORTING DOCUMENTS.....	188
MONITORING AND REVIEW.....	188
DOCUMENT CONTROL.....	188



<b>PART 2: PEOPLE, FAMILIES AND FORMAL AND INFORMAL SUPPORTS .....</b>	<b>189</b>
<b>PEOPLES RIGHTS AND RESPONSIBILITIES POLICY AND PROCEDURE.....</b>	<b>190</b>
<b>PURPOSE AND SCOPE .....</b>	<b>190</b>
<b>APPLICABLE NDIS PRACTICE STANDARDS .....</b>	<b>190</b>
<b>POLICY.....</b>	<b>190</b>
<b>PROCEDURES.....</b>	<b>191</b>
<b>SUPPORTING DOCUMENTS.....</b>	<b>192</b>
<b>MONITORING AND REVIEW .....</b>	<b>192</b>
<b>DOCUMENT CONTROL.....</b>	<b>192</b>
<b>FEEDBACK AND COMPLAINTS POLICY AND PROCEDURE.....</b>	<b>193</b>
<b>PURPOSE AND SCOPE .....</b>	<b>193</b>
<b>APPLICABLE NDIS PRACTICE STANDARDS .....</b>	<b>193</b>
<b>DEFINITIONS.....</b>	<b>194</b>
<b>POLICY .....</b>	<b>194</b>
<b>PROCEDURES .....</b>	<b>195</b>
<b>SUPPORTING DOCUMENTS.....</b>	<b>202</b>
<b>MONITORING AND REVIEW.....</b>	<b>202</b>
<b>DOCUMENT CONTROL.....</b>	<b>203</b>
<b>PROTECTING PEOPLES FROM HARM POLICY AND PROCEDURE.....</b>	<b>204</b>
<b>PURPOSE AND SCOPE .....</b>	<b>204</b>
<b>APPLICABLE NDIS PRACTICE STANDARDS .....</b>	<b>204</b>
<b>POLICY .....</b>	<b>204</b>
<b>PROCEDURES .....</b>	<b>204</b>
<b>SUPPORTING DOCUMENTS.....</b>	<b>206</b>
<b>MONITORING AND REVIEW .....</b>	<b>206</b>
<b>DOCUMENT CONTROL.....</b>	<b>206</b>
<b>INCIDENT MANAGEMENT: PEOPLE RECEIVING SUPPORT POLICY AND PROCEDURE.....</b>	<b>207</b>
<b>PURPOSE AND SCOPE .....</b>	<b>207</b>
<b>APPLICABLE NDIS PRACTICE STANDARDS .....</b>	<b>207</b>
<b>DEFINITIONS.....</b>	<b>207</b>
<b>POLICY.....</b>	<b>210</b>
<b>PROCEDURES .....</b>	<b>210</b>
<b>SUPPORTING DOCUMENTS.....</b>	<b>223</b>
<b>MONITORING AND REVIEW .....</b>	<b>223</b>

DOCUMENT CONTROL.....	224
<b>DECISION MAKING AND CHOICE POLICY AND PROCEDURE .....</b>	<b>225</b>
PURPOSE AND SCOPE .....	225
APPLICABLE NDIS PRACTICE STANDARDS .....	225
DEFINITIONS.....	226
POLICY.....	227
PROCEDURES .....	228
SUPPORTING DOCUMENTS.....	231
MONITORING AND REVIEW .....	231
DOCUMENT CONTROL.....	231
<b>SERVICE ACCESS POLICY AND PROCEDURE.....</b>	<b>232</b>
PURPOSE AND SCOPE .....	232
APPLICABLE NDIS PRACTICE STANDARDS .....	232
POLICY .....	232
PROCEDURES .....	233
SUPPORTING DOCUMENTS.....	238
MONITORING AND REVIEW.....	238
DOCUMENT CONTROL.....	239
<b>ASSESSMENT, PLANNING AND REVIEW POLICY AND PROCEDURE .....</b>	<b>240</b>
PURPOSE AND SCOPE .....	240
APPLICABLE NDIS PRACTICE STANDARDS .....	240
DEFINITIONS.....	242
POLICY .....	242
PROCEDURES .....	243
SUPPORTING DOCUMENTS.....	248
MONITORING AND REVIEW .....	248
DOCUMENT CONTROL.....	248
<b>PROVIDING INFORMATION, ADVICE AND REFERRAL POLICY AND PROCEDURE.....</b>	<b>249</b>
PURPOSE AND SCOPE .....	249
APPLICABLE NDIS PRACTICE STANDARDS .....	249
DEFINITIONS.....	249
POLICY .....	250
PROCEDURES .....	250
SUPPORTING DOCUMENTS.....	253

MONITORING AND REVIEW .....	253
DOCUMENT CONTROL.....	254
SERVICE DELIVERY AND PARTICIPATION POLICY AND PROCEDURE .....	255
PURPOSE AND SCOPE .....	255
APPLICABLE NDIS PRACTICE STANDARDS .....	255
DEFINITIONS.....	256
POLICY .....	256
PROCEDURES .....	256
SUPPORTING DOCUMENTATION .....	265
MONITORING AND REVIEW .....	265
DOCUMENT CONTROL.....	266
PEOPLE PROGRESS NOTES POLICY AND PROCEDURE.....	267
PURPOSE AND SCOPE .....	267
APPLICABLE PRACTICE STANDARDS .....	267
DEFINITIONS.....	267
POLICY .....	267
PROCEDURES .....	268
SUPPORTING DOCUMENTS.....	269
MONITORING AND REVIEW .....	269
DOCUMENT CONTROL.....	269
PEOPLE MONEY AND PROPERTY POLICY AND PROCEDURE.....	270
PURPOSE AND SCOPE .....	270
APPLICABLE NDIS PRACTICE STANDARDS .....	270
DEFINITIONS.....	270
POLICY .....	271
PROCEDURES .....	271
SUPPORTING DOCUMENTS.....	273
MONITORING AND REVIEW .....	273
DOCUMENT CONTROL.....	273
SERVICE EXIT POLICY AND PROCEDURE .....	274
PURPOSE AND SCOPE .....	274
APPLICABLE NDIS PRACTICE STANDARDS .....	274
POLICY .....	274
PROCEDURES .....	275

SUPPORTING DOCUMENTS.....	278
MONITORING AND REVIEW .....	278
DOCUMENT CONTROL.....	278
<b>CHILD SAFETY AND WELLBEING POLICY AND PROCEDURE.....</b>	<b>279</b>
PURPOSE AND SCOPE .....	279
APPLICABLE NDIS PRACTICE STANDARDS .....	279
DEFINITIONS.....	280
POLICY .....	280
PROCEDURES .....	281
SUPPORTING DOCUMENTS.....	284
MONITORING AND REVIEW.....	284
DOCUMENT CONTROL.....	285
<b>POSITIVE BEHAVIOUR SUPPORT POLICY AND PROCEDURE.....</b>	<b>286</b>
PURPOSE AND SCOPE .....	286
APPLICABLE NDIS PRACTICE STANDARDS .....	286
DEFINITIONS.....	289
POLICY.....	289
PROCEDURES .....	290
SUPPORTING DOCUMENTS.....	291
MONITORING AND REVIEW .....	291
DOCUMENT CONTROL.....	292
<b>THE USE OF RESTRICTIVE PRACTICES POLICY AND PROCEDURE .....</b>	<b>293</b>
PURPOSE AND SCOPE .....	293
APPLICABLE NDIS PRACTICE STANDARDS .....	293
DEFINITIONS.....	297
POLICY .....	300
PROCEDURES .....	301
SUPPORTING DOCUMENTS.....	309
MONITORING AND REVIEW.....	309
DOCUMENT CONTROL.....	309

## ABOUT GREAT MATES

Great Mates is passionate about providing reliable disability support services for people of different abilities, aged 17 – 65 years, their carers, and their families. Great Mates' team is determined to create a world where all people have equal opportunities, and feel empowered, heard, and independent.

We empower people with different abilities to live their life. We offer tailored programs and disability support services to meet your needs and goals in life, and we're by your side every step of the way. Beyond having the right processes, policies and procedures in place, our unique blend of experience, passion for life and commitment to learning about you as a person means a guaranteed level of care that is unsurpassed.

Our mission is to be that safe place where people can embrace differences, find likeness, and be empowered with the necessary skills to get the most out of life. We look forward to learning more about you so we can best support you, your family, and your friends on your journey.

## OUR VISION

At Great Mates, we aspire to create an inclusive future where everyone, regardless of ability, thrives in a supportive community. We are dedicated to empowering individuals through innovative disability services, breaking barriers, and building bridges to a more vibrant and inclusive society.

## OUR MISSION

At Great Mates, we're on a mission to empower individuals with disabilities through a supportive and inclusive community. We provide person-centred services that promote independence, dignity, and meaningful connections. Through innovation, collaboration, and advocacy, we strive to break down barriers and create a thriving environment for everyone, fostering a world where people with disabilities are celebrated for their diverse strengths. Together, we're building a more inclusive and compassionate society.

## OUR VALUES

*Be You.* We all have qualities that makes us unique and special. After all, there's only one you in the world 🤗 We're all about embracing who you are and supporting who you will become by providing opportunities to grow your future. No one can be a better version of you than you! You are at the heart of what we do, and we'll always treat you how we want to be treated ourselves – with the highest standard of respect, compassion, and dignity.

*Be Brave.* We encourage bravery and applaud confidence. Our wheels are always spinning as we plan for the now to improve for the future. We're not afraid of a challenge or to try something new. Our programs and initiatives are always being improved on for the best possible outcomes and to create new opportunities for everyone.

*Be Great.* We champion greatness. Greatness for us means excellence in all we do, from policies to procedures, living standards to the quality of our on-road travel fleet. And for you, greatness means personal growth and empowerment to choose what you want to do.

*Be Mates.* Relationships are everything. We're always working hard to build and maintain strong relationships with everyone we meet – from parents to allied health professionals, support coordinators to case managers and within our own team. At Great Mates, it's important that everyone is included, and every voice is heard, valued, and listened to. We're always here for you.

#### GREAT MATES AND THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

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

## ABOUT THIS MANUAL

To deliver its services as a NDIS Registered Provider, Great Mates' must comply with the NDIS Quality and Safeguards Framework.

Great Mates - must:

- ☞ Comply with the NDIS Act 2013 (Cth);
- ☞ Comply with the NDIS Provider Registration Guide to Suitability, NDIS Terms of Business for Registered Providers and any Conditions of NDIS Registration; and
- ☞ Obtain and maintain accreditation against the NDIS Practice Standards.

The NDIS Practice Standards are quality standards that govern how Registered NDIS providers must deliver services.

The Standards that relate to Great Mates are:

### Core Module

1. Rights and responsibilities of Person/people receiving supports and Providers
2. Governance and Operational Management of Great Mates
3. Provision of supports
4. Support provision environment

### Schedule 4 - Module 1 – High Intensity Daily Activities

1. Complex Bowel Care
2. Enteral Feeding and Management
3. Severe Dysphagia Management
4. Tracheostomy Management
5. Urinary Catheter Management
6. Ventilator Management
7. Subcutaneous Injections
8. Complex Wound Management

### Schedule 4 - Module 2A - Implementing Behaviour Support Plans

1. Behaviour support in the NDIS
2. Regulated Restrictive Practices
3. Supporting the assessment and development of Behaviour Support Plans
4. Behaviour Support Plan implementation
5. Monitoring and reporting the use of Regulated Restrictive Practices
6. Behaviour Support Plan review
7. Reportable Incidents involving the use of a Restrictive Practice
8. Interim Behaviour Support Plans

This Policy and Procedure Manual sets out the policies and procedures that govern Great Mates' operations and service delivery. All policies and procedures comply with the NDIS Practice Standards as well as relevant

Commonwealth and State Government legislation and regulations applicable to Great Mates' service delivery. The manual is intended to complement all State and Commonwealth legislation and does not override any Acts of Parliament or other legal requirements.

Great Mates' team must comply with the policies and procedures in this manual. Failure to follow these policies and procedures will be treated seriously and may result in disciplinary action. Team must refer to the manual on a regular basis and keep up to date with any changes. The policies and procedures within this manual will be reviewed regularly by the Management Team, with review timeframes based on a risk management approach.

**PLEASE NOTE:** For simplicity, where the term or 'team' is used throughout this Manual, it refers to the paid team members, volunteers, contractors, and any other person undertaking work for or on behalf of Great Mates.

Where the term 'person/people receiving support' or 'people Great Mates supports' is used throughout this Manual, it refers to the person/people receiving support who is receiving support from Great Mates' also known as a client of Great Mates, and who is supported by parents/guardians or other supporters who are making decisions on the person/people receiving support's behalf.



# PART 1: GOVERNANCE POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to demonstrate Great Mates' commitment to sound governance, and to document how governance is carried out and reviewed within the business. It applies to all team and meets relevant legislation, regulations, and Standards as set out in Schedule 1, Legislative References

## APPLICABLE NDIS PRACTICE STANDARDS

### GOVERNANCE AND OPERATIONAL MANAGEMENT

#### Outcome

Each person/people receiving support's support is overseen by robust governance and operational management systems relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered.

#### Indicators

- ☞ 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 person/people receiving support rights.
- ☞ A defined structure is implemented by the governing body to meet a governing body's financial, legislative, regulatory, and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering supports to person/people receiving support.
- ☞ 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 provider is managed by suitably qualified and/or experienced persons with clearly defined responsibility, authority, and accountability for the provision of supports.

## DEFINITIONS

**Key personnel** – individuals who hold key executive, management, or operational positions in an organisation, such as Directors, Leads, Board members, Chief Executive Officers, or Chairpersons.

## POLICY

Great Mates has effective systems and processes in place to guide and support its overall direction, effectiveness, supervision processes and the internal and external accountability. Accountable and transparent governance arrangements ensure Great Mates':

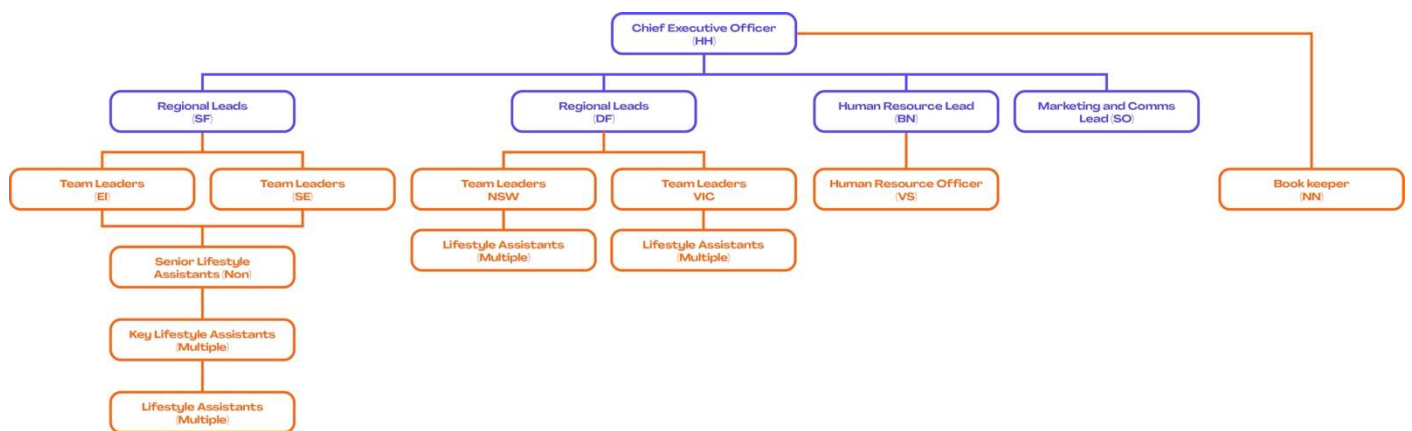
- ☞ Complies with relevant legislation, regulations, and contractual arrangements.
- ☞ Supports and develops its team; and
- ☞ Delivers quality and safe services to its person/people receiving support.

## PROCEDURES

The Trustee of Great Mates Trust trading as Great Mates is a Company established in July 2020. Great Mates is led by its directors, Hannah Horne, and Dwayne Fuller, who operate within their employable capacity of the Chief Executive Officer and Regional Lead respectively. All positions within the organisation report to the Regional Lead and Chief Executive Officer.

Great Mates' organisational structure is set out overleaf.

### Organisation Structure



The Heads of Department Team (HOD Team) of Great Mates meet weekly for a HOD meeting to discuss the previous weeks issues that are unresolved, on-call handovers, continuous improvement reflection and department updates. Each person within the meeting is given space to discuss anything they think is necessary within this meeting. This meeting is designed to align each person to the overall direction of the organisation whilst keeping in touch with any bottlenecks that may have occurred within the last week. This follows the same agenda each week and is regularly reviewed to ensure the meeting is productive for each person's time.

All administration teams are required to submit a weekly summary to the Regional Leads and CEO. This is a summary of what has transpired that week along with any relevant information team believe the Regional and CEO should be made aware of. For Team Leaders, this report looks into the 3 C's of a Team Leader (Care for People, Care for Team and Claiming).

Care for People involves reviewing each person/people receiving support' individual care needs, their situations and how they as Team Leaders have supported that person each week. Any unresolved issues that may require support, any feedback or stakeholder communication that needs to be noted as well as if any reporting to the commission was required and what was required to be reported.

Care for Team reflects on the individuals providing direct support and if there are any unmet needs of our team that we can improve on, any training needs, any cultural or teaming issues that have arose.

Finally, claiming reporting is if the Team Leaders department is up to date with Claiming or if any support is needed. Further to this, person/people receiving support' plans are looked at to ensure there is not overclaiming or funding running out without a plan review plan in place. Everyone notes within their reports any program, financial, data, IT, and service quality information (including incidents and person/people receiving support feedback and complaints) and updates relevant registered accordingly.

The Regional Lead is available to all team whenever they require support. If the Regional Lead is not available, the CEO is then available to support whatever is needed. Great Mates' HOD team, work within an open workspace allowing both autonomous and collaborative environment where everyone can stay in touch with the needs of the people we support and the business.

Digital information and Software Visual Care are used to record, monitor, and report on service delivery. Xero and Visual Care are used for financial record keeping and reporting. Great Mates engages external bookkeepers, advisors, and accountants to assist with all financial matters.

Great Mates summarises its program and financial performance each quarter and formally discussed with quarterly meetings.

#### Heads Of Department Qualifications, Training And Development

Great Mates' must be managed by suitably qualified and experienced people with clearly defined responsibilities, authority, and accountability for the provision of supports to person/people receiving support.

Collectively, the department heads must have the qualifications and experience to meet Great Mates' financial, legislative, regulatory, and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering NDIS supports to person/people receiving support.

As per Great Mates' Human Resources Policy and Procedure, all department heads members must undergo Induction, receive on-going training and development opportunities, and participate in annual performance reviews, to support continuous improvement in Great Mates' management practices.

The directors will monitor the skills and knowledge required for the HOD Team to effectively govern Great Mates and ensure they undertake relevant training to address any gaps.

#### Hannah Horne

##### Chief Executive Officer

- ✎ Bachelor of Business (Management, Human Resources Management)
- ✎ Bachelor of Commerce (Finance)
- ✎ Diploma of Leadership (Counselling)
- ✎ 6 years industry experience

Dwayne Fuller

Regional Lead

- Diploma of Community Services (Case Management)
- Diploma of Counselling
- 12 years industry experience

## RESPONSIBILITIES

The Chief Executive Officer is responsible for:

- Providing vision and direction for Great Mates;
- Maintaining and overseeing operations of Great Mates;
- Reviewing weekly, monthly and quarterly reports;
- Conducting internal and external meetings with stakeholders;
- Oversee Great Mates compliance requirements and ensuring standards are met;
- Ensuring all Great Mates' policies, procedures and practices reflect the organisation's direction and changes;
- Ensuring all Policies and Procedures reflect Legislative standards and is effective governance and management;
- Preparing a comprehensive annual budget and managing the service's finances;
- Ensuring that financial obligations are met with good record keeping, bookkeeping, and accounting procedures are followed as well as accounts receivable entails issuing invoices and statements; -
- Purchasing goods and services to support Great Mates operations;
- Great Mates' NDIS Quality and Safeguard Commission requirements regarding Reportable Incidents, Complaints, Investigation, and obligations;
- Maintaining the service's integrity and service delivery quality;
- Providing assistance and guidance to Great Mates HOD team; and
- Supervising team and providing feedback to improve efficiency and effectiveness.

The Regional Lead is responsible for:

- Ensuring that Great Mates identify, evaluate, and mitigate risks to its team and person/people receiving support;
- Conducting internal and external audits;
- Ensure claiming is being completed correctly by Team Leaders;
- Work closely with Team Leaders to support their roles;
- Producing SIL and STA Quotes;
- Purchasing goods and services to support Great Mates' operations;
- Maintaining the service's integrity and service delivery quality;
- Ensuring Great Mates' overall compliance requirements are up to date;
- Oversee Great Mates compliance requirements and ensuring standards are met;
- Maintaining relationships with person/people receiving support and all stakeholders involved;
- Business Development;
- Networking with providers for partnerships;
- Managing Great Mates' intake process; and
- Completing quarterly reporting obligations.

#### The Human Resources Lead is responsible for:

- 🔒 Recruitment and Selection of Lifestyle Assistants;
- 🔒 Training and Development of all Great Mates Team members;
- 🔒 Identifying, evaluating, and mitigating risks to Great Mates' its team and person/people receiving support;
- 🔒 Establishing and maintaining a healthy and safe work environment;
- 🔒 Conducting investigations where necessary to ensure best practice is maintained across Great Mates operations;
- 🔒 Monitoring Great Mates' compliance requirements and ensuring standards are met;
- 🔒 Implementing a performance management process for team, which includes monitoring performance on an on-going basis and conducting regular performance reviews;
- 🔒 Conducting internal and external audits;
- 🔒 Monitoring and overseeing Great Mates' day-to-day operations;
- 🔒 Supervising team and providing feedback to improve efficiency and effectiveness;
- 🔒 Ensuring the service has the adequate and suitable resources to complete its activities (e.g. people, material, equipment, etc.); and,
- 🔒 Ensuring timesheet preparation for pay runs is efficient and completed accurately.

#### The Team Leader is responsible for:

- 🔒 Monitoring Great Mates' day-to-day operations;
- 🔒 Maintaining the service's integrity and service delivery quality;
- 🔒 Ensuring all Service Agreements are active for claiming purposes;
- 🔒 Claiming on behalf of Great Mates;
- 🔒 Maintain Great Mates compliance requirements and ensuring standards are met;
- 🔒 Maintaining the service's integrity and service delivery quality;
- 🔒 Maintaining relationships with person/people receiving support and all stakeholders involved;
- 🔒 Reporting Lifestyle Assistants efficiency and effectiveness to Regional Managers;
- 🔒 Purchasing goods and services to support Great Mates operations;
- 🔒 Ensuring the service has the adequate and suitable resources to complete its activities (e.g. people, material, equipment, etc.);
- 🔒 Maintaining relationships with all Great Mates stakeholders;
- 🔒 Monitoring and overseeing Great Mates' day-to-day operations;
- 🔒 Monitoring Great Mates compliance requirements and ensuring standards are met;
- 🔒 Supervising team and providing feedback to improve efficiency and effectiveness;
- 🔒 Ensuring Restrictive Practice obligations are met and followed;
- 🔒 Monitoring Great Mates' day-to-day rostering operations;
- 🔒 Ensuring the service has the adequate and suitable resources to complete its activities (e.g. people, material, equipment, etc.); and
- 🔒 Reporting obligations are met.

Should one of the mentioned above HOD Team be unavailable to fulfil their listed duties, where appropriate, the other HOD Team member will be required to fill in. Please see Delegation of Authority and Business Continuity Plan for the breakdown of delegation of tasks and cross trained team members.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📎 Organisation Chart
- 📎 Meeting Agenda
- 📎 Meeting Minutes
- 📎 Delegation of Authority
- 📎 Business Continuity Plan

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure quarterly and make amended when required. Reviews will incorporate team, person/people receiving support, and other stakeholder feedback, where relevant.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	01/01/2024	HOD Team (HR Lead)
<a href="#">Version History</a>		
Version No.	Review Date	Revision Description
3	27/07/2022	Updating organisational chart and responsibilities
2	19/03/2021	Update procedures and responsibilities
1	01/07/2020	Implement new Policy and Procedure to meet National NDIS Standards

# SUCCESSION PLANNING POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to set how Great Mates will continue operating effectively and meet the business' Mission and objectives when key personnel vacate their position. It applies to Great Mates' HOD Team and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### GOVERNANCE AND OPERATIONAL MANAGEMENT

#### Outcome

Each person/people receiving support's support is overseen by robust governance and operational management systems relevant (proportionate) to the size and scale of Great Mates operation and the scope and complexity of supports delivered.

#### Indicators

There is a documented system of delegated responsibility and authority to another suitable person in the absence of a usual position holder in place.

## DEFINITIONS

**Key personnel** – individuals who hold key executive, management, or operational positions in an organisation, such as Directors, Leads, Board members, Chief Executive Officers, or Chairpersons.

**Succession planning** - systematic identification and development of replacement strategies for key personnel.

**Long-term succession planning** – the arrangements for permanently filling a vacancy when key personnel leave their role permanently. Vacancies can be unexpected or be known well in advance.

**Short-term succession planning** – the arrangements for temporarily filling a vacancy when key personnel take planned or unplanned leave, including the immediate unexpected departure of a person. Appointments in the short-term are acting appointments.

## POLICY

Great Mates' succession planning identifies current and future workforce needs, as well as specific replacement strategies for key personnel. Succession planning does not replace Great Mates' merit-based recruitment and selection processes.

## PROCEDURES

To develop a sustainable workforce for Great Mates, the HOD Team must develop and regularly review a Succession Plan for all key personnel. Preparing and implementing a Succession Plan is also an opportunity to grow Great Mates' talent pool, keep existing workers engaged, and be prepared should any key personnel unexpectedly leave the business.

Succession Planning requires the following steps:

1. Identify Great Mates' key positions and skill sets currently in place.
2. Consider the future needs of the organisation regarding key positions and skill sets.
3. Identify the gaps between the current key roles and planned future workforce.
4. Identify any potential risks should key personnel leave unexpectedly.
5. Determine if there are currently any internal high potential candidates who could be up skilled or who could fill those roles now.
6. Identify any training/education/mentoring that would be required to support the current potential internal
7. candidates.
8. Consider the strategies or approach required if there are no current potential internal candidates e.g., recruitment options.
9. Determine and implement actions to enable Great Mates to replace key positions effectively and efficiently when needed, using existing capable team members where appropriate.

The Succession Plan developed by Great Mates will be aligned with its Strategic and Operational Plans and consider the process above, including:

- ☞ Key personnel positions, both now and for the future;
- ☞ High potential internal candidates;
- ☞ Skills gaps and training opportunities to support high potential internal candidates;
- ☞ Strategies to ensure continuity for key personnel positions;
- ☞ Continuity risks (areas where significant disruption may be experienced if key team leave);
- ☞ Age profiles with known retirement plans of key personnel; and
- ☞ Performance assessments of key personnel.

As part of Succession Planning, Great Mates provides equal opportunity for all workers and support of gender equality.

The HOD Team formally reviews and updates the Succession Plan annually and at times of significant and unanticipated change.

## MONITORING AND REVIEW



The HOD Team will review this policy and procedure annually. Reviews will incorporate team, person/people receiving support, and other stakeholder feedback, where relevant.

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



## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

-  Succession Plan
-  Business Continuity Plan

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	01/01/2024	HOD Team (HR Lead)
<a href="#">Version History</a>		
Version No.	Review Date	Revision Description
3	07/07/2023	Updating Monitoring and Reviewing
2	08/05/2022	Management Team (Regional Manager)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# CONFLICT OF INTEREST POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to set out how Great Mates manages conflicts of interest in an open and transparent manner. It applies to all team and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### GOVERNANCE AND OPERATIONAL MANAGEMENT

#### Outcome

Each person/people receiving support's support is overseen by robust governance and operational management systems relevant

(proportionate) to the size and scale of the provider and the scope and complexity of supports delivered.

#### Indicators

- Perceived and actual conflicts of interest are proactively managed and documented, including through development and maintenance of organisational policies.

### CONFLICT OF INTEREST SPECIALISED SUPPORTS

#### Outcome

Each person/people receiving support receives transparent, factual advice about their support options which promotes choice and control.

#### Indicators

- Conflict of interest policies are provided or explained to each person/people receiving support using the language, mode of communication and terms that the person/people receiving support is most likely to understand.
- Each person/people receiving support is supported to understand the distinction between the provision of specialised supports and other reasonable and necessary supports funded under a person/people receiving support's plan using the language, mode of communication and terms that the person/people receiving support is most likely to understand.
- If the provider has an interest in any support option available to the person/people receiving support, the person/people receiving support is aware of this interest. The person/people receiving support understands that any choice they made about providers of other supports will not impact on the provision of the specialised support coordination.
- Referrals to and from other providers are documented for each person/people receiving support.

## DEFINITIONS

**Conflict of Interest** - A situation where a person can derive a real or perceived benefit from actions or decisions made in their official capacity, where their decision is affected by relationships. These relationships can be because of family, friends, or other positions they hold (for example, sitting on Boards).

## POLICY

Great Mates acts with integrity, honesty and transparency and supports person/people receiving support' choice and control. This

includes disclosing any conflicts of interest – perceived or actual – that may impact how it delivers supports.

## PROCEDURES

### General

When making decisions, team should consider:

- ☞ Whether they have any personal or private interests in a matter that may conflict or be perceived to conflict with their duties;
- ☞ Whether there could be a benefit for them, their family, or their friends into the future if they are involved in a particular matter;
- ☞ How their involvement will be viewed by others; and
- ☞ Whether their involvement in a decision being made appears fair and reasonable.

All team should avoid involving themselves in matters that conflict with their duties to Great Mates and the person/people receiving support they support. Where a conflict is unavoidable, team must declare it to the HOD team as soon as practicable after they become aware of it. This includes actual, potential, and perceived conflicts of interest.

Team who are uncertain about whether a conflict of interest exists should seek advice from the HOD team before proceeding.

Once a conflict of interest has been declared, the HOD team must decide what action to take to manage it. Conflicts of Interest must be recorded and monitored in Great Mates' Conflict of Interest Register.

Team must not accept any money, gifts, benefits, or commissions that could interfere with their ability or willingness to act in person/people receiving support' best interests. Nor must they take advantage of their position to gain a personal benefit or a benefit directly or indirectly for another person or body.

### NDIS Considerations

Team must declare all potential, perceived and real conflicts of interest that could impact how they deliver supports, to all relevant person/people receiving support or prospective person/people receiving support. This

includes conflicts of interest relating to financial, business, or personal matters, as well as any financial or business interests that Great Mates has with other organisations.

When providing supports to person/people receiving support, team must not influence or direct person/people receiving support' or their supporters' decision making, or limit their access to information, choice, and control. Advice and information provided about support options (in and outside Great Mates) must be accurate, transparent, and objective. All person/people receiving support must be treated equally and not given preferential treatment above others.

Great Mates provides information about conflicts of interest to person/people receiving support, their families, and carers in a variety of ways. This includes through Great Mates' website and easy-to-read documents. Written information can be provided in Easy English or explained verbally by team. Great Mates team can also help person/people receiving support access interpreters or advocates where required.

Great Mates endeavours to provide information in formats that accommodate current and anticipated person/people receiving support needs. This includes considering person/people receiving support' cultural background, disability, and specific communication needs.

### Supported Independent Living

Person/people receiving support must be given the choice of the service providers who provide support to them. Regardless of which service provider/s they choose, their housing rights, including security of tenure, must be upheld.

Where Great Mates delivers supported independent living services in properties that it owns or has interests in, team must disclose this conflict of interest to person/people receiving support, as part of their intake and assessment. Strategies to address the conflict must also be explained. Should a person/people receiving support choose to use another provider because of this conflict, team must respect their decision.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 Conflict of Interest Register

## MONITORING AND REVIEW

The HOD team will review this policy and procedure at least annually. Reviews will incorporate team, person/people receiving support and other stakeholder feedback, where relevant.

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

**DOCUMENT CONTROL**

Version No.	Issue Date	Document Owner
4	01/01/2024	HOD Team (HR Lead)
<b>Version History</b>		
Version No.	Review Date	Revision Description
3	07/07/2023	NDIS Considerations
2	25/08/2021	Management Team (Regional Manager)
1	01/07/2020	Implement new Policy and Procedure to meet National NDIS Standards

# STRATEGIC AND OPERATIONAL PLANNING POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure sets out how Great Mates' HOD team will set, monitor and achieve the business' Strategic and Operational objectives, underpinned by a continuous improvement approach. It applies to Great Mates' HOD team and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

## GOVERNANCE AND OPERATIONAL MANAGEMENT

### Outcome

Each person's support is overseen by robust governance and operational management systems relevant (proportionate) to the size and scale of the provider and the scope and complexity of supports delivered.

### Indicators

The governing body ensures that strategic and business planning considers legislative requirements, organisational risks, other requirements related to operating under the NDIS (for example, Agency requirements and guidance), peoples and workers' needs and the wider organisational environment.

## DEFINITIONS

**Operational plan** – A detailed plan used to provide a clear picture of how a business, or its specific areas or teams, will contribute to the achievement of the Strategic Plan. Operational Plans are usually developed annually and reviewed at regular intervals.

**Strategic plan** – A document used to communicate the long-term direction of a business, describing what it's going to do and how. Strategic Plans are long term – developed usually for a period of at least 3 years – and reviewed at least annually.

## POLICY

Great Mates' strategic directions and priorities are documented in a three-year Strategic Plan, which is reviewed annually by the HOD team.

The HOD team is responsible for developing the Strategic Plan. It includes team, peoples, and other stakeholders in developing Great Mates' strategic directions and priorities. An Annual Operational Plan, updated each year over the life of the Strategic Plan, supports execution of the Strategic Plan.

## PROCEDURES

### Planning

Great Mates' HOD team develops Strategic Plans that identify the key outcomes set for the business. A new Strategic Plan is developed every one to three years depending on the performance of the organisation.

Strategic Plans are implemented through annual Operational Plans. These form the basis of the HOD team's expectations of each year, setting out how the business will achieve the goals set out in its Strategic Plan.

Strategic and operational planning must consider all relevant legislative requirements, organisational risks, other requirements related to operating under the NDIS (for example, NDIA requirements and guidance), peoples' and team needs and the wider organisational environment.

### REVIEW

The HOD team formally reviews and updates Great Mates' Strategic Plan each financial year and at times of significant and unanticipated change.

When reviewing the Strategic Plan, the HOD team will seek feedback from team, peoples, and other stakeholders. The extent of consultation will be determined by external factors and the funds available at the time the plan is reviewed.

Operational Plans are reviewed quarterly in conjunction with Quarterly Management Reports.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- ❏ Strategic and Operational Plan

## MONITORING AND REVIEW

The HOD team will review this policy and procedure every one to three years. Reviews will incorporate team, people, and other stakeholder feedback, where relevant.

Great Mates will include team, peoples, and stakeholders in its organisational service delivery planning where possible. This will inform how effectively Great Mates' strategic and operational objectives support quality service delivery.

Annual satisfaction surveys will assess people and team satisfaction with Great Mates' strategic and operational priorities and their alignment with service delivery. They will also provide stakeholders with the opportunity to provide feedback on areas for improvement.

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

## DOCUMENT CONTROL

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4	01/01/2024	HOD Team (CEO)
<b>Version History</b>		
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3	07/07/2023	NDIS Considerations
2	25/08/2021	Management Team (Regional Manager)
1	01/07/2020	Implement new Policy and Procedure to meet National NDIS Standards



# CONTINUOUS IMPROVEMENT POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure set out how Great Mates delivers quality services through an effective Quality Management System (QMS) that is based on an on-going cycle of review and evaluation. It applies to all team and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### QUALITY MANAGEMENT

#### Outcome

Each person/people receiving support benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery.

#### Indicators

- ☞ 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 provider's 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 provider's quality management system supports continuous improvement, using outcomes, risk related data, evidence-informed practice and feedback from person/people receiving support and workers.

## DEFINITIONS

**Continuous improvement** - the on-going effort of a business to improve services, systems, processes, or products to maximise benefits for its clients. The process relies on using evidence-based information to support the business' achievement of its goals and outcomes. This also means adapting to the changing needs of its community or clients.

## POLICY

Great Mates is committed to quality, innovation and promoting a culture of continuous improvement in its governance, management, and service delivery. Continuous improvement is incorporated into all areas of Great Mates' operations.

Great Mates includes its team, person/people receiving support, and other relevant stakeholders in its continuous improvement activities to ensure services are of a high quality and meet person/people receiving support' needs.

## PROCEDURES

Great Mates' is based on policies and procedures that align with the NDIS Practice Standards and all relevant Commonwealth and State legislation and regulations. All policies and procedures are formally reviewed each year and any changes required are made upon discovery. Reviews incorporate team, person/people receiving support, and other stakeholder feedback where relevant.

All team should:

- 📌 Be familiar with all Great Mates policies and procedures and their implementation.
- 📌 Critically consider whether the policies and procedures are fit for purpose and meet the business and person/people receiving support' needs; and
- 📌 Make constructive suggestions about the policies and procedures.

To support continuous improvement, the Directors will arrange, monitor, and report on internal reviews and external audits to the HOD team, in accordance with the *Internal Review and External Audit Schedule*. Where possible, stakeholders (person/people receiving support, families, carers, and advocates) will be included in each formal review or audit procedure undertaken by the organisation.

All service planning, delivery and evaluation activities will include team, person/people receiving support and other stakeholders and their feedback.

All team are responsible for identifying and actioning opportunities for continuous improvement. They will be made aware of their responsibilities through formal Induction and training processes as well as on-going workplace practices.

The agenda for the weekly HOD meeting includes a standing item on continuous improvement (including incidents and feedback and complaints).

All continuous improvement issues or opportunities identified will be reported to and tracked by the HR Lead in Great Mates' *Continuous Improvement Register*. The *Continuous Improvement Register* is a 'living document', updated as and when improvements are identified.

The register includes the:

- 📌 Improvement identified;
- 📌 Action to be taken;
- 📌 Person responsible for actioning;
- 📌 Team, person/people receiving support or other stakeholder participation required and undertaken;
- 📌 Date of completion; and
- 📌 Review date.

The *Continuous Improvement Register* also tracks improvements identified from reviews of:

- 📄 The Complaints Register
- 📄 The Risk Register;
- 📄 The Incident Register;
- 📄 Feedback opportunities offered to person/people receiving support, families, carers and advocates;
- 📄 Planning, service delivery, plan review, exit, service refusal and referral information contained in Visual Care;
- 📄 Results from internal reviews and external audits;
- 📄 Great Mates' performance against its Vision, Mission and goals as set out in its strategic and operational planning;
- 📄 Learning and reflection opportunities for team;
- 📄 Team supervision and performance reviews;
- 📄 Reporting and data provided to the NDIS Commission and other agencies; and
- 📄 Collaborative relationships with similar organisations and networks.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 All policies and procedures
- 📄 Continuous Improvement Register
- 📄 Compliance Register
- 📄 Feedback and Complaints Register
- 📄 Incident Register
- 📄 Business Continuity Plan
- 📄 Internal Review and External Audit Schedule

## MONITORING AND REVIEW

The HOD team will review this policy and procedure annually. Reviews will incorporate team, person/people receiving support, and other stakeholder feedback, where relevant.

Great Mates will include team, person/people receiving support, and stakeholders in its organisational service delivery planning where possible. This will inform how effectively Great Mates' strategic and operational objectives support quality service delivery.

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

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4	01/01/2024	HOD Team (HR Lead)
<b>Version History</b>		
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3	27/08/2023	Management (CEO)
2	10/09/2021	Management Team (Regional Manager)
1	01/07/2020	Implement new Policy and Procedure to meet National NDIS Standards

# COMPLIANCE POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to set out how Great Mates ensures it complies with the range of legislative, regulatory, and contractual requirements that apply to its operations. It applies to all team and meets relevant legislation, regulations and standards as set out in Schedule 1, Legislative References.

Failure to comply with the compliance requirements of the NDIS legislation and rules may lead to the NDIS Commissioner taking compliance and enforcement action against Great Mates.

## APPLICABLE NDIS PRACTICE STANDARDS

### QUALITY MANAGEMENT

#### Outcome

Each person/people receiving support benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery.

#### Indicators

- 📌 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 provider's 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.

## DEFINITIONS

**Approved Quality Auditor** - a person or business approved by the NDIS Commission to audit NDIS Registered Providers against the NDIS Practice Standards.

**Banning Order** - a written notice provided by the NDIS Commissioner to a NDIS provider or person employed or engaged by a NDIS provider, prohibiting them from certain activities. A banning order may apply generally or be limited in application. It may also be permanent or for a specified period.

**Certification** - an assessment of a NDIS Registered Provider conducted by an approved quality auditor against the NDIS Practice Standards. Certification involves:

- 📌 A desk top review of the provider, including relevant documentation such as Policies and Procedures; – An inspection of the sites, facilities, equipment, and services used to deliver NDIS supports; and
- 📌 Interviews with key personnel, team, and person/people receiving support.

**Commissioner of the NDIS Quality and Safeguard Commission (NDIS Commissioner)** - the person who leads the NDIS Commission.

**Compliance Notice** - a written notice provided to a NDIS provider by the NDIS Commissioner if the NDIS provider is not complying with the NDIS Act 2013 (Cth). Failure to comply with a Compliance Notice will result in a civil penalty (fine) and may lead to the provider's registration being suspended or revoked.

**Enforceable Undertaking** - in the context of the NDIS and this Policy and Procedure, an agreement made between the NDIS Commission and a NDIS Provider that is legally binding and enforceable in a court. In these circumstances, the commitment would relate to activities the provider has agreed to undertake to address or rectify compliance issues.

**NDIS Code of Conduct** - a code of conduct that applies to all NDIS providers and the people employed or engaged by them, regardless of whether they are registered. The NDIS Code of Conduct supports the rights of people with disability in the NDIS to have access to safe and ethical supports and reflects the core values and principles set out in the National Standards for Disability Services, the National Mental Health Standards, and the NDIS Act 2013 (Cth).

**NDIS Practice Standards** - standards concerning the quality of supports or services to be provided by registered NDIS providers. Non-compliance with the NDIS Practice Standards by registered NDIS providers constitutes a breach of their registration.

**NDIS Provider Register** - a register kept by the NDIS Commission containing the details of all registered NDIS providers. It includes:

- ☞ Business details, including contact person, ABN and contact details;
- ☞ The approved registration period;
- ☞ The classes of supports or services the business is registered to provide;
- ☞ The classes of people the business is registered to support;
- ☞ Any conditions placed on the registration;
- ☞ Details of any previous or current suspension;
- ☞ Details of any previous or current banning order;
- ☞ Information about any previous or current compliance notices in force; and
- ☞ Information about any enforceable undertaking the business has committed to.

The NDIS Provider Register may also include information about unregistered NDIS providers or NDIS providers who have had their registration revoked, as well as any other information that it is relevant to the provision of supports or services to people with disability.

**NDIS Quality and Safeguard Commission (NDIS Commission)** - an independent body that regulates the NDIS market and supports the high quality and safe delivery of NDIS supports and services. It is responsible for:

- ☞ Registration and regulation of NDIS providers;
- ☞ Compliance monitoring, investigation and enforcement action;
- ☞ Responding to concerns, complaints, and reportable incidents, including abuse and neglect of a person with disability;
- ☞ National oversight of behaviour support, including monitoring the use and reduction of restrictive practices within the NDIS; and

- Leading collaboration with states and territories to design and implement nationally consistent NDIS worker screening processes.

**Revocation** - a written notice removing the registration of a registered NDIS provider. The Commissioner may also revoke the registration of a registered NDIS provider upon written request from the provider.

**Suspension** -suspension of a registered NDIS provider's registration for a specified period. The Commissioner may also suspend the registration of a registered NDIS provider upon written request from the provider. While suspended, registration ceases to have effect. A Suspension may be enforced if the provider is not complying with the NDIS Act 2013 (Cth), their registration application contained false or misleading information, where they or their key personnel are considered unsuitable to provide services to people with disability or if they become an insolvent under administration.

**Worker** - a person employed or engaged by a registered NDIS provider.

## POLICY

Great Mates recognises that quality service delivery relies on good compliance practices. It is committed to maintaining compliance with all relevant regulatory, legislative, and contractual requirements.

Great Mates' HOD team are responsible for ensuring Great Mates is and remains compliant. In providing services to people with disability, Great Mates complies with all requirements set down by the state and Federal governments.

Great Mates, and all people working for or on behalf of Great Mates, will comply with the *NDIS Code of Conduct*.

## PROCEDURES

### Compliance Monitoring

Great Mates' HOD team is responsible for monitoring and reviewing the organisation's compliance.

HOD team members are responsible for:

- Supporting compliance in all areas of Great Mates' operations;
- Ensuring team understand their compliance responsibilities; and
- Fostering a compliance culture in their area of responsibility.

The HOD team liaise with Team Leaders on compliance issues as they arise. These can be tracked within the *Compliance Register*. This includes internal reviews and external audits that are conducted.

The HOD team monitor changes to Great Mates' compliance requirements through a contact with relevant government agencies and scanning relevant websites for. Team is made aware of relevant changes as soon as possible.

### Team Responsibilities

All team are responsible for monitoring and managing compliance within their areas of influence.

Upon commencement, all team undergo an Induction, which includes information and training on Great Mates' compliance responsibilities.

### Compliance Breaches

All team must notify their immediate supervisor as soon as they become aware that a compliance breach has occurred or is likely to occur. This includes when a compliance-related complaint is made.

HOD team must address the breach as soon as possible after becoming aware of it.

All compliance breaches must be reported to the HOD team, who will track them in Great Mates' Compliance *Register* and report them to the Management Team.

### NDIS Registered NDIS Provider Compliance

As a registered NDIS provider, Great Mates must comply with the *NDIS Terms of Business for Registered Providers* and the *NDIS Provider Registration Guide to Suitability*.

Great Mates assesses its compliance with these documents as part of a self-assessment annually to do maintenance audits for certifications against the *NDIS Practice Standards*.

### NDIS Practice Standards

Great Mates must comply with the following NDIS Practice Standards, set out in Schedules to the *NDIS (Provider Registration and Practice Standards) Rules 2018*.

#### Schedule 1 - Core Module

1. Rights of person/people receiving support and responsibilities of providers
2. Provider governance and operational management
3. Provision of supports
4. Support provision environment

Great Mates undergoes certification against these Standards every twelve to eighteen months. Maintenance audits are undertaken quarterly.

#### Schedule 4 - Module 1 – High Intensity Daily Activities

1. Complex Bowel Care
2. Enteral Feeding and Management
3. Severe Dysphagia Management
4. Tracheostomy Management
5. Urinary Catheter Management
6. Ventilator Management
7. Subcutaneous Injections
8. Complex Wound Management

Great Mates undergoes certification against these Standards every twelve to eighteen months. Maintenance audits are undertaken quarterly.



#### Schedule 4 - Module 2A - Implementing Behaviour Support Plans

1. Behaviour support in the NDIS
2. Regulated Restrictive Practices
3. Supporting the assessment and development of Behaviour Support Plans
4. Behaviour Support Plan implementation
5. Monitoring and reporting the use of Regulated Restrictive Practices
6. Behaviour Support Plan review
7. Reportable Incidents involving the use of a Restrictive Practice
8. Interim Behaviour Support Plans

Great Mates undergoes certification against these Standards every eighteen months. Maintenance audits are undertaken quarterly.

#### NDIS Code of Conduct

Great Mates and its team comply with the NDIS Code of Conduct. In providing supports or services to people with disability, Great Mates and its team will:

- ☞ Act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with applicable laws and conventions;
- ☞ Respect the privacy of people with disability;
- ☞ Provide supports and services in a safe and competent manner, with care and skill;
- ☞ Act with integrity, honesty and transparency;
- ☞ Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability;
- ☞ Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect, and abuse of, people with disability; and
- ☞ Take all reasonable steps to prevent and respond to sexual misconduct.

Anyone can raise a complaint about potential breaches of the *NDIS Code of Conduct*. Should a person/people receiving support or other stakeholder wish to make a complaint about Great Mates with respect to the *NDIS Code of Conduct*, they will be directed to Great Mates' *Feedback and Complaints Policy and Procedure*.

Should Great Mates, or people employed or engaged by Great Mates, be found to have breached the *NDIS Code of Conduct*, Great Mates will comply with any education, compliance or enforcement action stipulated by the NDIS Commissioner.

#### NDIS Registration Compliance

Great Mates will only provide supports to NDIS person/people receiving support that it is registered to provide (as set out in its NDIS Certificate of Registration).

Great Mates may provide supports it is not registered to provide if a person/people receiving support is managing their own NDIS funding or has a registered Plan Manager managing their funding, provided the supports are not classed by the NDIS Commission as supports that must be delivered by a registered NDIS provider.

To maintain its NDIS provider registration, Great Mates must:

- ☞ Comply with all applicable Commonwealth, state and local legislation;
- ☞ Comply with the NDIS Code of Conduct;
- ☞ Comply with all applicable *NDIS Practice Standards*;
- ☞ Comply with all applicable record keeping requirements set out in the NDIS Rules (see the *Records and Information Management Policy and Procedure*);
- ☞ Implement and maintain a complaints management and resolution system that complies with the NDIS Rules (see the *Feedback and Complaints Policy and Procedure*); and
- ☞ Implement and maintain an incident management system and comply with all applicable reportable incidents requirements under the NDIS Rules.

Great Mates must also comply with all conditions specified in its NDIS Certificate of Registration or imposed by the NDIS Commission, such as:

- ☞ The types of quality audits it must undergo;
- ☞ The timing of these audits; and
- ☞ Specific requirements relating to the supports it is registered to provide.

Great Mates must notify the NDIS Commission of any change in its circumstances that materially affects its suitability, or the suitability of any of its key personnel, to provide the supports it is registered to provide. The change must be notified to the Commissioner within 28 days of the change occurring.

Changes of circumstances include:

- ☞ Events that significantly affect Great Mates' ability to comply with its conditions of registration; – Changes that adversely affect person/people receiving support' access to supports provided by Great Mates; – Adverse changes in Great Mates' financial capacity to provide supports; and
- ☞ Significant changes in Great Mates' organisation or governance arrangements.

Great Mates may request that the NDIS Commission correct the NDIS Provider Register if the Register contains incorrect information.

Great Mates is expanding into New South Wales and Victoria. Whilst planning the expansion, the HOD team has looked into different state legislative requirements (including but not limited to Restrictive Practice implementation, test and tagging, community visitor programs as well as reporting obligations) to ensure each state legislation is upheld when operating. Please refer to each individual policy for further breakdowns of state based compliance implementation.

## SUPPORTING DOCUMENTS

- ☞ Documents relevant to this policy and procedure include:
- ☞ NDIS Certificate of Registration
- ☞ Compliance Register
- ☞ Internal Review and External Audit Schedule

## MONITORING AND REVIEW

The HOD team will review this policy and procedure at least annually. Reviews will incorporate team, person/people receiving support, and other stakeholder feedback, where relevant.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
5	01/01/2024	HOD Team (Human Resource Lead)
<a href="#">Version History</a>		
Version No.	Review Date	Revision Description
4	01/11/2022	Management Team (Human Resource Lead)
3	01/06/2021	Management Team (CEO)
2	10/07/2020	Management Team (Regional Manager)
1	01/07/2020	Implement new Policy and Procedure to meet National NDIS Standards

# FINANCIAL MANAGEMENT POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure sets out Great Mates' financial management arrangements. It applies to Great Mates' HOD team and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### RISK MANAGEMENT

#### Outcome

Risks to person/people receiving support, workers and the provider are identified and managed.

#### Indicators

Risks to the organisation, including risks to person/people receiving support, **financial** and work health and safety risks, and risks associated with provision of supports are identified, analysed, prioritised, and treated.

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

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

## DEFINITIONS

**Assets** – non-consumable items of tangible property (including fixtures) that have a service life greater than one year. Assets can include, but not limited to:

- ☞ Equipment or aids to support person/people receiving support;
- ☞ Electronic equipment (such as computers);
- ☞ Furniture; and
- ☞ Motor vehicles.

**Corruption** – a dishonest activity where a person engaged by a business act in a way that is contrary to the interests of the business and abuses their position to achieve a personal gain or advantage for themselves or others.

**Fraud** – dishonest activity causing actual or potential financial loss to any person or business, including theft. Fraud also includes the deliberate falsification, concealment, destruction or use of falsified documentation or the improper use of information or position for financial benefit.

## POLICY

Great Mates maintains financial management and accounting systems that:

- ☞ Are transparent and accountable;
- ☞ Allow for full and accurate record keeping;
- ☞ Allow budgeting and reporting;
- ☞ Meet applicable Australian Accounting Standards; and
- ☞ Support all relevant financial compliance and reporting requirements.

All financial transactions, including receipts and payments related to NDIS support delivery, are clearly identifiable and easily tracked within Great Mates' financial system.

Great Mates complies with the Australian Accounting Standards issued by the Australian Accounting Standards Board.

With respect to NDIS service delivery in particular, Great Mates:

- ☞ Implements financial processes that support person/people receiving support to avoid or limit debts to Great Mates;
- ☞ Manages debtors to ensure its financial sustainability; and
- ☞ Complies with the NDIS Terms of Business for Registered Providers and the NDIS Price Guide, including:
  - Prohibition on advance payments for Agency Managed plans;
  - Prohibition of late payment fees, and
  - Processes for withdrawal or termination of services.

## PROCEDURES

### General

Great Mates' Team members (CEO, Regional Leads, HR Lead, Team Leaders):

- ☞ Use the NDIS Portal and Xero to support Great Mates' financial management;
- ☞ Maintain accurate and up-to-date records of the business' Bank Accounts; and
- ☞ Monitor Great Mates' financial position to minimise the risk of fraud and ensure expenditure complies with the budget, is accounted for correctly, and is properly authorised prior to expenditure being incurred.

The signatories for Great Mates' bank account are Great Mates' Trustees. The Trustees also have online access to Great Mates' bank accounts. Access is controlled by unique user IDs and passwords, which must remain confidential, and under no circumstances be divulged to anyone else. Great Mates will operate with an Operations, Savings, Tax and Super and House bank accounts. Each account has procedures to ensure accounts are managed and reconciled appropriately.

The bank account is reconciled monthly. Receipts must accompany all claims for expenditure. All transactions will be made through electronic transfers and card payments with no cash being held by Lifestyle Assistants, Team Leaders, or heads of departments.

The HOD team will be given a Business Expenses Card to make purchases within the approved budget. Budgets are approved 6 months in advance with request forms available for extra purchase. Any purchases made with the bank cards will have receipts sent through to the finance team with a description to assist with monthly reconciliation.

Team members using this will be required to report any excess spending within HOD meetings. All purchases are reconciled in Great Mates' Xero in a timely manner to meet ATO reporting obligations. All receipts are filed and kept within Visual Care or email account for 7 years. The correct expense process should be followed to ensure reimbursements are not necessary.

The CEO is responsible for ensuring that processes are in place and are funds available to pay for:

- ☞ Team wages and salaries;
- ☞ Long service leave, maternity leave, sick leave and accumulated annual leave entitlements; – Equipment and other assets;
- ☞ Training and development;
- ☞ Maintenance; and
- ☞ Unexpected expenses.

The CEO is also responsible for ensuring all debts incurred by Great Mates are settled by their due date or for arranging extensions for payment where this is necessary.

Person/people receiving support money is to be managed on a case-by-case basis. It is to be determined in during the intake and transitions process if Great Mates will be responsible for managing person/people receiving support money or not. Person/people receiving support and all of their stakeholders have access to Great Mates' feedback and complaints processes and can raise issues about the business' financial management processes without fear of retribution.

## ASSETS

Details of all assets owned by Great Mates are to be recorded in Visual Care and Xero. When an asset is sold or otherwise disposed of, the details of the disposal (such as sale proceeds) are recorded in Xero and asset register is updated.

Where an asset is lost, damaged, or destroyed, Great Mates will repair or replace the asset if it is still required. Asset depreciation will be recorded in accordance with the *Australian Accounting Standards*.

Any assets that are utilised by Team members will be listed on the Team members Visual Care account to ensure accurate records are kept of asset distribution.

## Insurance

The Team Leaders are responsible for ensuring all people and equipment associated with Great Mates' operations are covered by all necessary insurances. Insurances are recorded in an *Insurances Register*, which includes the type of insurance, policy name and number, annual premium, and expiry date of each policy.

Insurance policies must be renewed no less than 14 days before their expiry and reflect the business' requirements as well as market conditions. Great Mates is utilising an insurance broker to ensure all insurances are current and do not lapse. Further to this, the insurances broker will assist with any claims processing should the need arise.

### Budget Processes

The HOD team are to prepare budgets for approval by the CEO through the budget request forms each quarter for the upcoming quarter. These budgets should always be six months in advance.

The CEO prepares annual itemised budgets for the Directors review for the new financial year in consultation with Great Mates' external accountant. Budget development considers the current and previous year's income and expenditure, any known changes to funding arrangements and expected cost changes.

Annual budgets for each financial year must be submitted by Department Heads to by no later than the July of that financial year.

### Payroll

The HR Lead approves timesheets in Visual Care and then emails them to external bookkeepers for processing within Xero, ensuring the CEO is copied into all communication. Team members receiving wages will be based on the number of hours worked and will be approved by the Team Leaders.

The Team Leaders are to then finalise by Monday close of business each fortnight. The CEO sends a report to the external Bookkeepers. Once the pay run is ready, the CEO then makes a multipayment within the Business Operations Bank Account. Super and Payroll Tax are processed monthly from the same account.

### Internal Reporting

Within the weekly meetings, the HOD team discuss any financial concerns or abnormalities within their departments. The HOD team are responsible for bringing the required information and make any necessary requests via budget forms which are submitted to the CEO for reviewing and final approval.

Financial Statements for submission to the portal are prepared by the CEO and Regional Manager at the intervals specified in funding packages. Claiming is tracked through the monthly reviews and quarterly financial audits to ensure only services provided with a service agreement are claimed for.

In each new financial year, the CEO will ensure that the previous year's financials are documented, archived, and labelled accordingly. The CEO is also responsible for collating an Annual Report for Great Mates.

### External Reporting

The CEO is responsible for overseeing the reconciliation of Great Mates' accounts at the end of each financial quarter in consultation with the external bookkeeper and financial advisor then approving the submitting of the Business Activity Statements to the Australian Tax Office (ATO) within the required timeframe.

The external bookkeepers is also responsible for reporting Superannuation and Pay As You Go (PAYG) tax withholding amounts to the ATO. Xero has Single Touch Payroll (STP) functionality that allows Great Mates to report tax and super information for all team members to the ATO as payroll is processed.

All Superannuation is paid to the correct super funds within the timeframe required. BAS and PAYG amounts are paid to the ATO by their due date. Payroll tax is currently paid monthly. The CEO must contact the ATO should Great Mates be unable to make any of these payments on time.

## Fraud and Corruption

Great Mates' Directors are responsible for ensuring team members are trained in and understand what fraudulent practices are, how to identify potential fraud and how to report fraud.

Where an employee, person/people receiving support or other stakeholder identifies suspected fraud or corruption, they must make an initial report to:

- ☞ Team Leader (unless that person may be implicated);
- ☞ Human Resource Lead (unless that person may be implicated);
- ☞ Regional Manager (unless that person may be implicated);
- ☞ CEO (unless that person may be implicated); or
- ☞ The Police.

All reports of fraud or corruption must be treated confidentially and referred to the Department Heads. The CEO will record all reports of actual and suspected fraud or corruption, noting the nature of the report, the time received, and remedial actions planned and taken. A copy of these records must be made available to relevant authorities upon request.

Any internal discipline or misconduct workplace investigations relating to team members as a result of a fraud or corruption allegation must be conducted in accordance with Great Mates' *Human Resources Policy and Procedure*.

If, during the course of a disciplinary workplace investigation, it is determined that a criminal offence such as fraud or corruption may have been committed, a report must be made to the police. To ensure that a criminal investigation is not compromised, clearance may need to be sought from the police for Great Mates to:

- ☞ Continue the disciplinary investigation;
- ☞ Notify the team member of misconduct allegations;
- ☞ Interview witnesses to inform a disciplinary investigation; and
- ☞ Release information to the team member or their representative.

## NDIS Considerations

Great Mates' financial arrangements regarding NDIS service delivery must comply with:

The NDIS Act 2013 (Cth), the *NDIS Rules*, all relevant NDIS guidelines, and all policies issued by the NDIA, including the *NDIS Terms of Business for Registered Providers* and *NDIS Provider Registration Guide to Suitability*; and

All other relevant Commonwealth or state law and other requirements.

Pricing for supports must be endorsed by the department heads and be based on the price controls and quoting requirements set out in the *NDIS Price Guide*, as well as the *NDIS Provider SIL Pack Training Guide and FAQs* and related templates.

Great Mates must not:

- ☞ Add charges to the cost of supports, such as credit card surcharges or any additional fees; – Request payment before the support has been delivered; or
- ☞ Charge cancellation fees, except in circumstances identified in the *NDIS Price Guide*.

Pricing for supports provided to person/people receiving support who self-manage their NDIS funding may be negotiated with the person/people receiving support or their representative independently to the *NDIS Price Guide*.



GST will not be charged on supports that are considered GST-free under the *GST-free Supply (National Disability Insurance Scheme Supports) Determination 2017*.

The HOD team maintain full and accurate accounts and financial records of the supports delivered to NDIS person/people receiving support, along with records of all Service Agreements. All financial records relating to NDIS service delivery must accurately detail the quantity, type and duration of support delivered.

### Service Agreements

Service Agreements set out the supports Great Mates provides individual person/people receiving support. Team members must work collaboratively with all person/people receiving support and their care team to develop Service Agreements and ensure they support the person/people receiving support's choice and control over both their supports and finances.

Team must disclose all fees and charges to person/people receiving support before providing supports and include this information in Service Agreements.

Service Agreements must clearly set out the fees to be paid for supports, when delivery of supports is to be performed and the method of payment required for those supports. See Great Mates' *Assessment, Planning and Review Policy and Procedure* for more information about Service Agreements and what they must contain. Service Agreements must be signed, and a copy sent to person/people receiving support, their guardian and filed at the office.

### Service Bookings

Service Bookings apply to person/people receiving support whose NDIS funding is managed by the National Disability Insurance Agency (NDIA) or a registered NDIS Plan Manager. Service bookings formalise the supports to be provided to individual person/people receiving support in the NDIS myplace portal and contain key information from the Service Agreement, including the supports to be delivered, the period supports are required and the cost.

The Team Leaders and Regional Lead are responsible for entering and managing all Great Mates service bookings in the myplace portal.

### Payment

Once supports have been delivered to person/people receiving support whose funds are managed by the NDIA or a registered Plan Manager, the Customer Care Manager or Regional Manager are responsible for submitting payment requests through the myplace portal, against the relevant Service Bookings.

Payment requests are processed as supports are delivered. All requests must be approved and submitted to the Director by the day before payment requests are processed.

Payment requests must be submitted within 60 days from the end of the relevant Service Booking.

Should the Directors experience any issues with payment requests, they can refer to the NDIA's provider toolkit at [www.ndis.gov.au](http://www.ndis.gov.au) or phone the Agency on 1800 800 110.

Once supports have been delivered to a person/people receiving support who is self-managing their funding, the Director must invoice them directly.

Fees for self-managed person/people receiving support or other fee-for-service supports can be paid by online. Cash will not be kept on Great Mates' premises unless established in initial intake and transition meeting to store person/people receiving support personal money.

Invoices are processed upon support and/or services being delivered. Accounts payable is processed externally twice per week with invoices that are due for payment. The HOD team, at their discretion, can approve payments based on the delegation of authority that they have.

### Record Keeping

Great Mates must comply with the NDIA's Provider Payment Assurance Program, which confirms the accuracy of payment requests submitted by registered providers. This includes:

- Recording details of all supports provided, and fees charged. At a minimum, this includes recording the person/people receiving support's name, date/s and total hours or quantity of the support delivered and the support type; and – Maintaining records that provide evidence of the supports provided. Records that must be kept include:
  - Service Agreements containing the schedule, cost, type and quality of supports to be delivered as well as the expected outcomes for the person/people receiving support;
  - approved quotes (where relevant); and
  - evidence of the amount of support provided and the type of support provided.
  
- The Provider Payment Assurance Program section of the NDIS Provider Toolkit (see [www.providertoolkit.ndis.gov.au](http://www.providertoolkit.ndis.gov.au)) provides further detail about the records that should be kept for different support types.
  
- Financial records and accounts relating to NDIS service provision must be retained for at least 5 years from the date of issue. Great Mates' record keeping must also comply with all relevant legislation and requirements detailed in Schedule 1, Legislative References.

## Debtor Management

Where someone has difficulty paying fees, they are encouraged to discuss this with Great Mates so that mutually acceptable payment arrangements can be put in place.

Outstanding debts relating to self-managed, or fee-for-service supports are reviewed monthly by the Director, who contacts people who have fees that are 7, 14, 21, 28, 30, 45 and/or 60 days overdue. The following approach will be taken at each point:

- 📅 7 days – courtesy reminder phone call and follow up email or letter;
- 📅 14 days – courtesy reminder phone call and follow up email or letter;
- 📅 21 days – courtesy reminder phone call and follows up urgent payment required email or letter. The CEO will consider terminating services based on the outcome;
- 📅 28/30 days - courtesy reminder phone call and follow up email or letter. The CEO will consider terminating services based on the outcome;
- 📅 45 days – courtesy reminder phone call and follow up final demand email or letter. The CEO will decide further action (for example, debt collection or writing off the debt) based on the outcome; and – 60 days - The CEO will decide further action (for example, debt collection or writing off the debt) based on the outcome.

All contacts relating to outstanding debts, payments that are made and extensions or payment plan arrangements put in place as a result of following up debtors must be recorded in Xero. All agreements made with debtors or decisions made by the CEO must also be communicated in writing to the debtor after verbal contact.

Prior to referring a debt to a debt collection agency or process, the CEO must first determine whether this is a financially worthwhile option for Great Mates.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📅 Asset Register
- 📅 Budget Request forms
- 📅 Service Agreement Template

## MONITORING AND REVIEW

- 📅 The HOD team will review this policy and procedure at least annually. This will include reviews of:
  - Payment and debtor arrangements.
- 📅 Service Agreements;
- 📅 Person/people receiving support files, to ensure documented processes align with actual practice; and
- 📅 Feedback from people on their satisfaction with Great Mates' financial management and the control they have over their financial arrangements with Great Mates.

Reviews will incorporate team, person/people receiving support, and other stakeholder feedback, where relevant.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	01/01/2024	HOD Team (HR Lead)
<i>Version History</i>		
Version No.	Review Date	Revision Description
3	07/12/2022	Management Review (CEO)
2	19/03/2021	Update to Procedures Management (Regional Manager)
1	01/07/2020	Implement new Policy and Procedure to meet National NDIS Standards

# RISK MANAGEMENT POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to set out how risks to person/people receiving support (including children), team and Great Mates are identified and managed. It applies to all team and meets relevant legislation, regulations and standards as set out in Schedule 1, Legislative References.

Incident Management and Work Health and Safety are dealt with in separate policies and procedures specific to these areas.

## APPLICABLE NDIS PRACTICE STANDARDS

### RISK MANAGEMENT

#### Outcome

Risks to person/people receiving support, workers and the provider are identified and managed.

#### Indicators

- Ⓜ Risks to the organisation, including risks to person/people receiving support, financial and work health and safety risks, and risks associated with provision of supports are identified, analysed, prioritised, and treated.
- Ⓜ A documented 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.
- Ⓜ Support delivery is linked to a risk management system, which includes:
  - Ⓜ Incident Management;
  - Ⓜ Complaints Management;
  - Ⓜ Work Health and Safety;
  - Ⓜ Human Resource Management;
  - Ⓜ Financial Management;
  - Ⓜ Information Management; and
  - Ⓜ Governance.

## DEFINITIONS

**Risk** - any internal or external situation or event that has the potential to have a negative impact by causing harm to people associated with the organisation, preventing the organisation from successfully achieving its outcomes and delivering its services, reducing the organisation's viability, or damaging its reputation. From a Risk Management perspective, risk is the combination of the likelihood (chance) of an event occurring and the consequences (impact) if it does.

**Managed Risk** - the level of risk remaining after risk treatment plans have been put in place and are being followed.

**Unmanaged Risk** - The level of risk before any action has been taken to manage it.

**Risk Analysis** - the process to understand the nature, sources and causes of risks to determine the degree of risk. The degree and consequences of risk together inform risk evaluation and decisions about risk treatment.

**Risk Assessment** - the overall process for identifying, analysing, and evaluating risks. Risk assessments assist in determining:

- Ⓜ What levels of harm can occur;
- Ⓜ How harm can occur; and
- Ⓜ The likelihood that harm will occur.

**Risk Evaluation** - The process of determining whether a risk is tolerable or whether it requires 'risk treatment'.

**Risk Identification** - the process of finding, recognising, and describing risks.

**Risk Treatment** - a measure, work process or system used to eliminate a risk, or if this is not possible, reduce the risk so far as is practicable. Options include:

**Avoiding the Risk** – where the level of risk is unacceptable, and the means of risk control are either not viable, not worthwhile, or not actionable, risk could be eliminated by not proceeding with the activity that could generate the risk.

**Changing the Risk Consequence** – undertake actions aimed at reducing the impact of the risk.

**Changing the Risk Likelihood** – undertake actions aimed at reducing the probability of the risk occurring.

**Retaining or Accepting the Risk** – Accept the risk as it is. This is appropriate where:

- Ⓜ It is not possible to treat the risk;
- Ⓜ It is uneconomic to treat the risk; or
- Ⓜ The risk level is tolerable.

**Sharing the Risk** – Responsibility for treating the risk can be transferred or allocated to other parties best able to manage it. For example, using insurers.

## POLICY

Great Mates takes its responsibility to identify and manage all types of organisational risks very seriously. Risk management is incorporated into all areas of its operations and the system is appropriate to the business' size and the classes of NDIS supports it provides.

Great Mates' approach to risk management is based on *Australian and International Standard AS ISO 31000:2018 (Risk Management Guidelines)* and deals with how an organisation approaches identifies, treats, and manages organisational risks.

Great Mates' HOD Team is ultimately responsible for the risk management process. However, all team are expected to act responsibly to minimise risks to themselves and others, and report hazards and other risks as soon as they are identified.

## PROCEDURES

### General

Great Mates' HOD Team is responsible for showing leadership and commitment in its risk management approach. This includes monitoring and reviewing Great Mates' risk management practices to ensure they are appropriate to the organisation's needs, in consultation with team, person/people receiving support and other stakeholders.

HOD Team members must:

- ☞ Support risk management in all areas of Great Mates' operations;
- ☞ Have clear accountability, ownership and governance;
- ☞ Be responsive, systematic, transparent and consistent in the risk management approach; – Support evidence-based decision-making;
- ☞ Include effective and regular consultation and communication with relevant stakeholders; – Ensure team understand their risk management responsibilities;
- ☞ Foster a positive, risk-aware culture; and
- ☞ Facilitate regular reviews and continual improvement.

All team must support Great Mates in risk management, and are expected to help identify, analyse, treat, monitor, and report risks in their areas of responsibility.

Risks are to be monitored and reviewed based on their potential severity and likelihood – those risks with greater impact/higher risks would be monitored and reviewed more frequently than low impact/low risks.

Communication and consultation is key to having a robust risk management system. Great Mates will include relevant key stakeholders in the risk assessment and management process, as well as providing regular information back to person/people receiving support, team and/or stakeholders about risks that may affect them.

Great Mates' Risk Management Approach is based on the following steps:

### Treating Risks – Hierarchy of Control

Treating or controlling risks will be based on the following order of preference, taking into account the nature and potential severity of the risk.

### Organisational Risks

Each Team Leader is responsible for identifying and managing organisational risks in their area of influence. Risk Assessments are reviewed and reassessed bi-monthly in consultation with team leader, person/people receiving support, and relevant stakeholders, covering at least the following areas:

- ☞ Incident Management;
- ☞ Complaints Management;
- ☞ Child Safety and promoting a Child Safe Environment;
- ☞ Work Health and Safety, including with respect to Great Mates services;
- ☞ Human Resource Management;
- ☞ Financial Management;
- ☞ Information Management;
- ☞ Governance; and
- ☞ Business Continuity.

The CEO is responsible for ensuring all people and equipment associated with Great Mates' operations are covered by appropriate insurances. See Great Mates' *Financial Management Policy and Procedure* for more detail.

### Risks to Team

All team are responsible for managing risk within their work environment. Great Mates uses the digital training program eTrainU which also has risk management resources available, on-the-job training and if required, Great Mates will outsource further expertise. Furthermore, Great Mates has set mandatory training to ensure risk is mitigated by team all having the same training required to them. Team are able to request further training should they feel they have not understood or would like to progress further. See Mandatory training List within the Human Resources Policy.

Team meetings are ideal opportunities for Leadership and team to reflect on person-centred risk management practice. Great Mates includes Risk Management as part of its Agenda for any team and house team meetings, to increase risk awareness and to discuss any potential risks that have been identified.

Operational risks and risks to team must be reported to the HOD Team as soon as practicable after they are identified. The Hod team will utilise Great Mates' Risk Register will track identified risks.

Team must also be aware of their Work Health and Safety obligations and comply with Great Mates' Work Health and Safety policies and procedures.

Great Mates ensures the team are covered through Each states WorkCover, ICare NSW and ICare VIC. Each state will always have workcover and the Employee assistance program available to all teams at all times reducing the risk of long term effects on all roles within Great Mates.



### Risks to Person/people receiving support

Great Mates plays an important role in supporting person/people receiving support to manage risks daily. Team must understand and abide by the following concepts when supporting person/people receiving support.

#### *Foreseeable injury*

When helping person/people receiving support' access activities or situations, keep in mind:

- Ⓜ What is already known about the person's capacity to carry out similar activities safely;
- Ⓜ What is known about a person's awareness of what risks might be involved and of how to avoid them;
- Ⓜ What is known about the dangers involved in the activity and whether the person can deal with them; and, –  
What can be learnt from relevant assessments or reports about the person's abilities and skills.

#### *Seriousness of the Injury*

When considering the likelihood of an injury, keep in mind the potential seriousness of an injury, even where the likelihood of it occurring seems remote.

#### *Doing what is reasonable to avoid injury.*

Consider courses of action that involve the least possible restriction on people's rights. It is never reasonable, in protecting people from injury or harm, to restrict them or violate their rights and freedoms.

When a person's rights are compromised to avoid injury, ensure the least important and fewest rights of the person are affected.

Also ensure that compromises are being made to the rights of as few people as possible. Placing restrictions on people who are not affected by the issue is not reasonable.

#### *Supporting people to face risks safely.*

Risks are part of life and are an important means by which all people learn and develop. Consider ways of empowering people to take more control over, and responsibility for, situations including risks in their lives.

This can be achieved by providing opportunities and support that assist the person to manage their own risks while avoiding harm.

#### *Safeguarding others from injury*

In addition to protecting person/people receiving support, Great Mates owes a duty of care to others, including members of the public, who might be injured by the actions of a person/people receiving support that Great Mates is supporting. It is important to consider the wider effects of a person/people receiving support's choices, not just how those choices may affect the person/people receiving support.

### *Risks to children and young people*

Children with a disability or developmental delay are at higher risk than other children of harm, abuse, and neglect. Children are less likely to tell adults when they don't feel safe and, while their behaviour may change, others may not read these changes as a sign that something is wrong. As such, proactively looking to prevent and identify risks to a child's safety and wellbeing at all stages of service delivery is essential when providing services to children. This includes consideration of risks arising from:

- 🏠 Physical and online environments
- 🏠 Organisational activities that the child is involved in
- 🏠 Potential interactions between adults and children
- 🏠 Potential child to child and young person interactions

See Great Mates' *Protecting Person/people receiving support from Harm*, *Person/people receiving support Incident Management* and *Child Safety* policies and procedures for further detail regarding managing risks relating to child safety.

### *Person/people receiving support Risk Assessments*

A *Person/people receiving support Risk Assessment* must be undertaken for all person/people receiving support at their initial assessment and reviewed during formal Support Plan reviews. *Person/people receiving support Risk Assessments* must also be reviewed annually, or more frequently depending on the complexity of the person/people receiving support' needs. Earlier reviews may be needed if there are changes to the person's environment or existing risks, or if new risks emerge.

Where supports are to be provided in a person/people receiving support's home, the *Person/people receiving support Risk Assessment* must include a *Home Risk Assessment*. The purpose of a *Home Risk Assessment* is to identify potential hazards in the person/people receiving support's home and put appropriate controls in place to reduce the risk of injury or illness for team, the person/people receiving support and others.

The risk assessment process must identify appropriate Risk Treatments, which should also be reflected in the person/people receiving support's Support Plan. If either assessment shows that team would be exposed to significant risks, Team Leaders must determine if supports should be modified or suspended until the risk has been adequately controlled.

Risk assessments and risk reviews must be done in collaboration with person/people receiving support, their supporters, landlords (if applicable) and any other stakeholders involved in managing a specific risk. If the person/people receiving support is a child, assessments and reviews should be undertaken in collaboration with the person/people receiving support's family.

Enabling the person to achieve their lifestyle goals and have greater choice and control, more opportunity to try new things and develop skills must be considered. Risk assessments must also consider any incident reports that relate to the person/people receiving support and whether specialist positive behaviour support arrangements should be put in place or changed.

Team should raise any issues or concerns regarding *Person/people receiving support Risk Assessments* with the HOD team and significant risks should be escalated to the CEO for further advice. Risk Assessments and reviews must be kept on person/people receiving support files.

Supervision between team and Team Leaders are an opportunity to discuss person/people receiving support' safety needs and concerns and actions the team member is responsible for. Person/people receiving support' safety and wellbeing can also be discussed without disclosing the person's identity at team meetings, so all team members have the opportunity to learn from and contribute to different risk assessments.

### Supporting Person/people receiving support through Service Provider Transition

Great Mates will work collaboratively with all person/people receiving support who are transitioning from its services to identify what alternative providers and referrals could best meet their needs.

With the person/people receiving support's or their representative's consent, relevant information will be provided by Great Mates to new service providers to support the person/people receiving support's seamless transition.

Where required, Great Mates team will also meet with team of alternative providers to facilitate a smooth transition for the person/people receiving support.

Similarly, Great Mates will work closely with person/people receiving support who are transitioning to Great Mates from other service providers, to make the change as smooth as possible. Great Mates will work collaboratively with the person/people receiving support's other service provider/s to develop a comprehensive Person/people receiving support *Transition Plan*. Further information about the Transition process can be obtained from the *Person/people receiving support Assessment, Planning and Review Policy and Procedure* and *Service Exit Policy and Procedure*.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 Risk Registers
- 📄 Risk Management Plan Template and all Risk Assessments
- 📄 Person/people receiving support Risk Assessment
- 📄 Home Risk Assessment
- 📄 Office Risk Assessment
- 📄 Work Health and Safety Policy and Procedure
- 📄 Continuous Improvement Policy and Procedure
- 📄 Continuous Improvement Register
- 📄 Risk Assessment of Person Receiving Support
- 📄 Location Risk Assessment

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least every three years. Reviews will incorporate team, person/people receiving support and other stakeholder feedback, where relevant.

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

**DOCUMENT CONTROL**

Version No.	Issue Date	Document Owner
4	01/01/2024	Management Team (Human Resource Lead)
<b>Version History</b>		
Version No.	Review Date	Revision Description
3	01/08/2023	Management Team
2	01/11/2022	Management Team (Human Resource Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# WORK HEALTH AND SAFETY POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to set out how Great Mates:

- Provides a safe workplace and minimises risks to the health and wellbeing of team, person/people receiving support, their families, and carers, as well as all other stakeholders; and
- Promotes health and safety practices that are consistent with legislative requirements.

It applies to all stakeholders of the organisation, including person/people receiving support, families and carers, advocates, team, volunteers, contractors, other service providers, government agencies and members of the community. It meets relevant legislation, regulations and standards as set out in Schedule 1, Legislative References.

WHS programs should align with *AS/NZS 4801:2001 Occupational Health and Safety Management Systems - Specification with Guidance for Use* and *4804:2001 Occupational Health and Safety Management Systems - General Guidelines on Principles, Systems and Supporting Techniques*.

## APPLICABLE NDIS PRACTICE STANDARDS

### RISK MANAGEMENT

#### Outcome

Risks to person/people receiving support, workers and the provider are identified and managed.

#### Indicators

- Risks to the organisation, including risks to person/people receiving support, financial and **work health and safety** risks, and risks associated with provision of supports are identified, analysed, prioritised, and treated.
- A documented 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.
- Support delivery is linked to a risk management system which includes:
  - Incident Management;
  - Complaints Management;
  - Work Health and Safety;
  - Human Resource Management;
  - Financial Management;
  - Information Management; and
  - Governance.

## SAFE ENVIRONMENT

### Outcome

Each person/people receiving support accesses supports in a safe environment that is appropriate to their needs.

### Indicators

Where supports are provided in the person/people receiving support's home, work is undertaken with the person/people receiving support to ensure a safe support delivery environment.

## DEFINITIONS

**Duty of Care** - A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable, foreseeable risks of injury. In the context of this policy, duty of care refers to the responsibility of Great Mates to provide team with an adequate level of care and protection against reasonable, foreseeable harm and injury. Similarly, Great Mates team are expected to provide person/people receiving support and anyone else using the service with the same level of care and protection to prevent reasonable, foreseeable harm and injury.

### Electrical equipment

Any apparatus, appliance, cable, conductor, fitting, insulator, material, meter, or wire that:

- Ⓜ Is used for controlling, generating, supplying, transforming or transmitting electricity at a voltage greater than extra-low voltage;
- Ⓜ Is operated by electricity at a voltage greater than extra-low voltage;
- Ⓜ Is part of an electrical installation located in an area in which the atmosphere presents a risk to health and safety from fire or explosion; or
- Ⓜ Is, or is part of, an active impressed current cathodic protection system.

**Hazard** – the chance of something happening that may have a negative (or positive) effect on the intended outcome. In relation to health and safety, this is generally a source or situation that could cause harm or damage to a person, property, or the environment.

**Person Conducting a Business or Undertaking (PCBU)** – a broad term used in work health and safety legislation to describe all forms of modern working arrangements, commonly referred to as businesses. This includes an individual who is conducting a business in their own right (e.g. Sole Trader/Self-employed).

**Personal Protective Equipment (PPE)** – clothing or equipment worn by workers to protect them from possible harm or injury. PPE can include items such as eye and face protection (e.g. glasses, goggles, or face shields), gloves, masks, clothing (e.g. coveralls, aprons), and safety footwear.

**Reasonably Practicable** – what could be reasonably able to be done at a particular time to ensure health and safety, with regard for:

- Ⓜ The likelihood of the hazard or risk occurring;
- Ⓜ The degree of potential harm;
- Ⓜ How much information is known, or ought to have been known, about the hazard or risk; – The ways of eliminating or minimising the risk;

- ☞ The availability/suitability of eliminating or minimising the risk; and
- ☞ The cost of eliminating or minimising the risk (is the cost grossly disproportionate to the potential risk)

**Safe Work Procedure (SWP)** – a documented procedure for performing specific workplace tasks. SWPs reduce risks to health and safety by ensuring team know how to work safely when carrying out specific tasks by providing step-by step instructions on how to perform a task/job, and the necessary safety precautions. SWPs may also be called Standard Operating Procedures (SOPs).

**Worker** – includes team members, contractors, subcontractors, apprentices and trainees, work experience students, volunteers, and any other individuals if they perform work for the business.

**Workplace** – any place where work is carried out on behalf of Great Mates. This can include a person/people receiving support's private residence, or public areas in the local community.

## POLICY

Great Mates is committed to delivering services that do not cause harm, injury, or illness to anyone at any time. Great Mates takes all reasonable steps to ensure the health, safety and wellbeing of its team, person/people receiving support, as well as their families, carers, the community, and any other stakeholders. It also endeavours to provide a safe and healthy work and service delivery environment, in compliance with its legal and moral obligations.

Great Mates team are not expected to carry out work that is unsafe. Person/people receiving support and others are not expected to tolerate unsafe work practices or environments. Great Mates considers that communication and consultation with its team, person/people receiving support and any other stakeholders, is important in identifying, understanding, and resolving any potential hazards.

While the main responsibility for managing Work Health and Safety (WHS) is with Great Mates and its HOD team, all Great Mates team, person/people receiving support, their families, and carers play an important role in keeping the services and work environments of Great Mates safe.

Great Mates' HOD Team is responsible for:

- ☞ Implementing an effective WHS program for Great Mates, considering the size and nature of the services it provides;
- ☞ Showing leadership and commitment to having a positive safety culture;
- ☞ Providing enough resources to enable health and safety to be effectively managed;
- ☞ Consulting and involving team and other stakeholders about health, safety and well-being matters that may affect them;
- ☞ Developing and documenting WHS policies and procedures, including Safe Work Procedures and Emergency Procedures;
- ☞ Providing health and safety training and information for all team to safely perform their role; – Reporting and investigating accidents and incidents;
- ☞ Managing risks by eliminating or reducing them as far as is reasonably practicable;
- ☞ Providing appropriate safety equipment and personal protective equipment (PPE); and
- ☞ Regularly monitoring and reviewing Great Mates' health and safety performance to identify improvements

Great Mates team are responsible for:

- ☞ Taking responsibility for their own health and safety, and not compromising the safety of others; – Following all reasonable instructions, safe work procedures and rules;
- ☞ Reporting any health and safety hazards or concerns;
- ☞ Reporting all injuries, incidents or near misses as soon as possible;
- ☞ Participating in health and safety training as required by Great Mates; and
- ☞ Promoting a positive health and safety culture to help continuously improve.

If a team member does experience an injury or illness, Great Mates are committed to the safe and durable return of the injured worker and will:

- ☞ Participate in the development of a return to work/suitable duties plan and ensure that injury management commences as soon as possible after the team member is injured;
- ☞ Support the injured team member and ensure that early return to work is a normal expectation;
- ☞ Provide meaningful suitable duties that are based on medical advice as soon as possible;
- ☞ Ensure that injured team (and anyone representing them) are aware of their rights and responsibilities – including the right to choose their own doctor, and the responsibility to provide accurate information about the injury and its cause;
- ☞ Consult with team to ensure that the return-to-work program operates as smoothly as possible; and – Maintain the confidentiality of injured team members and their records.

Great Mates' person/people receiving support, their families and carers (with the support of team where needed), are responsible for ensuring that their actions, or failure to act, does not intentionally put themselves, team or others at risk (without compromising the person/people receiving support's rights).

Where a person/people receiving support experiences an injury or illness in connection with the supports provided by Great Mates, Great Mates has in place a *Person/people receiving support Incident Management Policy and Procedure* and will protect and uphold Person/people receiving support rights in accordance with this policy.

Great Mates has a goal to provide a safe and healthy work environment that is free from workplace injury and illness. This can only be achieved through the honest participation, co-operation, and commitment of everyone working together.

## PROCEDURES

### General

All WHS issues must be reported to the HOD Team, who will address or respond to the issue, or nominate a suitable team member to do so. Team can report safety concerns directly to the HOD Team via email or by completing an *Incident Report Form*. Person/people receiving support can raise potential safety concerns with their Lifestyle Assistant (who can then escalate if necessary), via email, or by submitting a *Feedback, Compliments and Complaints Form*.

The HOD Team must track the progress and outcomes of all WHS issues raised in Great Mates' *Risk Register*. Where relevant, issues should also be included in the *Continuous Improvement Register*.



The HOD Team will report any WHS matters within the weekly HOD meeting. All high-risk concerns (for instance, where there is immediate risk of death or serious injury) must be escalated to the CEO immediately so that control measures can be implemented.

Great Mates identifies and manages workplace hazards and risks to health and safety in line with its *Risk Management Policy and Procedure*. For incident reporting and investigation procedures, see Great Mates' *Workplace Incident Reporting* and *Person/people receiving support Incident Reporting* policies and procedures.

### HOD Team Responsibilities

The HOD Team must:

- ☞ Display this policy in a prominent location at Great Mates premises;
- ☞ Keep up to date and comply with changes in WHS legislation and practices and ensure these are communicated to team, person/people receiving support and others where relevant;
- ☞ Have designated team who are responsible for WHS functions and activities;
- ☞ Ensure team are provided with adequate training in Safe Work Procedures and are informed of known hazards to their health and wellbeing that are associated with the work they perform;
- ☞ Support access and provide information to inspectors, authorised representatives or team who are acting within their powers under WHS legislation; and
- ☞ Allocate appropriate resources to control any identified risk.

### CEO and HR Lead Responsibilities

CEO and HR Lead are responsible for overseeing Great Mates' WHS functions and activities. They must ensure that:

- ☞ There are safe systems of work in place;
- ☞ All equipment provided for use by workers is safe and meets relevant safety standards; – Substances and equipment are used, handled, and stored safely;
- ☞ There are adequate welfare facilities available for workers, such as first aid kits,
- ☞ Great Mates holds all appropriate licences, registrations and permits, where required under WHS legislation; – Every reasonable effort is made to resolve WHS issues with workers or their representatives within a reasonable timeframe; and
- ☞ Safety audits and risk assessments of Great Mates' workplaces are undertaken regularly to prevent injuries and incidents

### Team Responsibilities

WHS responsibilities and accountabilities will be included in all Position Descriptions. Team are expected to always uphold these when performing duties for or when representing Great Mates.

Upon commencement, all team must undergo an Induction that includes general and task specific WHS training. Team are expected to participate in on-going formal and on-the-job training provided by Great Mates as required.

Team must provide appropriate health and safety information, instruction, training, and supervision to all person/people receiving support, families, carers, and other people in the workplace and ensure those people are not exposed to health and safety risks arising from Great Mates' activities.

Team must also take responsibility for their own safety and the safety of others who could be affected by their actions. They must cooperate with all reasonable WHS rules and practices implemented by Great Mates and

### Responsibilities of Person/people receiving support, Families, Carers and Others

Person/people receiving support, families, carers, and other people in Great Mates' workplaces are expected (with the support of team where required) to:

- ☞ Be familiar with this policy and procedure;
- ☞ Cooperate with all reasonable WHS rules and practices implemented by Great Mates, including providing all relevant personal information and allowing relevant risk assessments to be undertaken; and
- ☞ Ensure their actions or failure to act do not put themselves, team, or others at risk.

### Consultation and WHS Committees

Great Mates must consult, as far as is reasonably practicable, with workers who are likely to be directly affected by a health and safety matter. Consultation is required when identifying hazards, assessing risks, and deciding on the best method to control them.

WHS consultation should be conducted when:

- ☞ Proposing changes that may affect the health and safety of workers;
- ☞ Introducing new equipment into the workplace;
- ☞ Identifying hazards and risks that may result from work being carried out; and
- ☞ Making decisions on the best way to minimise or eliminate risks and hazards that have been identified.

The HOD Team must also consult with relevant workers to develop Safe Work Procedures to help those team undertake their duties safely.

### WHS Committees

Currently, Great Mates does not have an active WHS Committee, however, the HOD Team will still consult and communicate with its workers about health and safety matters that may affect them when necessary.

Great Mates will not provide the Health and Safety Representative access to any personal or medical information concerning a worker without their consent, unless the information does not identify the worker, or could not reasonably be expected to lead to the identification of the worker.

### Health and Safety Representatives

A designated work group (a group of team members who share similar work health and safety interests and conditions) may request to have a Health and Safety Representative (HSR) represent them on health and safety matters. Great Mates will facilitate this request in negotiation with the work group. Should more than one worker nominate for the position, an election can be held. The election process can be agreed between the workers and management (e.g. ballot papers and ballot box), and the election method will be open, honest, and fair.

An elected HSR will be provided with appropriate training so that they can perform their role effectively, paid by Great Mates. Being elected as a HSR does not replace the workers' primary role. Great Mates will provide the HSR reasonable time to tend to health and safety matters, as needed. A HSR is elected for a term of three years.

Great Mates will keep a current list of elected HSRs and display a copy at the workplace. This will include the name of the HSR, contact details and date elected.

Great Mates must also notify their State Regulators of their elected HSRs on the approved form, as soon as possible.

### WorkSafe QLD

A copy of the list must be emailed to the Regulator at [WHSnotification@oir.qld.gov.au](mailto:WHSnotification@oir.qld.gov.au) or by calling 1300 362 128. Include a contact phone number and email address for each HSR. This information will not be publicly available.

### SafeWork NSW

A copy of the list must be lodged online to the Regulator at <https://www.safework.nsw.gov.au/> or by calling 13 10 50. Include a contact phone number and email address for each HSR. This information will not be publicly available.

### WorkSafe EML

A copy of the list must be emailed to the Regulator at [clientservicesvic@eml.com.au](mailto:clientservicesvic@eml.com.au) or by calling 1800 365 842. Include a contact phone number and email address for each HSR. This information will not be publicly available.

### Work Health and Safety Officers

Great Mates has appointed a Work Health and Safety Officers (WHSO) to help meet its health and safety obligations for each state providing services. Great Mates' WHSOs are the CEO, HR Lead and HR Officer.

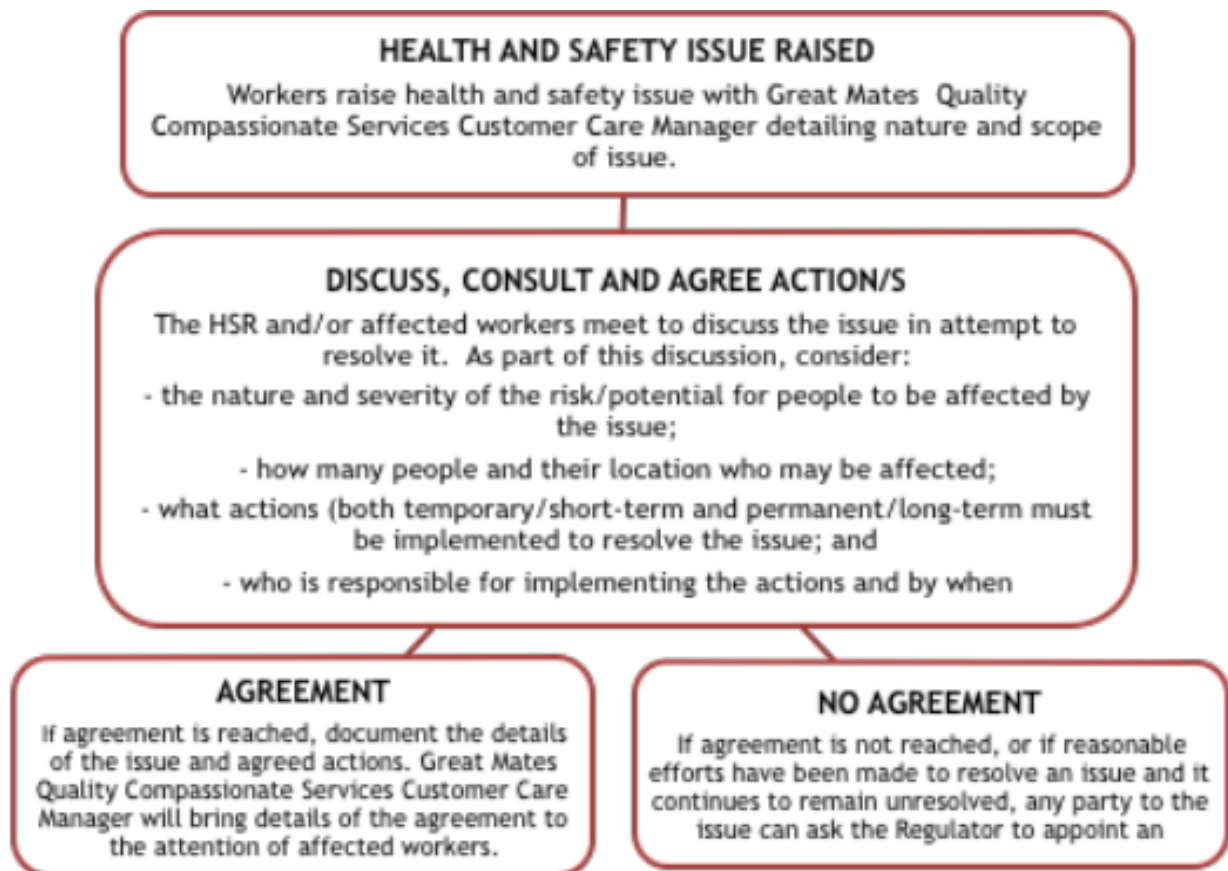
The WHSO is responsible for:

- ☞ Informing Great Mates about work health and safety matters;
- ☞ Identifying hazards and risks and reporting these to Great Mates;
- ☞ Notifying Great Mates of any incidents they become aware of;
- ☞ Undertaking or assisting in the investigation of any immediate risks or incidents that have occurred;
- ☞ Establishing work health and safety education and training programs for Great Mates' workers; and
- ☞ Preparing an annual report for Great Mates about the identified risks and recommendations about how these risks can be eliminated/reduced.

### Issue Resolution

Great Mates will take all reasonable steps to consult and collaborate with workers to resolve potential or reported health and safety risks that may affect them. Great Mates also acknowledges that sometimes health and safety matters that are raised cannot be immediately resolved or actions agreed to mitigate the risk.

Where a health and safety matter has been reported to Great Mates and it remains unresolved, the following Issue Resolution process can be followed.



## Reporting

WHS hazards or risks should be identified, managed, and reported in accordance with Great Mates' *Risk Management Policy and Procedure*.

Incidents or injuries relating to WHS issues should be reported in accordance with Great Mates' *Incident Management policies and procedures*.

## Risk Assessments

The following approach should be taken when conducting a risk assessment in relation to a possible workplace health and safety hazard:

- ☞ Conduct the risk assessment objectively - gather all available, relevant information, data and research about the hazard;
- ☞ Include team and/or person/people receiving support who work with, or may be directly impacted by the hazard, in the risk assessment process – risk assessments should be a team effort;
- ☞ Consider all possible control options, based on the Hierarchy of Control, as outlined in Great Mates' *Risk Management Policy and Procedure*.
- ☞ Document the risk assessment, including who was involved in the risk assessment, the nature of the hazard/s, the current controls, and any proposed treatments in the *Risk Assessment Form*
- ☞ Assign any proposed/future treatments to a responsible Manager and agree on a date that the action can be reasonably completed;
- ☞ Regularly review the progress of treatment actions to ensure they are completed, or if they cannot be completed to determine an alternate strategy to reduce the risk; and
- ☞ Provide the Risk Assessment to the HR Lead so that it can be entered and tracked in Great Mates' *Risk Register*.

For additional guidance in conducting risk assessments and some practical advice for managing risks for team working in person/people receiving support's homes, the Guidance Material "A guide to working safely in people's homes" (2018) from Workplace Health and Safety Queensland may be helpful (noting it can be applied across all States and Territories): <https://www.worksafe.qld.gov.au/injury-prevention-safety/workplace-hazards/dangers-in-your-workplace/health-care-and-social-assistance/community-services>.

## Working in Person/people receiving support's Homes

Where supports are to be provided in a person/people receiving support's home, the Person/people receiving support *Risk Assessment* and *Home Risk Assessment* must be completed, monitored, and reviewed (see Great Mates' *Risk Management Policy and Procedure*).

A person/people receiving support's home can change between visits. Changes may include:

- ☞ Positioning of furniture;
- ☞ Inoperable electrical equipment;
- ☞ People or animals are now present;
- ☞ Altered storage patterns;
- ☞ Spills or leaks;
- ☞ New equipment or furniture; and
- ☞ Obstructed access.

Team must determine at each visit the safety of the person/people receiving support's home as a workplace before commencing their duties. This includes undertaking a visual scan of the home immediately on arrival, and of any equipment to be used before use.

Person/people receiving support and/or their supporters are responsible for:

- 🏠 Maintaining a safe work environment for team (for example, repair broken steps, mow long grass, restrain animals, provide adequate lighting);
- 🏠 Looking after their own in-home safety (for example, maintaining electrical equipment and installing smoke alarms and safety switches to switchboards);
- 🏠 Cooperating with team to ensure they can work in a safe way (for example, moving furniture to allow adequate work space);
- 🏠 Keeping their equipment safe, well maintained and in good order; and
- 🏠 Informing team of any known hazards.

### Working in a shared living environment

All team working in Supported Independent Living services will receive training (at induction) in how to manage the risks associated with delivering services in a shared living environment.

The HOD Team and Team Leaders will conduct risk assessments and management plans for Supported Independent Living services and amend policies and procedures where required.

The HOD Team will review risks and incidents on a monthly basis, and refer any issues identified for inclusion in the *Continuous Improvement Register*.

### Manual Handling

Manual Handling is related to the physical aspects of work, and injuries can occur from:

- 🏠 Using repetitive or on-going force;
- 🏠 Using or having sudden force;
- 🏠 Repetitive movements;
- 🏠 Prolonged holding in one position, or awkward postures; and/or
- 🏠 Exposure to vibration.

Manual Handling injuries can also be a result of moving objects or handling people, either over an extended period of time (gradual wear and tear), or due to a sudden incident. Great Mates will identify potential manual handling risks in consultation with team and person/people receiving support and implement management plans to reduce the risk of injuries.

Person/people receiving support *Home Risk Assessments* will also help to identify potential manual handling risks and strategies to prevent them specific to each person/people receiving support. The Team Leaders will ensure that team working with each person/people receiving support are informed of any potential manual handling issues.

Great Mates will provide Manual Handling training to all team at least yearly. This will include strategies for safely handling people for all support team who are required to help with person/people receiving support mobility.

Workplace Violence

Great Mates proactively works to prevent and reduce violence in the workplace, including when working in a person/people receiving support's home or in the community. The Hod Team will conduct risk assessments in relation to situations that may expose workers to the risk of violence, including:

- ☞ Providing services to person/people receiving support who have challenging behaviours that may be related to a medical condition or intellectual impairment;
- ☞ Performing work alone and/or in isolated environments; and
- ☞ Working in an environment where other people may pose a risk to workers' personal security (e.g. person/people receiving support's family and friends).

In conjunction with Great Mates' *Person/people receiving support Risk Assessment* and *Home Risk Assessment*, where a person/people receiving support has been identified as having challenging behaviour, specific strategies, and mitigations to reduce the risk of violence will be clearly outlined in their Support Plan. Great Mates will ensure that team are provided with de-escalation and avoidance strategies.

All injuries or incidents relating to violence must be reported – including abuse and threats, in accordance with Great Mates' *Workplace Incident Management Policy and Procedure*.

### Work Related Stress

Work related stress can be commonly experienced when working with vulnerable people or people with high or complex needs. Work related stress refers to the physical, mental, and emotional reactions of workers when they perceive that their work demands are greater than their abilities and/or their resources (such as time/ help / support). Stress responses can occur when the worker perceives they are not coping in situations where it is important to them that they do.

The HOD Team will conduct risk assessments to identify potential sources of occupational stress. These might include (but are not limited to):

- ☞ Rates of absenteeism;
- ☞ Team engagement/morale;
- ☞ Peak/seasonal demands;
- ☞ Incident reports and data trends;
- ☞ Exit interviews of past team; and
- ☞ Client feedback.

Risk assessments must also consider risk factors. These might include (but are not limited to):

- ☞ Excessive workload from supervisors/managers;
- ☞ Clients or others in the workplace;
- ☞ Lack of clarity about their role;
- ☞ Exposure to emotionally distressing situations or incidents that may threaten their wellbeing;
- ☞ Emotional attachment to a terminally ill client; and
- ☞ Poor support from managers.

Great Mates will implement control measures to prevent work related stress in consultation with its workers.

### Biological Hazards

Exposure to biological hazards can cause serious illness to workers, with potential for infections and other health complications. To reduce exposure and risk from contact with biological hazards, Great Mates has in place specific infection prevention and control strategies; refer to Great Mates' *Infection Control Policy and Procedure*.

### Safe Work Procedures

Great Mates will develop Safe Work Procedures (SWPs) in consultation with workers and based on risk assessment. Any developed SWPs will be reviewed regularly to ensure the documented processes are current, accurate and meet legislative requirements.

### Personal Protective Equipment

Personal Protective Equipment (PPE) provides protection to workers from possible harm or illness hazards they may be in contact with. The use of PPE does not change the nature of the risk and is considered a 'last line of defence'. Great Mates will provide the necessary PPE required to safely perform job tasks, based on risk assessment and in consultation with workers.

Team must use appropriate PPE, when necessary, that is suitable for the nature and degree of the identified hazard. For tasks involving hazardous chemicals, the PPE recommended in the Safety Data Sheet (SDS) must be used.

Team must be trained in the proper selection, fitting, storage, and maintenance of PPE. Great Mates will provide this training via house training meetings.

### Electrical Safety

Electrical work is not to be undertaken on Great Mates premises except by an appropriately licensed Electrical Installation worker engaged by the HOD Team. The changing of light globes and lamps have been known to result in electric shock and falls from heights. A licensed electrician or an appropriately trained team member or contractor must complete this work.

### Testing, Tagging and Repairing Electrical Equipment

The inspection, testing and tagging of electrical equipment used at Great Mates must be conducted for all equipment that is in use within all states of operation. Equipment not in use and/or beyond its testing date should be removed from service, and an isolation tag applied noting that tagging is required and must be completed prior to use.

Someone who has successfully completed an approved course at a Vocational Education and Training provider must do either by a qualified electrician or testing and tagging of equipment. There are also a number of electrical contractors who specialise in the checking and tagging of electrical equipment. Electrical appliances must be inspected and tested:

- Ⓜ At intervals not exceeding those set out by *AS3760:2010* (a tolerance of two weeks is acceptable); and
- Ⓜ Before being returned to service or after any repair or servicing that could have affected the electrical safety of the appliance.

Manufacturer's instructions may specify intervals appropriate to specific types of equipment.



### New Equipment

Brand new electrical equipment that is 'out of the box' and unused (i.e. new equipment that is not second-hand) does not have to be tested before first use, but should still be visually inspected to ensure that no damage occurred during transport, delivery, installation or commissioning.

Any equipment purchased second-hand must be tested and tagged before first use.

### Appliances Brought in from Home.

Electrical appliances brought in from home by team, or by contractors, person/people receiving support or volunteers, for use on Great Mates premises are subject to the same testing and tagging procedures as for appliances owned or leased by Great Mates. Appliances should be tested and tagged prior to their use on Great Mates property.

While there is no requirement to test and tag personal computers/laptops, team, person/people receiving support and volunteers are encouraged to have their laptops tested and tagged using an approved person or company.

In both situations above the testing and tagging is the responsibility and at the expense of the owner.

### Hire Equipment

While it is the responsibility of the person hiring equipment to ensure that the equipment is inspected and tested at the commencement of each hire, the person or company who hires out the equipment to Great Mates must ensure that the equipment - for the period of the hire - meets all relevant inspection and testing requirements.

### Electrical Equipment and Appliances in Person/people receiving support's Homes

While electrical equipment in a private residence does not have to be tested and tagged, Great Mates team must still visually inspect any electrical equipment or appliance prior to use to ensure that it is not damaged, cords are not frayed and the item is in good working order.

Any electrical item that is broken or damaged must not be used, and the person/people receiving support or their supporters/family informed so it can be repaired or replaced. If appropriate, it is recommended that the items is removed from use.

### Use of Electrical Portable Outlet Devices on Great Mates Premises

The use of double adaptors is not permitted within Great Mates and should be removed and replaced with Electrical Portable Outlet Devices (EPODs), also known as power boards, fitted with overload protection devices.

Power boards are to be used only if they have overload protection. Home-made EPODs are illegal throughout Australia and must not be used at Great Mates.

Ensure that any power boards are installed securely and in a location that is not susceptible to damage or exposure to water and have adequate ventilation. Where possible, power boards should be placed on their side to prevent dust build up in unused points. Each power board must be plugged into a general-purpose outlet (GPO). GPOs share power circuits. Be aware too many EPODs plugged into GPOs on the same circuit may overload the circuit and cause a power failure.

Team must regularly check that all plugs are firmly fixed into the power board and look for any signs of damage/fraying. Any power boards that are broken or not working must be removed from use and replaced.

Extension leads are only suitable for temporary applications. For longer term applications a new GPO should be installed or an EPOD with overload protection used. Ensure the extension lead is placed appropriately and shielded with an appropriate extension lead cover to reduce tripping hazards. Be wary of heavy equipment rolling over or impacting the lead as it may damage the insulation and wires causing shorting.

### Unsafe Electrical Equipment at the Workplace

The HOD Team will ensure that any unsafe electrical equipment is disconnected (or isolated) from its electricity supply and, once disconnected, is not reconnected until it is repaired or tested and found to be safe or is replaced or permanently removed from use.

To ensure that unsafe electrical equipment is not used inadvertently before it can be tested, repaired, or replaced, it should immediately be tagged to indicate that it has been taken out of service for safety reasons pending testing and possible repair and to warn against further use.

An *Incident Report* should be lodged when the hazard is discovered and include all details of the incident to enable accurate investigation.

### Electrical Hazard and Incident Reporting

All hazards and injuries relating to electrical safety must be reported immediately in accordance with Great Mates' *Incident Management Policies and Procedures*.

Most electrical shocks constitute a notifiable incident and must be dealt with in accordance with Great Mates' *Workplace Incident Management Policy and Procedure*.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- ❏ Policies and procedures relating to emergency planning; safety and security; vehicle safety; physical accessibility; chemical use and storage; infection control; medication management and food storage and preparation
- ❏ Risk Register
- ❏ Workplace Incident Management Policy and Procedure
- ❏ Person/people receiving support Incident Management Policy and Procedure
- ❏ Emergency Management Plan
- ❏ Audit Report From External Electrician For Test And Tags

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least annually. Reviews will incorporate team, person/people receiving support and other stakeholder feedback, where relevant.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	01/01/2024	HOD Team (Human Resource Lead)
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Version No.	Review Date	Revision Description
3	01/08/2023	Management Team
2	01/11/2022	Management Team (Human Resource Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# EMERGENCY PLANNING POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to ensure the safety of team, person/people receiving support and others during emergencies and other service interruptions.

It applies to all teams and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with Great Mates' *Work Health and Safety Policy and Procedure*.

## APPLICABLE NDIS PRACTICE STANDARDS

### RISK MANAGEMENT

#### Outcome

Risks to person/people receiving support, workers and the provider are identified and managed.

#### Indicators

Risks to the organisation, including risks to **person/people receiving support**, financial and **work health and safety** risks, and risks associated with the provision of supports are identified, analysed, prioritised, and treated.

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

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

### SAFE ENVIRONMENT

#### Outcome

Each person/people receiving support accesses supports in a safe environment that is appropriate to their needs.

#### Indicators

Where supports are provided in the person/people receiving support's home, work is undertaken with the person/people receiving support to ensure a safe support delivery environment.

## CONTINUITY OF SUPPORTS

### Outcome

Each person/people receiving support has access to timely and appropriate support without interruption.

### Indicators

- ☞ Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.
- ☞ Where changes or interruptions are unavoidable, alternative arrangements are explained and agreed with the person/people receiving support.

Where applicable, disaster preparedness and planning measures are in place to enable continuation of critical supports before, during and after a disaster.

## DEFINITIONS

**Altering or ceasing services** – services may at times need to be altered or ceased due to emergencies. This may be due to direct risk or impact on the location itself or because travel in the area is considered too unsafe.

**Leaving early** – the practice of relocating well in advance of an emergency. This activity is undertaken by households in response to a range of triggers such as a weather forecast or flood warning.

**Emergency planning** – identification of potential events that could have a negative effect on an organisation and/or its services, and the actions that can be taken to minimise the impact or extent of damage.

**Evacuation** – the urgent movement of person/people receiving support to a safer location in response to an imminent threat or impact of an emergency. An evacuation without any prior warning is resource intensive and potentially detrimental to the health of person/people receiving support, team and emergency services personnel. The main priority when deciding to evacuate is the protection of life. An evacuation must be effectively planned and executed.

**Extreme heat or heatwave** – a period of unusual and uncomfortable hot weather that could negatively affect human health. Extreme heat can also affect community infrastructure (such as power supply and public transport) and other services. Extreme heat can affect everyone, however some people, including people with a disability, are more vulnerable.

**Organisational Resilience** – the ability of a business to rapidly respond to and recover from emergencies, critical disruptions, or threats, and continue operating with limited impact on service delivery.

**Relocation** – the planned movement of person/people receiving support and an appropriate number of team from a facility or home to alternative accommodation with a similar type of care available, in response to a forecast or warning of potential or actual emergency.

**Shelter in place** – to remain on site within an existing facility or home during an emergency. The decision to shelter in place is based on information from a variety of sources that confirms this option is safer or more appropriate than relocation or evacuation. The movement of person/people receiving support from one facility or home to another safer building within the same location is also considered shelter in place.

**Shelter indoors** – to remain inside a building and limit the exposure to unhealthy conditions in the air outside such as gas leaks, smoke, and other air contaminants. On receiving advice to shelter indoors, people must go indoors immediately, close all doors and windows, turn off heaters, air conditioners and exhaust fans, and listen to radio or television or monitor emergency services websites for the all clear message.

**Vulnerable person** – someone living in the community who is:

- Ⓜ Older, frail, and/or physically, intellectually, or cognitively impaired; and
- Ⓜ Unable to comprehend warnings and directions and/or respond in an emergency.

## POLICY

Great Mates plans for emergencies to protect the safety and wellbeing of person/people receiving support and team and to ensure person/people receiving support have access to supports without interruption.

Great Mates will ensure essential services are maintained as far as is practicable and that full-service delivery is recommenced as soon as possible after an emergency.

## PROCEDURES

### Emergency Planning

Great Mates must take an 'all hazards' approach when preparing for, responding to, and recovering from emergencies. This includes planning for a range of possible emergencies such as fire, bushfire, flood, relocation, evacuation, and prolonged service interruption.

The HOD Team will prepare, test, and annually review an *Emergency Plan* for Great Mates, in consultation with all relevant team and person/people receiving support.

The *Emergency Plan*, or a summary of key elements of the plan, must be readily accessible by team and on display in Great Mates' premises.

The *Emergency Plan* must include:

- Ⓜ How serious accidents, fire, flood, other natural disasters will be responded to;
- Ⓜ Contact details for key team who have specific roles or responsibilities under the plan, for example, fire wardens and first aid officers;
- Ⓜ Contact details for local emergency services (e.g. police, fire brigade and poison information centre) and medical assistance;
- Ⓜ A description of how people will be alerted to an emergency or possible emergency, for example, sirens or alarms (at Great Mates' office) and by phoning affected person/people receiving support or their supporters
- Ⓜ A map of Great Mates' workplace, illustrating the location of fire protection equipment, emergency exits and assembly points;
- Ⓜ Evacuation procedures, including arrangements for assisting any people with hearing, vision or mobility impairment;
- Ⓜ Testing of emergency procedures, including the frequency of testing; and
- Ⓜ Information, training, and instruction to relevant team on implementing the emergency procedures.

The *Emergency Plan* must be tailored to the business' location and circumstances and be based on consultation with local health and emergency services.

In the event of an emergency, Great Mates' *Emergency Plan* must be implemented. Directions from emergency services workers must also be complied with.

The HOD Team will review Great Mates' *Emergency Plan* at least annually and:

- Ⓜ When there are changes to the workplace such as re-location or refurbishments;
  - Ⓜ When there are changes in the number or composition of team including an increase in the use of temporary contractors;
  - Ⓜ When new activities have been introduced; and
  - Ⓜ After the plan has been tested.
- Great Mates will communicate any changes to the plan as a result of reviews as soon as practicable to all affected team and stakeholders.

### Emergency Evacuation Plans

The HOD Team must also prepare and regularly review *Emergency Evacuation Plans* for how people should evacuate Great Mates' premises, including where they should assemble if there is an emergency. Reviews should consider the choices, safety, rights, and feedback of person/people receiving support, whilst also managing Great Mates' need to manage risk. Where there are changes to *Emergency Evacuation Plans*, these must be promptly communicated to team and other stakeholders who access the premises.

*Emergency Evacuation Plans* must be displayed prominently in Great Mates' premises. Each Plan must clearly indicate its current location, where the exits are and where the assembly area is. This information must also be included in team Inductions and person/people receiving support intakes.

Emergency and evacuation procedures must be practised with all team at least annually. Great Mates will utilise different scenarios as part of the drills, e.g. fire, flood, bomb threat, mass illness. A record of who attended the exercise, who conducted the exercise and the date it was conducted will be kept with organisational records.

### Operational Readiness

The HOD Team must ensure Great Mates is prepared to rapidly respond in an emergency.

This includes:

- ☞ Having an *Emergency Plan* in place;
- ☞ Ensuring the *Emergency Plan* is tested and linked to broader community emergency frameworks;
- ☞ Actively engaging with local emergency service agencies and local government about how to respond in different emergencies;
- ☞ Regularly testing emergency management and evacuation procedures;
- ☞ Being prepared to make informed decisions about team and person/people receiving support safety and whether to cease services, relocate team or person/people receiving support, or direct team and person/people receiving support to shelter indoors;
- ☞ Considering how support for person/people receiving support can be continued if services need to be altered or ceased in an emergency;
- ☞ Planning how to respond if critical infrastructure (e.g. Client Management System) fails during an emergency, such as power failures;
- ☞ Ensuring team are aware of their roles and responsibilities in the event of an emergency;
- ☞ Ensuring all relevant contact details (such as team, person/people receiving support, next of kin, emergency services, and relevant government agencies) are up to date and available; and
- ☞ Training team to implement emergency procedures, ensuring they are equipped to address individual person/people receiving support needs.

Team must:

- ☞ Ensure all person/people receiving support information, including contact details for the person/people receiving support and next of kin, are up to date and easily accessible;
- ☞ Consider person/people receiving support' needs in a range of possible emergency events;
- ☞ Communicate the Emergency Plan to relevant stakeholders, for example, person/people receiving support, family members and related service providers;
- ☞ As part of support planning, ensure alternative plans for person/people receiving support exist if service delivery is interrupted;
- ☞ Support person/people receiving support living independently to develop their own personal emergency plan; and
- ☞ Notify person/people receiving support and their next of kin where relevant, of all relocations and service cessations related to emergencies.

### Obtaining Emergency Information

In the event of an emergency, the HOD Team will obtain information about current and forecast conditions from radio, television the internet and its local networks.

### Fire Safety

The HOD Team must ensure that fire equipment is installed, suitable for risks specific to Great Mates' workplace and be readily accessible in accordance with the relevant Australian Standards. Fire extinguishers must be placed away from heat sources and regularly maintained, with at least 1 metre of clearance to access the extinguisher.

Signage within Great Mates' premises must assist people to find fire equipment quickly and identify what type of fire it can be used on.



The HOD Team must ensure fire equipment is regularly tested by Great Mates' local fire authority or fire equipment supplier in accordance with *Schedule 2 Internal Review and External Audit Schedule*.

#### Fire Safety QLD

All team must be trained in first response procedures, including how to use fire equipment and know what type of fire extinguishers to use for different types of fires. Refresher training must be conducted at least annually.

Great Mates will determine which team requires training in the use of first response procedures and fire equipment, based on the nature of their position and on risk assessment. Refresher training will be provided annually. All fire equipment stored within great Mates homes are stored underneath the kitchen sink. Homes that are not owned by Great Mates may not have fire safety equipment due to the person receiving support not wanting it within their homes. Equipment is available for team to use, however it is not required to be used in case of a fire emergency.

Fire alarms, smoke detectors, fire extinguishers and emergency lighting within Queensland complies with the National Construction Code specific to Queensland. Furthermore, evacuation support for people receiving care is provided alongside training to team on safe evacuation practices. All homes have a muster station out the front of the home on the street in case of an emergency. Local fire authorities are heavily involved in Queensland fire safety regulations.

#### Fire Safety NSW

All team must be trained in first response procedures, including how to use fire equipment and know what type of fire extinguishers to use for different types of fires. Refresher training must be conducted at least annually.

Great Mates will determine which team requires training in the use of first response procedures and fire equipment, based on the nature of their position and on risk assessment. Refresher training will be provided annually. All fire equipment stored within great Mates homes are stored underneath the kitchen sink. Homes that are not owned by Great Mates may not have fire safety equipment due to the person receiving support not wanting it within their homes. Equipment is available for team to use; however it is not required to be used in case of a fire emergency.

Fire alarms, smoke detectors, fire extinguishers and emergency lighting within New South Wales complies with the National Construction Code specific to New South Wales. Furthermore, evacuation support for people receiving care is provided alongside training to team on safe evacuation practices. All homes have a muster station out the front of the home on the street in case of an emergency. Fire and Rescue New South Wales are heavily involved in New South Wales fire safety regulations.

#### Fire Safety VIC

All team must be trained in first response procedures, including how to use fire equipment and know what type of fire extinguishers to use for different types of fires. Refresher training must be conducted at least annually.

Great Mates will determine which team requires training in the use of first response procedures and fire equipment, based on the nature of their position and on risk assessment. Refresher training will be provided annually. All fire equipment stored within great Mates homes are stored underneath the kitchen sink. Homes that are not owned by Great Mates may not have fire safety equipment due to the person receiving support not wanting it within their homes. Equipment is available for team to use; however it is not required to be used in case of a fire emergency.

Fire alarms, smoke detectors, fire extinguishers and emergency lighting within Victoria complies with the National Construction Code specific to Victoria. Furthermore, evacuation support for people receiving care is provided alongside training to team on safe evacuation practices. All homes have a muster station out the front of the home on the street in case of an emergency. Local fire authorities are heavily involved in Victoria fire safety regulations.

### Power Failure

Power failures can be common and unexpected so the *Emergency Plan* should include a plan to ensure supports can continue to be provided during them.

Strategies include:

- ☞ Having access to a phone, such as a charged mobile phone or land line that doesn't rely on electricity to operate;
- ☞ Having access to alternate lighting, such as a torch or a battery-operated light;
- ☞ Having access to a battery-powered radio;
- ☞ Having access to fresh water;
- ☞ Considering the safety of food supplies and alternative cooking arrangements if the electricity in a person/people receiving support's residence has an outage, including a plan for person/people receiving support who require vitamised meals;
- ☞ Where person/people receiving support require an uninterrupted power supply (for instance, for life support equipment) considering how they can be supported (such as contacting their electricity retailer and ensuring the retailer has the person/people receiving support's up-to-date contact details), or letting the person/people receiving support's supporter know to do the same;
- ☞ If a person/people receiving support's medication may have been compromised, contact the Team Leader to organise new medication to be dispensed.

### Extreme Weather

The *Emergency Plan* should also plan for extreme weather (such as extreme heat or cold) that is likely to occur where Great Mates supports are delivered. The plan should help team identify which person/people receiving support are most at risk and the support they may require.

To support person/people receiving support on extreme heat days or during heatwaves, team must be aware of the following:

- ☞ Which person/people receiving support are most at risk;
- ☞ How to assist person/people receiving support to reduce the risk of heat related illnesses;
- ☞ How to recognise heat related symptoms; and
- ☞ What to do if a person/people receiving support is heat affected.
- ☞ On days above 30 degrees Celsius, team should encourage person/people receiving support to:
  - ☞ Drink plenty of water, even if they don't feel thirsty;
  - ☞ Spend as much time as possible in cool or air conditioned buildings (shopping centres, libraries or community centres);
  - ☞ Wear light-coloured, loose-fitting clothing;
  - ☞ Stay out of the sun during the hottest part of the day;
  - ☞ Wear a hat and apply sunscreen;
  - ☞ Avoid strenuous activity, cancel or postpone outings;
  - ☞ Avoid alcohol and caffeine;
  - ☞ Close curtains or blinds to block out the sun; and
  - ☞ Use wet towels and cold footbaths to cool themselves down.

Great Mates also requires all team to follow the same precautions when working on hot days to ensure their health and wellbeing is maintained.

### Organisational Resilience

In addition to planning for the safety and wellbeing of team and person/people receiving support in an emergency, Great Mates' emergency planning is also based on strengthening its organisational resilience – or building the business' capacity to continue providing necessary services during emergencies.

To support this, Great Mates undertakes organisational risk assessments related to business continuity and disaster management and recovery. It also develops specific *Business Continuity Plans* to complement its emergency planning activities. See the *Risk Management Policy and Procedure* for more detail.

### Person/people receiving support Readiness

Great Mates' services may need to be changed, ceased, or relocated in the event of an emergency or other service interruption. Support planning for all person/people receiving support must consider how services can continue to be provided in these situations. This includes, for instance, considering how changes to services will be communicated to person/people receiving support and alternative supports that could be provided should Great Mates be unable to deliver normal services.

For services provided to a person/people receiving support in their own home (whether rented or owned by the person/people receiving support), Great Mates expects that they (and where appropriate, the owner of the home) will be responsible for their own fire safety and ensure the home meets all relevant building laws, regulations, and legislation.

Person/people receiving support receiving services in their home should be encouraged and supported to develop personal emergency plans that cater for all types of emergencies and address their needs.

Great Mates team will support person/people receiving support with personal emergency planning in the following situations:

- ☞ Where Great Mates provides the majority of supports required by a person/people receiving support, and these supports are provided in the person/people receiving support's home;
- ☞ Where multiple providers support the person/people receiving support and it is agreed by all providers and the person/people receiving support that Great Mates will support the person/people receiving support with personal emergency planning; and/or
- ☞ Where assessment and planning activities identify that the person/people receiving support requires support with personal emergency planning.

Team will support person/people receiving support to exercise choice and control in emergency planning by listening to their needs and preferences and involving them and their families and carers in the planning process.

Key considerations include:

- ☞ Health needs;
- ☞ Transportation;
- ☞ Location of the person/people receiving support's home in regard to fire or flood risks; and
- ☞ Ensuring emergency information is available and relevant for the person/people receiving support

### Personal emergency management plans should:

Be appropriate to the location, physical environment and person/people receiving support and team profile;  
Include planned emergency responses for different emergency situations, such as options for altering or ceasing services, relocation, sheltering and evacuation;

- 🏠 Include clear triggers for when the plan is activated, including processes for maintaining situational awareness and sourcing accurate and up-to-date information;
- 🏠 Be tailored to meet the particular CALD needs of person/people receiving support, such as Aboriginal and Torres Strait Islander people and communities, to ensure a culturally responsive approach;
- 🏠 Outline clear authority for decision making and communication arrangements; and
- 🏠 Include business continuity arrangements and options should emergency services be unable to respond immediately.
- 🏠 Personal emergency plans should be reviewed and updated regularly as part of the person/people receiving support's Support Plan reviews.

### People Management

Each person being supported by Great Mates will have their information listed within their file specific to Emergency management including preferred hospitals, allergies, contact details and an up-to-date medication summary. Great Mates gathers emergency contact details for the person during their onboarding and transition. If any updates are made to this information, the Team Leader updates this then advises the team within the house chat. Further to this, a paper version is stored on the back of each team room door within Great Mates supported homes.

### Team Management

Each team member part of Great Mates is required to provide emergency contact information in case of an emergency whilst they are on shift. Team cannot commence support unless this contact information is provided.

## REPORTING

Incidents relating to emergencies and service interruptions should be reported in accordance with Great Mates' Incident *Management* policies and procedures.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 🏠 Work Health and Safety Policy and Procedure
- 🏠 Risk Registers
- 🏠 Workplace Incident Management Policy and Procedure
- 🏠 Person/people receiving support Incident Management Policy and Procedure
- 🏠 Emergency Evacuation Plans
- 🏠 Emergency Plan
- 🏠 Business Continuity Plans
- 🏠 Emergency Posters
- 🏠 Compliance Register

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least annually. Reviews will incorporate team, person/people receiving support and other stakeholder feedback, where relevant.

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

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3	01/08/2023	Management Team
2	08/12/2022	Management Team (Marketing & Communications Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# CHEMICAL USE AND STORAGE POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to ensure the safety of team, person/people receiving support and others when handling and storing hazardous chemicals. It applies to all teams and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with Great Mates' *Work Health and Safety Policy and Procedure*.

## APPLICABLE NDIS PRACTICE STANDARDS

### RISK MANAGEMENT

#### Outcome

Risks to person/people receiving support, workers and the provider are identified and managed.

#### Indicators

- ☞ Risks to the organisation, including risks to person/people receiving support, financial and **work health and safety** risks, and risks associated with the provision of supports are identified, analysed, prioritised, and treated.
- ☞ Support delivery is linked to a risk management system which includes:
  - ☞ Incident Management;
  - ☞ Complaints Management;
  - ☞ Work Health and Safety;
  - ☞ Human Resource Management;
  - ☞ Financial Management;
  - ☞ Information Management; and
  - ☞ Governance.
  - ☞ Safe Environment

### SAFE ENVIRONMENT

#### Outcome

Each person/people receiving support accesses supports in a safe environment that is appropriate to their needs.

#### Indicators

Where supports are provided in the person/people receiving support's home, work is undertaken with the person/people receiving support to ensure a safe support delivery environment.

### DEFINITIONS

**Consumer products** – products packed primarily for use by a household consumer and used in a manner consistent with normal household use. Consumer products include small quantities of domestic cleaning products and detergents, as well as chemicals used in an office such as printer toner and whiteboard cleaners. Large volumes of these products, such as a 30kg container of laundry detergent used to wash large volumes of linen, are not considered a consumer product. They should be treated as hazardous chemicals for the purpose of this policy and procedure.

**Hazardous chemicals** – are substances that can pose significant risks to health and safety if they are not managed correctly. They may cause adverse health effects, injure people and/or damage the environment/property. Consumer products (defined above) are not considered hazardous chemicals for the purpose of this policy and procedure. Chemicals are considered hazardous if they are listed on Safe Work Australia’s Hazardous Substances Information System and are above the concentration level, which is harmful to human health. Hazardous chemicals can take the form of solids, liquids, or gases.

**In-transit** – hazardous chemicals are in-transit if they are not used in the workplace and are not kept at the workplace for more than five consecutive days. However, where the workplace frequently has in-transit hazardous chemicals present, or if they are present in significant quantities, they should be treated as a hazardous chemical for the purpose of this policy and procedure.

**Safety Data Sheet (SDS)** – a document that provides information about a hazardous chemical to ensure users can work safely with the substance. Information in SDSs includes the substance’s physical properties (e.g. melting/boiling point, toxicity, reactivity), health effects, first aid requirements and safe handling procedures (e.g. personal protective equipment, safe storage/disposal, and spills management).

## POLICY

Great Mates ensures that when hazardous chemicals are introduced into Great Mates workplaces that they are recorded, handled, and disposed of appropriately.

## PROCEDURES

### Identifying Hazardous Chemicals

The HOD Team must ensure all hazardous chemicals are identified and clearly labelled or signed within the workplace.

### Recording Hazardous Chemicals

The HOD Team must ensure that details of all hazardous chemicals (other than in-transit or consumer products) used at Great Mates are recorded in a *Hazardous Chemical Register*.

The *Hazardous Chemical Register* must be reviewed when new or additional quantities of chemicals are introduced into the workplace. Review is also required when the processes in place to protect people from harm from specific substances need to change or are no longer effective.

### Handling Hazardous Chemicals

The HOD Team must ensure Safe Work Procedures (SWPs) are developed and implemented for handling hazardous chemicals used by Great Mates. See Great Mates’ *Work Health and Safety Policy and Procedure* for more detail on developing SWPs.

## Safety Data Sheets

The HOD Team must maintain a soft copy collection of current Safety Data Sheets (SDSs) for all hazardous chemicals used by Great Mates. The SDS obtained for each chemical must be the current authorised version prepared by the manufacturer. SDS are valid for a period of 5 years, and the HOD Team will check currency at least annually.

The *Chemical Register* and associated SDSs are to be kept up to date by the HOD Team within the general documents tab on vWorker, which is known and accessible to all team in the workplace, as well as any other person who is likely to be exposed to the hazardous chemicals. SDS are a helpful reference as they contain information about:

- Ⓢ Hazards of the chemical and how to handle it safely, including storage and disposal;
- Ⓢ Physical and chemical properties of the chemical, as well as potential health and emergency response measures; and
- Ⓢ Environmental effects of the chemical.

## Health Surveillance

The HOD Team must regularly refer to and comply with health surveillance requirements set out in SDSs, to support the health and safety of team exposed to hazardous chemicals.

## Labelling Hazardous Chemicals

The HOD Team must ensure all hazardous chemical storage containers are clearly labelled and in accordance with the Globally Harmonised System of Classification and Labelling of Chemicals (GHS). Labels must remain intact, legible, and unaltered. The receipt date for hazardous chemicals should be marked on their containers so team can monitor their age and promote the use of older materials first.

Containers with unknown substances in them should be labelled 'CAUTION DO NOT USE: UNKNOWN SUBSTANCE'. Steps must then be taken to ascertain and label the contents, or if it cannot be identified, contact a local waste management authority to arrange for the substance's safe disposal.

## Queensland (QLD)

In Queensland, the labelling of hazardous chemicals is primarily governed by the Work Health and Safety Regulation 2011 (WHS Regulation). The regulations include requirements for labels on hazardous chemicals, safety data sheets (SDS), and placards for containers and packages.

Key points:

- Ⓢ Labels: Must include the product identifier, signal word, hazard statement(s), precautionary statement(s), and the name and address of the manufacturer or supplier.
- Ⓢ Safety Data Sheets (SDS): Must be provided for hazardous chemicals. These should include information on the identity of the substance, its hazards, safe handling and storage, and emergency measures.
- Ⓢ Placarding: For certain quantities of hazardous chemicals, placarding of transport vehicles and containers may be required.

For specific details, the Work Health, and Safety Queensland (WHSQ) website provides guidance and resources.



### New South Wales (NSW)

In NSW, the labelling of hazardous chemicals is regulated by SafeWork NSW. The requirements are similar to those in Queensland but might have slight differences.

Key points:

- 📌 Labels: Must include the product identifier, signal word, hazard statement(s), precautionary statement(s), and the name and address of the manufacturer or suppliers
- 📌 Safety Data Sheets (SDS): Similar to QLD, SDS must be provided for hazardous chemicals.
- 📌 Placarding: Placarding requirements for transport vehicles and containers follow the ADG Code (Australian Dangerous Goods Code) which is a national standard.

SafeWork NSW provides detailed guidance on chemical safety including labelling requirements.

### Victoria (VIC)

In Victoria, workplace health and safety, including the labelling of hazardous chemicals, is governed by WorkSafe Victoria.

Key points:

- 📌 Labels: Must include the product identifier, signal word, hazard statement(s), precautionary statement(s), and the name and address of the manufacturer or supplier.
- 📌 Safety Data Sheets (SDS): SDS must be provided for hazardous chemicals.
- 📌 Placarding: Placarding of transport vehicles and containers follows the ADG Code (Australian Dangerous Goods Code) like in NSW.

WorkSafe Victoria provides information and resources on chemical safety and labelling.

### National Standards (ADG Code)

For dangerous goods transport across all states and territories, the Australian Dangerous Goods Code (ADG Code) sets out the requirements for labelling and placarding of containers and vehicles. This code is adopted nationally to ensure consistency in the transport of dangerous goods.

Key points:

- 📌 Labels: Labels on dangerous goods packages must display the product's class label, UN number, and proper shipping name.
- 📌 Placarding: Transport vehicles and containers must display appropriate placards indicating the type of dangerous goods being transported.

### QLD

Refer to QLD Labelling of Workplace Hazardous Chemicals Code of Practice 2011 for further guidance on labelling hazardous chemicals.

### Storing Hazardous Chemicals

The HOD Team must ensure that hazardous chemicals are stored appropriately and only with other compatible substances. It is important that incompatible chemicals are separated as they may ignite or explode, release toxic, flammable or corrosive gases, or corrode the container causing them to leak if mixed.

For QLD, refer to WorkSafe QLD's Managing Risks of Hazardous Chemicals in the Workplace Code of Practice, 2013 and for NSW, refer to SafeWork NSW's Managing Risks of Hazardous Chemicals in the Workplace Code of Practice, 2014 for further detail on how to safely store hazardous chemicals.

Storage quantities should be kept to a minimum to cater for demand only. Excessive storage for long periods should be avoided to ensure the strength and integrity of the chemical is not compromised.

### Signage

The HOD Team must ensure that signage is put in place to provide a visual warning of any areas where hazardous chemicals are stored in large quantities.

This includes ensuring that all purpose-built cupboards, cabinets, and refrigerators are labelled to indicate the type and class of chemicals being stored in them. Additional warning signs may also be required, such as "DO NOT USE TO STORE FOOD".

### Storing Hazardous Chemicals in Supported Independent Living Environments

Person/people receiving support living in Supported Independent Living (SIL) environments have the right to access all areas of their home. Hazardous chemicals cannot be stored securely in locked cupboards or rooms because all areas of the home must be accessible to residents.

As such, hazardous chemicals should not be kept in SIL environments. Domestic cleaning and other consumer products used in SIL environments should be non-toxic wherever possible. Where hazardous chemicals must be used in a SIL environment, it should be considered a last resort and the chemicals must be kept in small quantities in a hazardous storage cabinet (appropriate to the type of chemical e.g. flammable or corrosive).

### Risk Management

In accordance with Great Mates' Risk Management Policy and Procedure, the HOD Team must implement a risk management process regarding chemical use and storage. This includes actively identifying hazards and implementing risk controls to eliminate or reduce the risks associated with these hazards.

## Emergency Procedures

In accordance with Great Mates' Emergency Planning Policy and Procedure, the Great Mates must ensure appropriate emergency management provisions are in place to respond to incidents involving hazardous chemicals.

These provisions may include:

- ☞ Spill kits or containment equipment;
- ☞ SWPs for spills or release of chemicals;
- ☞ Fire blankets/extinguishers;
- ☞ First aid kits;
- ☞ Eye wash stations/eye wash kits/emergency showers (where large quantities of chemical are stored); –
- Appropriate numbers of trained emergency wardens and first aiders; and
- ☞ Clearly displayed emergency contact details.

## Restricted Chemicals

Certain substances are restricted by law and are not permitted in Great Mates workplaces at any time. A list of these are found in Schedule 10 of the *Work Health and Safety Regulation 2017 (NSW)*, *Schedule 10 of the Work Health and Safety Regulation 2011 (QLD)* and *Schedule 11 of Occupational Health and Safety Regulations 2017 (VIC)*

## Chemical Waste and Disposal of Chemicals

The HOD Team must ensure hazardous chemical waste is disposed of as per Great Mates' *Waste Management Policy and Procedure*.

## Consultation, Information and Training

As per Great Mates' *Work Health and Safety Policy and Procedure*, the HOD Team must consult team about the business' hazardous chemical management. Consultation should occur in relation to:

- ☞ Introduction of new chemicals to the workplace;
- ☞ Identification and assessment of risks associated with chemicals in the workplace;
- ☞ Decisions about control measures to be implemented; and
- ☞ Induction and training requirements.

## REPORTING

Incidents relating to hazardous chemicals should be managed and reported in accordance with Great Mates' *Incident Management* policies and procedures.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- ☞ Work Health and Safety Policy and Procedure
- ☞ Risk Register
- ☞ Workplace Incident Management Policy and Procedure
- ☞ Person/people receiving support Incident Management Policy and Procedure
- ☞ Chemical Register and Safety Data Sheet
- ☞ Safe Work Procedures

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least annually. Reviews will incorporate team, person/people receiving support and other stakeholder feedback, where relevant.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
1	01/07/2020	HOD Team (HR Lead)
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Version No.	Review Date	Revision Description
3	01/08/2023	Management Team
2	08/12/2022	Management Team (Marketing & Communications Lead)
1	10/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# WASTE MANAGEMENT POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to ensure person/people receiving support, Great Mates team and others are protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.

It applies to all teams and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with Great Mates' *Work Health and Safety Policy and Procedure*.

## APPLICABLE NDIS PRACTICE STANDARDS

### MANAGEMENT OF WASTE

#### Outcome

Each person/people receiving support, 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.

#### Indicators

- 📋 Policies, procedures, and practices are in place for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that comply with current legislation and local health district requirements.
- 📋 All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated, and reviewed.
- 📋 An emergency plan is in place to respond to clinical waste or hazardous substance management issues and/or accidents. Where the plan is implemented, its effectiveness is evaluated, and revisions are made if required.
- 📋 Workers involved in the management of waste and hazardous substances receive training to ensure safe and appropriate handling. This includes training on any protective equipment and clothing required when handling waste or hazardous substances.

## DEFINITIONS

**Bulk** - free flowing liquids normally contained within a disposable vessel or tubing, not capable of being safely drained to the sewer.

**Chemical Waste** – waste generated by the use of chemicals in medical, veterinary and laboratory procedures. Chemical waste should be classified in accordance with the step-by-step waste classification process in the ADG Code.

**Clinical and related waste** - waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity, being waste that has the potential to cause injury, infection, or offence. It includes:

- ☒ Clinical waste;
- ☒ Cytotoxic waste;
- ☒ Pharmaceutical, drug or medicine waste; and
- ☒ Sharps waste.

**Clinical waste** (including pathological waste) - waste that has the potential to cause sharps injury, infection, or offence. Includes:

- ☒ Sharps;
- ☒ Human tissue (excluding hair, teeth and nails);
- ☒ Bulk body fluids and blood;
- ☒ Visibly blood-stained body fluids and disposable material and equipment;
- ☒ Laboratory specimens and cultures; and
- ☒ Animal tissues, carcasses or other waste arising from laboratory investigation or for medical or veterinary research.

**Cytotoxic waste** - 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.

**Generator of waste** – a person conducting work in a Great Mates workplace, including person/people receiving support' homes, where waste (for the purpose of this Policy and Procedure) is created.

**Hazardous waste** - waste arising from medical, nursing, dental, veterinary, pharmaceutical, or similar practices, and wastes generated in clinical or other facilities resulting from the investigation or treatment of patients or research projects. Typical hazardous waste includes sharps, anatomical waste, clinical waste, chemically contaminated waste, infectious waste, human tissue, cytotoxic waste, pharmaceutical waste, animal waste, laboratory waste, chemical waste, and radioactive waste (or items contaminated with this material such as paper towels, gloves, etc).

**Pharmaceutical 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 pharmacist along with a Medical Disposal Form for disposal under the Returned Unwanted Medicine program. Safe Disposal is through local pharmacies and chemists.

**Sharps**- any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and/or body substances. This includes needles and any other sharp objects or instruments designed to perform penetrating procedures.

## POLICY

Great Mates may generate waste that is unsafe to dispose of with general waste, as part of its delivery of NDIS supports. Appropriate waste disposal is important for infection control. Different types of waste have different waste management procedures that need to be followed.

When specific waste is appropriately handled and contained through safe work practices and the use of appropriate personal protective equipment (PPE), the risk of exposure to infection, chemical contamination, radiation exposure or other health and safety issues is minimised.

Team involved in the management of waste and hazardous substances are trained to ensure safe and appropriate handling. This includes training on any protective equipment and clothing required when handling waste or hazardous substances.

## PROCEDURES

Team must ensure they dispose of waste as per the procedures described below. Any instances where they are not able to do so should be reported to their direct Team Leader or the HOD Team and any waste incidents (e.g. exposure) should be reported immediately in accordance with Great Mates' *Incident Reporting Policies and Procedures*.

Great Mates will develop and implement a Waste Management Plan relevant to the types of waste it is likely to generate. The Waste Management Plan must be developed in consultation with other co-located services such as pathology services, and will cover: who has overall responsibility for the plan as well as the functions/responsibilities within the plan;

Strategies for:

- ☞ Ensuring waste is disposed of safely - to prevent contact with people and minimise environmental risks – Minimising waste;
- ☞ Training and waste management promotion;
- ☞ Work health and safety requirements;
- ☞ Auditing;
- ☞ Measuring waste management performance; and
- ☞ Incident management;
- ☞ Procedures for segregating, collecting, transporting, storing and disposing of waste from various areas of the service;
- ☞ Spills management;
- ☞ Contract management, including contractor details, contact arrangements, auditing, safe operating, and spill management procedures; and
- ☞ Relevant insurances.

### Minimum Requirements for Waste Disposal

Disposal of any contaminated or hazardous waste generated by Great Mates activities must:

- ☞ Be disposed of in accordance with the legislative requirements for the type of waste;
- ☞ Be conducted and implemented in consultation with relevant team; and
- ☞ Occur based on a risk management process that is used when planning and implementing hazardous waste disposal.

### Disposal

This Policy and Procedure covers disposal of waste, given this is the waste most likely to be produced in the delivery of Great Mates' NDIS supports.

Should general waste be mixed or contaminated with any of the above listed waste it must be then treated as the contaminated or hazardous waste.

### PHARMACEUTICAL WASTE

#### *Disposal*

- ☞ Pharmaceutical waste must be disposed of safely and in a manner that is not harmful to the environment. Medication to be destroyed (i.e. out of date, no longer required or incorrectly dispensed) must be labelled and disposed of in an appropriate bag and returned to the local pharmacist along with a Medical Disposal Form for disposal under the Returned Unwanted Medicine program.
- ☞ If the person/people receiving support, their supporter or family is unable to return pharmaceutical waste, Great Mates' team will dispose of it on their behalf. Great Mates will provide team with address and contact details of nearby pharmacies that are registered to accept unwanted medicines.

#### *Labelling*

Pharmaceutical waste packages/containers must be marked with the label PHARMACEUTICAL WASTE. No symbols or signage are required.

### SHARPS WASTE

Sharps injuries are a common cause of getting infected by a blood-borne virus. The following basic requirements should apply if sharps are used or found:

- ☞ Whoever uses the sharp, disposes of it;
- ☞ Don't pass sharps by hand, use tongs;
- ☞ Use disposable sharps;
- ☞ Don't put a used needle back in its cover, put it in a sharp's container;
- ☞ Don't separate a needle from a syringe;
- ☞ Don't break, burn or manipulate a sharp;
- ☞ Don't clean re-usable sharps by hand, use a long-handled brush and tongs;
- ☞ Don't put hands or fingers into garbage bags, laundry bags, crevices etc. where you suspect there are sharps – use tongs;
- ☞ Don't manually compress garbage bags – use the tie-straps to lift and carry the bag.



### *Disposal*

Sharps must be disposed of in an approved sharps disposable container (yellow with biohazard symbol). Sharps containers that are resistant to impact, penetration, and leakage, are stable, have integrity of the handles/other carrying features and closure device, and have a capacity indicator (fill line) marked on the outside wall of the container must be used. PPE must be always worn when handling sharps, including gloves and safety glasses.

Team **MUST NOT** use drinks cans, bottles, or cardboard boxes to dispose of sharps – they may find their way into domestic waste and present a hazard to council workers and the public.

Team should never try to retrieve anything from a sharps container, or press down on the contents to make more room. Containers must be labelled and regularly emptied. Once sharps container is full, team are to dispose of container at local pharmacies or chemists.

### *Labelling*

Sharps disposable containers must bear the Division 6.2 label: and be marked with the label CLINICAL SHARPS.



## CHEMICAL WASTE

### *Disposal*

When disposing of chemicals and containers that have contained hazardous chemicals:

- ☞ Check the label for advice on disposal of chemicals or containers;
- ☞ Triple rinse empty containers to remove all traces of the chemical; and
- ☞ Uncap, puncture and/or crush all rinsed containers.
- ☞ Ensure that appropriate PPE (e.g. gloves and safety glasses) are worn before handling or rinsing the empty containers.

### *Labelling*

Chemical waste packages/containers must be labelled with the product identifier (name) and the relevant hazard pictogram/symbol depending on the type of hazard classification (e.g. corrosive, flammable, toxic). It must also include the Australian name, address, and contact details of the manufacturer.

Labelling requirements do not apply to household consumer products, however, if the original label is faded, worn or illegible, a replacement label/sticker must be applied so that the contents can be easily identified.

See also Great Mates' Chemical Use and Storage Policy and Procedure for further details.

## INTERNAL TRANSPORT AND TRACKING

Great Mates must optimise the waste collection process, reduce handling and transportation, and promote safe work practices.

When removing waste, team should avoid walking through food preparation and heavily used areas (e.g. kitchen) taking a direct route to the outside bin if possible. This further reduces the risk of contamination should an accident occur (e.g. slip/trip/fall).

## MANAGING SPILLS

Great Mates must ensure that:

- ☞ Its Waste Management Plan sets out procedures for waste spills;
- ☞ Team involved in spill management are trained in emergency procedures and handling requirements, including use of spill kits;
- ☞ Spill kits are readily accessible and clearly labelled and mapped;
- ☞ It stocks PPE and emergency spill kits appropriate to the waste handled;
- ☞ Spill kits are disposed of with the relevant waste; and
- ☞ Spill kits are restocked with the necessary components immediately after use, returned to their locations and regularly inspected for malfunctioning or missing components.

## PERSONAL PROTECTIVE EQUIPMENT

Great Mates will supply the necessary Personal Protective Equipment (PPE) for the types of waste that may be handled. Team must use appropriate PPE when handling waste, including gloves, safety eyewear and in some cases, an apron.

## SANITARY BINS

### Great Mates Office

Sanitary bin waste management is overseen by OziFresh on a monthly schedule. Workers are permitted to access the office Monday through Friday between 9am and 5pm. Bianca Noka serves as the primary point of contact for any issues or inquiries regarding the sanitary bins and can be contacted at 0493 370 550 or [bianca.noka@greatmates.com.au](mailto:bianca.noka@greatmates.com.au)

### *Collection Schedule and Protocol*

OziFresh will schedule monthly collections of the sanitary bins at the office. Bins will be emptied and replaced during these visits to ensure cleanliness and hygiene.

### *Notification and Access*

Workers can notify Bianca Noka directly if any bins require immediate attention or replacement outside of the regular schedule. Access to the office for waste management purposes is limited to office hours (9am - 5pm, Monday-Friday).

### *Maintenance and Reporting*

Bianca Noka will monitor the condition of the sanitary bins and report any issues to OziFresh promptly. This includes reporting damage, overflow, or malfunctions of the bins.

### *Hygiene Standards*

OziFresh will adhere to strict hygiene standards during bin servicing to minimize disruption to office activities and ensure a clean workplace environment.

### **Homes of People Receiving Supports**

For homes of people receiving supports with incontinence bins, waste management occurs on a fortnightly basis.

### *Scheduled Pick-Ups*

OziFresh will conduct scheduled pick-ups of incontinence bins every two weeks from homes.

### *Notification*

People will be informed of the collection schedule and guidelines for preparing bins for pick-up.

### *Preparation of Bins*

People receiving support are responsible for securely closing and placing the bins in a designated accessible area on the scheduled collection day.

### *Point of Contact*

People receiving support can reach out to OziFresh directly for any special requests, changes in schedule, or inquiries regarding the incontinence bin service.

### *Hygiene and Privacy*

OziFresh ensures that bin collection is conducted discreetly and with respect for people receiving support privacy and hygiene.

### *Feedback and Support*

People receiving support can provide feedback or request additional support related to incontinence bin management to Ebele Iwobi at 0493 502 134 or at [ebele.iwobi@greatmates.com.au](mailto:ebele.iwobi@greatmates.com.au)

## **REPORTING**

Incidents relating to waste management and disposal should be reported in accordance with Great Mates' *Incident Management Policies and Procedures*.

Workers who sustain a needle stick injury or are exposed to blood and/or body fluids may need to be notified to the Team Leader – refer Great Mates' *Workplace Incident Reporting Policy and Procedure* for further guidance.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 Waste Management Plan
- 📄 Work Health and Safety Policy and Procedure
- 📄 Risk Register
- 📄 Infection Control Policy and Procedure
- 📄 Medication Management Policy and Procedure
- 📄 Workplace Incident Management Policy and Procedure
- 📄 Person/people receiving support Incident Management Policy and Procedure
- 📄 Food Hygiene QuickPro

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least annually. Reviews will incorporate team, person/people receiving support and other stakeholder feedback.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	01/01/2024	HOD Team (HR Lead)
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3	01/08/2023	Management Team
2	08/12/2022	Management Team (Marketing & Communications Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# PHYSICAL ACCESSIBILITY POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to ensure that Great Mates provides a physically accessible service environment that is responsive to its person/people receiving support' support and communication needs.

It applies to all teams and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with Great Mates *Work Health and Safety Policy and Procedure*.

## APPLICABLE NDIS PRACTICE STANDARDS

### RISK MANAGEMENT

#### Outcome

Risks to person/people receiving support, workers and the provider are identified and managed.

#### Indicators

- ☞ Risks to the organisation, including risks to person/people receiving support, financial and work health and safety risks, and risks associated with the provision of supports are identified, analysed, prioritised, and treated.
- ☞ A documented 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.
- ☞ Support delivery is linked to a risk management system which includes:
  - ☞ Incident Management;
  - ☞ Complaints Management;
  - ☞ Work Health and Safety;
  - ☞ Human Resource Management;
  - ☞ Financial Management;
  - ☞ Information Management; and
  - ☞ Governance.

## POLICY

Great Mates ensures its services are physically accessible and safe. It takes a continuous improvement approach to ensuring on-going accessibility for all team, person/people receiving support and others.

## PROCEDURES

### Information

Great Mates provides information to person/people receiving support in a variety of ways so they can more easily access the supports they need.

This includes through Great Mates' website, social media channels and signage. Written information can be provided in Easy English or explained verbally by team. Great Mates team can also help person/people receiving support access interpreters or advocates where required.

Great Mates endeavours to provide information in formats that accommodate current and anticipated person/people receiving support needs. This includes considering person/people receiving support' cultural background, disability, and specific communication needs.

### Physical Accessibility

Where a person/people receiving support cannot access Great Mates because it is physically inaccessible for them, team must consider alternative methods for providing supports, such as meeting at a different location or undertaking an online or phone appointment.

Physical access issues that are identified should be reported to the HOD Team for inclusion in the *Continuous Improvement Register* and actioned or monitored as per Great Mates' *Continuous Improvement Policy and Procedure*.

Where person/people receiving support or others are unhappy with any aspect of Great Mates' physical accessibility and wish to make a complaint or provide feedback, team must direct them to Great Mates' feedback and complaints processes (see the *Feedback and Complaints Policy and Procedure*).

## REPORTING

Incidents relating to physical accessibility should be reported in accordance with Great Mates' *Incident Management policies and procedures*.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 Work Health and Safety Policy and Procedure
- 📄 Risk Register
- 📄 Service Access Policy and Procedure
- 📄 Feedback and Complaints Policy and Procedure
- 📄 Workplace Incident Management Policy and Procedure
- 📄 Person/people receiving support Incident Management Policy and Procedure

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least annually. Reviews will incorporate team, person/people receiving support and other stakeholder feedback.

Great Mates will undertake an annual accessibility audit of its premises in accordance with its . Annual satisfaction surveys will assess person/people receiving support and other stakeholder satisfaction with Great Mates' physical access and service environment.

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

## DOCUMENT CONTROL

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3	01/08/2023	Management Team
2	09/12/2022	Management Team (Marketing & Communications Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# INFECTION CONTROL POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to ensure that Great Mates minimises the risk of the spread of infectious diseases in its work environments.

It applies to all team and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with Great Mates *Work Health and Safety Policy and Procedure* and *Waste Management Policy and Procedure*.

## APPLICABLE NDIS PRACTICE STANDARDS

### RISK MANAGEMENT

#### Outcome

Risks to person/people receiving support, workers and the provider are identified and managed.

#### Indicators

- ☞ Risks to the organisation, including risks to person/people receiving support, financial and **work health and safety** risks, and risks associated with provision of supports are identified, analysed, prioritised, and treated.
- ☞ Support delivery is linked to a risk management system which includes:
  - ☞ Incident Management;
  - ☞ Complaints Management;
  - ☞ Work Health and Safety;
  - ☞ Human Resource Management;
  - ☞ Financial Management;
  - ☞ Information Management; and
  - ☞ Governance.

### SAFE ENVIRONMENT

#### Outcome

Each person/people receiving support accesses supports in a safe environment that is appropriate to their needs.

#### Indicators

- ☞ Where supports are provided in the person/people receiving support's home, work is undertaken with the person/people receiving support to ensure a safe support delivery environment.
- ☞ Where relevant, work is undertaken with other providers and services to identify and treat risks, ensure safe environments, and prevent and manage injuries.



## DEFINITIONS

**Infectious diseases** - also known as communicable diseases; caused by organisms such as bacteria, viruses, fungi, and parasites. These micro-organisms are able to invade and reproduce in the human body, and then cause harmful effects. In healthcare settings, the main modes for transmission of infectious agents are contact (including blood borne), droplet and airborne.

## POLICY

Great Mates has a duty of care and must take all reasonable steps to safeguard person/people receiving support, other team, and stakeholders from infection.

## PROCEDURES

Any team member with any infectious disease, including COVID-19 and the flu, is required to stay away from the workplace until such time they are cleared by a doctor. A medical certificate is required to be presented with the team member's timesheet for payment of sick days.

Notifiable diseases are diseases that must be reported to the Health Department by health practitioners. Any team member that has a notifiable disease must not attend work until such time as their doctor clears them. A list of notifiable diseases can be found at: <http://www.health.gov.au/casedefinitions>.

### Standard Precautions

Standard precautions must be implemented when cleaning surfaces and facilities. Team must wear suitable gloves and other protective clothing appropriate for the task. Protective eyewear must be worn where splashing is likely to occur.

Although environmental surfaces play a minor role in the transmission of infections, a regular cleaning and maintenance schedule is necessary to maintain a safe environment. Surfaces should be cleaned on a regular basis using only cleaning procedures that minimise dispersal of micro-organisms into the air.

Toilets, sinks, washbasins, baths, shower areas, and surrounding areas should be cleaned regularly or as required. Cleaning methods for these items should avoid generation of aerosols.

Floors should be cleaned daily or as necessary with a vacuum cleaner. Alternatively, damp dusting or cleaning with a dust-retaining mop is acceptable.

Routine surface cleaning should be undertaken as follows:

- ☞ Clean and dry work surfaces before and after usage or when visibly soiled;
- ☞ Spills should be dealt with immediately;
- ☞ Use detergent and warm water for routine cleaning;
- ☞ Where surface disinfection is required, use in accordance with manufacturer's instructions;
- ☞ Clean and dry surfaces before and after applying disinfectants;
- ☞ Empty buckets after use, wash with detergent and warm water and store dry; and
- ☞ Mops should be cleaned in detergent and warm water then stored dry.

Standard precautions to protect against infectious diseases include:

- ☞ Wash hands for 30 seconds before and after contact with person/people receiving support, eating, using gloves and after using the toilet, contact with used equipment and contact with body substances or equipment, materials (including linen) or contaminated surfaces;
- ☞ Wear disposable latex gloves when handling food or any item which may be contaminated by bodily fluids; – Cover cuts or scratches with waterproof, breathable dressing;
- ☞ Wear personal protective equipment (PPE) such as protective eyewear, an apron, enclosed footwear and/or a face mask if splashing or direct contact with body fluids is likely;
- ☞ Use sharps containers at point of use. Do not re-sheath sharps; and
- ☞ Clean up spills with water and bleach.

Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow or be instructed to follow respiratory hygiene and cough etiquette as follows:

- ☞ Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses;
- ☞ Use tissues to contain respiratory secretions;
- ☞ Dispose of tissues in the nearest waste receptacle or bin after use;
- ☞ If no tissues are available, cough or sneeze into the inner elbow rather than the hand;
- ☞ Practice hand hygiene after contact with respiratory secretions and contaminated objects/materials;
- ☞ Keep contaminated hands away from the mucous membranes of the eyes and nose.

### Person-centred Approach to Infection Control

A person-centred approach to providing support includes putting person/people receiving support at the centre of infection prevention and control and enabling them to participate in their care process.

To support a two-way approach to infection prevention and control and encourage person/people receiving support participation, Great Mates will:

- ☞ Take person/people receiving support' perspectives into account when developing policies and programs;
- ☞ Familiarise person/people receiving support with its infection prevention and control strategies;
- ☞ Encourage person/people receiving support to disclose their health or risk status if there is a potential risk or source of infection;
- ☞ Provide opportunities for person/people receiving support to identify and communicate risks and encourage them to use feedback procedures through the service's feedback and complaints processes;
- ☞ Provide educational materials about infection prevention and control using a variety of media (e.g. posters, printed material, educational videos) in a variety of accessible formats; and
- ☞ Inform person/people receiving support about the protocols for protecting their privacy and confidentiality.

### Training on infection control

To ensure workers are up to date with standard infection control procedures, they were required to complete infection control for disability lifestyle assistants and personalised protective equipment annually on our training and development platform

## REPORTING

Incidents relating to infection control or infectious diseases must be reported as soon as practicable in accordance with Great Mates' *Incident Management policies and procedures*.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 Work Health and Safety Policy and Procedure
- 📄 Risk Registers
- 📄 Workplace Incident Management Policy and Procedure
- 📄 Person/people receiving support Incident Management Policy and Procedure

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least annually. Reviews will incorporate team, person/people receiving support and other stakeholder feedback.

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

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# FOOD STORAGE AND PREPARATION POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to ensure that Great Mates team prepare and stores food to ensure it does not become unsafe or unsuitable for consumption.

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

## APPLICABLE NDIS PRACTICE STANDARDS

### RISK MANAGEMENT

#### Outcome

Risks to person/people receiving support, workers and the provider are identified and managed.

#### Indicators

- ☞ Risks to the organisation, including risks to person/people receiving support, financial and work health and safety risks, and risks associated with the provision of supports are identified, analysed, prioritised, and treated.
- ☞ Support delivery is linked to a risk management system which includes:
  - ☞ Incident Management;
  - ☞ Complaints Management;
  - ☞ Work Health and Safety;
  - ☞ Human Resource Management;
  - ☞ Financial Management;
  - ☞ Information Management; and
  - ☞ Governance.

## POLICY

High standards of hygiene will be maintained in relation to food handling throughout all services provided by Great Mates. Great Mates is committed to ensuring that all food preparation processes are followed and prevent the risk of contamination.

## PROCEDURES

Team are expected to report to work each day in clean clothing. Hair should be clean, tidy, and secured in place. Appropriate hair covering must be worn if hair is longer than shoulder length.

Clean gloves must be always worn while preparing food and should be changed regularly.

Smoking, eating, and drinking is not allowed in areas where food is stored, prepared, or served. Tongs or other appropriate utensils must be used in handling food where gloves are not appropriate.

Hands must be kept clean and must be washed regularly with soap and hot water, especially: – When entering a food handling area;

- ☞ Before touching any cooked or prepared food and after handling raw food;
- ☞ After using the toilet;
- ☞ After having a cigarette;
- ☞ After handling garbage or cleaning equipment and chemicals;
- ☞ After using a handkerchief or tissue or stifling a sneeze or cough;
- ☞ After handling money;
- ☞ Before resuming work after any break or change in work area; or
- ☞ After touching hair, face, or other parts of the body.

Team involved in food preparation should immediately report the following to the Team Leader of the home:

- ☞ Any skin irritations (eczema, dermatitis etc.) especially on the hands;
- ☞ Any stomach complaints or bowel conditions;
- ☞ Feeling generally unwell;
- ☞ Any changes in health which may affect their ability to perform duties; and
- ☞ All cuts, scratches and wounds which may contaminate food.

Team should report any observed practice by any other person that they believe to be in conflict with general hygiene standards to the Team Leader immediately, in order to rectify the problem.

Depending on the nature of the report/situation, the Team Leader will reallocate duties if necessary to ensure that food safety is not compromised.

All team involved in food preparation and storage must familiarise themselves with this policy and procedure and follow all control measures to prevent food contamination / illness. Where further guidance is required, refer to the *Australia New Zealand Food Standards Code* and *Safe Food Australia - A Guide to the Food Safety Standards*.

### Temperature Control

Team must ensure that the temperature of potentially hazardous food is either at 5°C or colder or at 60°C or hotter when it is received, served, transported, or stored.

The following are examples of potentially hazardous foods:

- ☞ Raw and cooked meat or foods containing meat, such as casseroles, curries and lasagne; – Dairy products, for example, milk, custard and dairy based desserts;
- ☞ Seafood;
- ☞ Processed fruits and vegetables, for example, salads;
- ☞ Cooked rice and pasta;
- ☞ Foods containing eggs, beans, nuts, or other protein rich foods, such as quiche and soy products; and – Foods that contain these foods, such as sandwiches and rolls.

Team do not have to keep potentially hazardous food at any specified temperature when preparing it because that would be impractical, but they must keep the processing or preparation time as short as possible so that bacteria do not get a chance to multiply to dangerous levels or form toxins.

Previously cooked and cooled potentially hazardous food must be reheated rapidly to 60°C or hotter. Ideally, food should be reheated to 60°C within a maximum of two hours to minimise the amount of time that food is at temperatures that favour the growth of bacteria or formation of toxins.

Potentially hazardous foods should be cooled to 5°C or colder as quickly as possible. There may be food poisoning bacteria in the food even though it has been cooked. Faster cooling times limit the time when these bacteria are able to grow or form toxins.

Food must be cooled from 60°C to 21°C in a maximum of two hours and from 21°C to 5°C within a further maximum period of four hours. To chill food quickly, divide it into smaller portions in shallow containers, taking care not to contaminate the food in the process.

## REPORTING

Incidents relating to infection control or infectious diseases should be reported in accordance with Great Mates' Incident Management policies and procedures.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- Work Health and Safety Policy and Procedure
- Risk Register
- Workplace Incident Management Policy and Procedure
- Person/people receiving support Incident Management Policy and Procedure

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least annually. Reviews will incorporate team, person/people receiving support and other stakeholder feedback.

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

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# VEHICLE SAFETY POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to ensure the safety of team, person/people receiving support and other stakeholders when service delivery requires the use of vehicles.

It applies to all teams and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References. It should be read in conjunction with Great Mates *Work Health and Safety Policy and Procedure*.

## APPLICABLE NDIS PRACTICE STANDARDS

### RISK MANAGEMENT

#### Outcome

Risks to person/people receiving support, workers and the provider are identified and managed.

#### Indicators

- ☞ Risks to the organisation, including risks to person/people receiving support, financial and work health and safety risks, and risks associated with the provision of supports are identified, analysed, prioritised, and treated.
- ☞ A documented 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.
- ☞ Support delivery is linked to a risk management system which includes:
  - ☞ Incident Management;
  - ☞ Complaints Management;
  - ☞ Work Health and Safety;
  - ☞ Human Resource Management;
  - ☞ Financial Management;
  - ☞ Information Management; and
  - ☞ Governance.

## POLICY

The health and safety of all Great Mates team, volunteers, contractors, person/people receiving support and visitors are of utmost importance, including when service delivery requires the use of vehicles.

## PROCEDURES

The HOD Team will:

- ☞ Review the appropriateness of vehicles used by Great Mates team for the types of work activities they are undertaking;
- ☞ Ensure comprehensive insurance and a roadside assistance scheme is in place for all Great Mates-owned vehicles and team-owned vehicles used for transport services;
- ☞ Implement a maintenance program for vehicles used in its service delivery (owned, leased, and privately owned) to ensure safety, roadworthiness, reporting/clearing of defects and passenger comfort; and – Review and analyse all vehicle incidents.



The Human Resource Lead will:

- ☞ Ensure relevant team have valid driver's licenses and verify these annually in accordance with Great Mates Human *Resources Policy and Procedure*;
- ☞ Ensure team using their own vehicles have current registration and compulsory third party (CTP) insurance for their vehicles in place;
- ☞ Ensure team transporting person/people receiving support have current criminal history checks in place;
- ☞ Ensure team have properly maintained vehicles and all vehicles are checked prior to use;
- ☞ Escalate concerns about vehicles and team driving capabilities to the Team Leaders and/or HOD Team;
- ☞ Ensure all vehicles are supplied with equipment such as first aid kits, fire extinguishers (where required), emergency contact numbers and other required emergency supplies; and
- ☞ Report all vehicle incidents to the HOD Team.

Team must apply normal hazard and risk management techniques in their day-to-day work and whenever driving any vehicle.

Certain driving environments will present a greater hazard than others. Team must take the following actions to manage the risks, such as:

- ☞ Not drive unlicensed;
- ☞ Not drive under the influence of drugs or alcohol;
- ☞ Conduct pre-use safety checks of vehicles (see below);
- ☞ Where possible, ensure person/people receiving support being transported are not sitting behind the driver and are secured appropriately;
- ☞ Always follow all applicable road rules;
- ☞ Take regular breaks from continuous driving as required, and at least every two hours; – Avoid driving vehicles in off-road environments;
- ☞ Report any vehicle accidents immediately to the Police and Team Leader and/or HOD Team;
- ☞ Inform the direct Team Leader when entering areas where there is an increased potential for vehicle immobilisation; and
- ☞ Report immobilisation events including breakdown and bogging as an incident in accordance with Great Mates' Incident Management policies and procedures, to enable better information to be gathered regarding the suitability of vehicles and the training provided to team.

### Vehicle Safety Checks

When undertaking vehicle pre-use safety checks, team will, at a minimum:

- ☞ Ensure the manufacturer's specified service schedule is being adhered to;
- ☞ Inspect all external lights (grime can reduce their effectiveness by up to 40%);
- ☞ Inspect wiper blades to ensure they clear the windscreen effectively;
- ☞ Clean the windscreen and rear window to ensure good visibility;
- ☞ Periodically check all fluid levels - engine oil, windscreen washer fluid and the radiator coolant; – Check tyre pressure and condition; and
- ☞ Ensure mirrors are present and oriented correctly for use.

### Seat Belts

By law, all occupants of a vehicle must always wear seatbelts. If a seat belt is starting to show signs of wear and tear, (frayed, not retracting back) the vehicle needs to be seen by an authorised repairer. For Great Mates-owned vehicles (where applicable), team should refer the matter to the direct Team Leader. It is the responsibility of every driver transporting any person/people receiving support who can wear a seatbelt that the seat belt is worn correctly when travelling.

If transporting person/people receiving support who can't wear a seat belt, the person/people receiving support must have a doctor's certificate and team must carry this approval with them when transporting those person/people receiving support.

### Mobile Phones

Team must not use a hand-held mobile telephone when driving. Team must pull over and stop the vehicle's engine before answering or making phone calls or reading or responding to texts.

### Speed

Team must drive at a speed that suits the road conditions, vehicle, weather conditions and their driving experience. Team must not exceed the applicable speed limit for the road used.

In the event a team member is issued with an infringement notice while driving as part of their usual duties for Great Mates, the team member is responsible for payment of the infringement notice and any demerit points.

In the event a team member is issued with an infringement notice while driving a Great Mates-owned vehicle, the team member will be nominated as the responsible driver and will be accountable for payment of the infringement and any demerit points.

### Person/people receiving support Transport

Team should undertake a risk assessment to determine if a person/people receiving support can be transported alone in a vehicle, considering the person/people receiving support's care plan. Generally, person/people receiving support with behaviours of concern should not be seated behind the driver and must wear a seat belt.

Team must consider how best to transfer mobility restricted person/people receiving support or handling wheelchairs or equipment, using good manual handling techniques to prevent an injury.

## REPORTING

Vehicle incidents should be reported in accordance with Great Mates' Incident Management policies and procedures.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 Work Health and Safety Policy and Procedure
- 📄 Risk Registers
- 📄 Workplace Incident Management Policy and Procedure
- 📄 Person/people receiving support Incident Management Policy and Procedure
- 📄 Vehicle Register

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least annually. Reviews will incorporate team, person/people receiving support and other stakeholder feedback.

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

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# MEDICATION MANAGEMENT POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy is to ensure Great Mates promotes duty of care principles that require team to maintain a high level of competency when reminding peoples about, supervising the intake of or administering medication.

Medication management practices place peoples at the centre of planning and delivery and maximises, as much as possible, the capacity for peoples to take control of their service provision.

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

## APPLICABLE NDIS STANDARDS

### MANAGEMENT OF MEDICATION

#### Outcome

Each person requiring medication is confident their provider administers, stores, and monitors the effects of their medication and works to prevent errors or incidents.

#### Indicators

- ☞ Records clearly identify the medication and dosage required by each person, including all information required to correctly identify the people and to safely administer the medication.
- ☞ All workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication.
- ☞ All medications are stored safely and securely, can be easily identified, and differentiated, and are only accessed by appropriately trained workers.

## DEFINITIONS

**Dose Administration Aids** – pharmacy prepared aids whereby solid oral medications are divided, sealed, and packaged according to the dose schedule throughout the day. Dose administration aids are fully labelled by a pharmacist and used where persons may have specific problems preventing them from managing their medications in the original manufacturers packaging. Dose administration aids can be blister packs, sachet systems and compartmentalised boxes.

**Medication Administration** - If a person is unable to independently manage their medication, team may need to ensure that the person gets offered or is given their medication. Administration of medicines is one, all, or a combination of the team member doing the following:

- ☞ Deciding which medicine(s) have to be taken or applied and when this should be done;
- ☞ Being responsible for selecting the medicines;
- ☞ Giving a person medicine to swallow, apply or inhale, where the person receiving them does not have the capacity to know what the medicine is for or identify it; and
- ☞ Giving medicines where the team member must possess the appropriate training and qualifications to do so, including regular on-going competency assessments.

**Medication Assistance** – as with prompting, the person is assessed as being able to self-medicate, and is in control of their medicines but needs assistance with simple mechanical tasks, these can include:

- ☞ Ordering repeat prescriptions from the General Practitioner's surgery;
- ☞ Picking up prescriptions;
- ☞ Collecting dispensed medicines from the pharmacy;
- ☞ Bringing medicines to a person at their request so that they can take the medicines;
- ☞ Opening bottles or packaging at the request and direction of the person who is going to take the medicine;
- ☞ Reading labels and checking the time at the request of the person who is going to take the medicine; and
- ☞ Ensuring the person has a drink to take with his or her medication.

**Medication Prompting** - reminding or encouraging a person to take their medication. The person is still in control of their medicines and may decide not to take them or to take them later. Prompting can be useful when a person knows what medicines to take and how to take them but may simply forget the time.

**Non-Packaged Medication** – any medication that is not in its original packaging as supplied by the pharmacist. This type of medication is not to be administered due to the potential risks involved.

**Non-Prescription Medicine** – any medication that has been purchased or obtained without a formal general practitioner/hospital prescription, often referred to as 'over the counter' medicines. This includes complementary and alternative medications, supplements, homeopathic medications, and complementary medications (deemed illegal).

**Prescription Only Medication** - any medication listed in Schedule 4 or Schedule 8 of the Poisons Standard 2019 and which is only available to the public on prescription by a medical practitioner or dentist.

**Pro Re Nata (PRN) Medication** – PRN medication is prescribed by a health professional for a person to take as needed. PRN medication can include prescription and non-prescription medications. Persons requiring support to manage PRN medication/s must be referred to a Registered Nurse for management.

**Supporting Self Medication** – supporting a person with their self-medication means the person is cognitively aware, has been educated about and accepts responsibility for their own medication regime. For various reasons however the person is unable to take the medication out of the container and/or requires assistance with drinking to take the medication.

## POLICY

The health and safety of all Great Mates team and peoples is of utmost importance, including in the management and administration of peoples' medications.

Great Mates acknowledges that medication management practices build on individual strengths and reflect individual needs, interests, goals, formal and information support networks.

All medication management practices for each person are informed by individual *Support Plans*.

Great Mates will assist peoples to manage their medication based on the following order of preference:

1. The people self-manages all aspects of their medication;
2. The people is supported or assisted by their family or support network to manage all aspects of their medication;
3. The people manages their medications with Great Mates team providing medication prompting;
4. The people manages their medications with Great Mates team providing medication assistance; or
5. Great Mates team managing and administering medication for the people.

## PROCEDURES

### Consent

When providing medication management, Great Mates team must first ensure the people has provided consent via a *Clarification of Medication Purpose Form* which is authorised by a medical practitioner. The *Clarification of Medication Purpose Form* provides detailed information about the medications, the type of support required and consent for Great Mates to provide medication management.

Peoples must be informed about Great Mates' medication management processes in a way that meets their communication needs and cognition.

Peoples are encouraged and supported to be involved in decision making as far as possible according to their capacity, including Great Mates focussing on supporting and encouraging peoples to self-administer their medication as the first step where appropriate.

If the people is unable to provide consent, an authorised person responsible for making health related decisions is able to provide consent.

### Capacity Determination

Where Great Mates is uncertain about a people's ability to safely manage and administer their own medication, a capacity/competency assessment must be completed by a qualified health care professional (such as a General Practitioner) in consultation with the people and those involved in their care.

Given capacity can vary over time, a reassessment should be completed regularly by a qualified health care professional to determine if the people's capacity has changed.

Where appropriate, peoples should be supported to implement strategies to work towards improving their capacity to self-administer and manage their medications.

### Team Training and Requirements

Great Mates, as per the *Human Resources Policy and Procedure*, will ensure that the lifestyle assistants employed have a level of competency to provide appropriate and safe support to a person with disability. This includes medication management.

Great Mates must have a process in place to ensure the recruitment; training and scheduling of the team are competent in medications management.

All lifestyle assistants directly supporting people with medication management (prompt, assist and administer) must have already completed training in the following, delivered by a Registered Training Organisation (RTO):

- 📌 First Aid;
- 📌 CPR; and
- 📌 Medication Management.

Through EtrainU, Great Mates is able to assign medication administration training to ensure team are regularly refreshed and up to date with the latest updates around administration.

An employee may also be assessed as competent if they have a higher qualification, for example a Registered Nurse who is acting within the scope of their employment.

If the lifestyle assistant is required to undertake more complex medication administration to support an individual's complex health *Support Plan*, additional training relating to more complex medication administration must be arranged, and a suitably trained team member will assist the people until such a time this can occur.

Lifestyle assistants must participate in a review of their medication management knowledge and performance at least every 12 months by a suitability qualified team member.

Great Mates will ensure all lifestyle assistants involved in management of peoples' medications complete refresher training at least every 3 years, including coverage of recent changes in medication management practices and review of competencies.

In addition to an annual review of knowledge and performance, Great Mates may provide refresher training to team should the following occur:

- 📌 An incident or error occurs that is linked to medication management competencies;
- 📌 A request is made by a lifestyle assistant;
- 📌 A request is made by the Team Leader or Regional Lead where there are performance issues relating to specific medication management tasks;
- 📌 There is a change in a people's health or medication needs requiring a different range of competencies; or
- 📌 There is a change in the people's accommodation or environment impacting on the lifestyle assistants ability to perform the medication management tasks.

### People Self-Administering and Managing their Own Medications

Great Mates will support and encourage people to manage and administer their own medication where appropriate.

Where required, the Team Leader (or delegate) will request written advice from a person's medical practitioner or authorised representative, notifying that a person has appropriate training and skill to assume responsibility for the management of their own medication.

### Peoples Unable to Self-administer their Own Medications

Team members are to provide the people with the agreed upon assistance (prompt, assist or administer) as per the signed *Clarification of Medication Purpose Form* and in line with the people's *Support Plan*.

## TYPES OF MANAGEMENT

### 1. Prompting Medication

Given peoples still remain in control of their medicines, this type of management is where team simply remind the people of the need to take their medications.

The people's *Support Plan* must clearly stipulate the time of day for the team member to prompt the people, regardless of whether the people chooses not to take them or take them later.

Team remind the people the time of day and ask them if they have taken their medication. This may occur as a stand-alone service or part of other services provided.

Prompting does not include:

- ☒ Pouring out liquid medication;
- ☒ Popping tablets out of containers;
- ☒ Physically handling tablets or medicines;
- ☒ Selecting the medicine for the people;
- ☒ Advising which medicine to take; or
- ☒ Explaining dosage, applying creams, or giving injections.

Team are required to complete the *Medication Chart* for each prompting service to demonstrate correct processes have been followed.

### 2. Assisting with Medication

Team are to assist peoples who are able to retain control of their medication management however need assistance with the mechanical tasks associated.

Assisting with medicines can include:

- ☒ Take medication in its container from the area where it is stored and hand the container to the people as requested;
- ☒ Provide assistance with opening a medication container as requested by the people;
- ☒ Remove medication from a container and place it into another container (such as a Pil-Bob) or the people's hand as requested;



- ☞ Observe the people to ensure they do not experience difficulty in administering their medication;
- ☞ Assist the people to make a record of the medication taken.

Team are required to complete the *Medication Chart* for each assistance service to demonstrate correct processes have been followed.

### 3. Administration of Medication

- ☞ If people have been assessed as unable to administer or manage their medication, the *Support Plan* and *Clarification of Medication Purpose Form* must contain clear instructions about the physical assistance and supervisory role the team will take in the administration of medications.
- ☞ The level of support a people requires varies and will regularly need to be reviewed throughout their time receiving care.
- ☞ All medication to be administered by team must be prescribed by the people's health practitioner and within its original packaging or a Dose Administration Aid.
- ☞ An up-to-date pharmacy/health practitioner's list of the people's current medications must be kept with the medications to be administered. This list must be updated with each medication change the people experiences.
- ☞ Team are to follow their accredited training in medication management in relation to the rules for safe administration of medication.
- ☞ Prior to administering medication, team must prepare the people by communicating and discussing the procedure, encouraging participation where possible. Team must also establish the people's preference relating to medication administration, complete all personal hygiene steps and prepare all resources required.

Team administering medication must ensure the seven rights of medication administration:

- ☞ The ***right medication*** is being administered;
- ☞ The medication is being administered to the ***right person***;
- ☞ The ***right dose*** is being administered;
- ☞ The medication is being administered at the ***right time***;
- ☞ The ***right route and administration method*** is being used as prescribed; and
- ☞ The ***right documentation*** is being completed.

Team administering medication must also ensure the people's **right to refuse** their medication, ensuring to document this clearly within a *Medication Incident Report Form*.

Team administering medication should as far as possible understand:

- ☞ The reason the people is taking each medication;
- ☞ How the medication is to be stored and administered;
- ☞ The possible side effects of the medication and interactions with other medications; and
- ☞ How to utilise their first aid equipment and strategies if required.

Team must not administer medication to peoples if:

- ☞ The above processes have not been followed;
- ☞ The medication is past its use by date or has been damaged;
- ☞ The people is asleep, unconscious, drowsy, vomiting or having a seizure or other immediate health concern; or
- ☞ The team member identifies a medication administration error from the previous administration service (i.e. missed medication from previous team member visiting).

Following each administration service team must monitor the people for any adverse reactions and complete the *Medication Chart* to demonstrate correct processes have been followed.

### Medication Refusal

Peoples have the right to refuse their medications at any point during prompting, assisting, or administering.

If a people refuses to take any medication, team are encouraged to:

- ☞ Explore with the people why they are refusing to take the medication;
- ☞ Explain to the people why the medication is needed;
- ☞ Wait up to 30 minutes and discuss again;
- ☞ If refusal persists, contact Team Leader for further instruction; and
- ☞ Record the people's refusal in their *Medication Chart* and complete a *Medication Incident Report Form* immediately.

### Restrictive Intervention – Use of Medication (Chemical Restraint)

Where a people has a *Behaviour Management Plan* in place that involves restrictive interventions including the use of medication (chemical restraint), only team who have expertise and the appropriate qualifications are permitted to carry out the proposed restrictive intervention.

For more information on Great Mates' restrictive intervention processes refer to the *Use of Restrictive Practices Policy and Procedure*.

### Alterations to Medication

Some medications may have a reduction in effectiveness or a greater risk of toxicity or other harm if they are altered.

Prior consent must be obtained in writing from the people's pharmacist or health professional and noted within the *Clarification of Medication Purpose Form* prior to team altering any medications. This includes crushing or breaking tablets.

### Prohibited Practices

Team must not administer any medication that is not prescribed in accordance with this policy, including 'over the counter' medication.

Team must not administer medications that require specialist or invasive techniques for example:

- ❌ Rectal administration of suppositories;
- ❌ Insulin given via pre-filled PEN devices; or
- ❌ Administration through a Percutaneous Endoscopic Gastrostomy (PEG) tube.

Team must not administer medication to a people who is clearly objecting in an informed manner unless there is an approved protocol in place, see '*Restrictive Interventions*'.

Medication is not to be hidden in food or liquids.

Team must not administer medications to peoples in a manner that is clearly for organisational convenience and not reflecting the preference or needs of the peoples.

Team must not leave medications of any type in an area where they are unsupervised and accessible to peoples or unauthorised persons.

### Medication Management Documentation

A *Medication Chart* is to be maintained for each person who receives support with medication management from Great Mates.

The *Medication Chart* must be kept in the people's home, easily accessible by team.

The *Medication Chart* must:

- ❌ Detail the people's name, address and any allergies or adverse drug reactions;
- ❌ Detail the type of management required (prompt, assist, administer);
- ❌ Allow the team to record the date, time, source of the medication and type of support provided;
- ❌ Remind team to perform the medication **Rights** and confirm they have done so;
- ❌ Allow the team to record any observations of the people before, during and after; and
- ❌ Provide space for the team member to list and sign their name as the person responsible for that medication support delivered.

### Storing Medications

Peoples managing their medication are to be encouraged to store their medicines in a manner that maintains the quality of the medicine and safeguards the people, their family, and visitors in their home.

The Team Leader and key workers within each home will be responsible for the appropriate storage and security of all people's medication held by Great Mates.

Great Mates will ensure that any medications that are to be stored for a people will be kept as per the manufacturer's recommendations. Medications that require refrigeration must be stored in the fridge (not in the fridge door) to maintain optimum temperature. Medication will be kept:

- 🔒 In original containers or pharmacy issued dose administration aids;
- 🔒 Securely (locked) and out of reach of peoples;
- 🔒 Separately from food and/or other chemicals.

When medication needs to be transported, it should be placed in an appropriate storage container where required.

The Team Leader will be responsible for the keys for any locked containers that store medication. A spare key will be kept with the CEO. If any of the keys are lost/stolen or the security of the medication storage is compromised, then new keys (and spare key) will be arranged.

### Disposing of Medications

Medication must be disposed of safely and in a manner that is not harmful to the environment. See Great Mates' *Waste Management Policy and Procedure* (Pharmaceutical Waste) for further details on the appropriate disposal method.

## REPORTING

Where team have any concerns or questions about a people's medication management or their responsibilities, they must report to Team Leader for guidance.

Incidents relating to medication refusal, misuse, errors or similar should be reported in accordance with Great Mates' *Incident Management Policy and Procedure*.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 🔒 Waste Management Policy and Procedure
- 🔒 Decision Making and Choice Policy and Procedure
- 🔒 Workplace Incident Management Policy and Procedure
- 🔒 People Incident Management Policy and Procedure
- 🔒 Online Medication Incident Report Form
- 🔒 Hardcopy Medication Chart (Book)
- 🔒 Clarification of Medication Purpose Form

## MONITORING AND REVIEW

This policy and procedure will be reviewed at least annually by the HOD team and incorporate team (where applicable), peoples and other stakeholder feedback.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
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3	01/08/2023	HOD team (Human Resource Lead)
2	01/11/2022	HOD team (Human Resource Lead)
1	01/07/2020	HOD team

# WORKPLACE INCIDENT MANAGEMENT POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to provide guidelines for reporting, investigating, and applying appropriate control measures when an accident, incident or near miss occurs that involves Great Mates' workers. The aim is to ensure that the incident response is timely, and the investigation is thorough so that it prevents the incident happening again.

This policy and procedure also set out the steps that team and Great Mates must follow when a team member is injured during the course of employment, to support their return to normal duties.

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

Identifying and reporting safety concerns, abuse, or neglect of people with disability or other incidents involving peoples are covered in Great Mates' *People Incident Management Policy and Procedure*.

## APPLICABLE NDIS PRACTICE STANDARDS

### RISK MANAGEMENT

#### Outcome

Risks to peoples, workers and the provider are identified and managed.

#### Indicators

- ☒ Risks to the organisation, including risks to peoples, financial and **work health and safety** risks, and risks associated with provision of supports are identified, analysed, prioritised, and treated.
- ☒ Support delivery is linked to a risk management system which includes:
  - ☒ Incident Management;
  - ☒ Complaints Management;
  - ☒ Work Health and Safety;
  - ☒ Human Resource Management;
  - ☒ Financial Management;
  - ☒ Information Management; and
  - ☒ Governance.

## DEFINITIONS

**Accident** - an unforeseen event that causes damage to property, injury, or death.

**Harm** - Includes death, or injury, illness (physical or psychological) or disease that may be suffered by a person as a consequence of exposure to a hazard.

**Hazard** - a situation that has the potential to harm a person (cause death, illness, or injury) or environment or damage property.

**Hazard Identification** - A process that involves identifying all foreseeable hazards in the workplace and understanding the possible harm that each hazard may cause.

**Hazard Management** - A structured process of hazard identification, risk assessment and control, aimed at providing safe and healthy conditions for team, contractors, and visitors while on the premises.

**Incident** - an occurrence that causes (or could have caused, in the case of a 'Near Miss') damage to property, injury/illness or death.

**Dangerous Incident (including 'Near Misses')** - an incident that exposes any person to a serious risk resulting from an immediate or imminent exposure to:

- ☒ An uncontrolled escape, spillage or leakage of a substance;
- ☒ An uncontrolled implosion, explosion or fire;
- ☒ An uncontrolled escape of gas or steam;
- ☒ An uncontrolled escape of a pressurised substance;
- ☒ Electric shock;
- ☒ The fall or release from a height of any plant, substance or thing;
- ☒ The collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with WHS regulations;
- ☒ The collapse or partial collapse of a structure;
- ☒ The collapse or failure of an excavation or of any shoring supporting an excavation;
- ☒ The inrush of water, mud, or gas in workings, in an underground excavation or tunnel; or
- ☒ The interruption of the main system of ventilation in an underground excavation or tunnel.

A dangerous incident includes both immediate serious risks to health or safety, and also a risk from an immediate exposure to a substance, which is likely to create a serious risk to health or safety in the future, for example asbestos or hazardous chemicals.

**Near Miss** - any incident that, although not resulting in any injury, illness, or damage, had the potential to do so.

**Serious Injury or Illness** - an injury or illness requiring a person to have:

- ☞ Immediate treatment as an inpatient in a hospital;
- ☞ Immediate treatment for:
  - ☞ The amputation of any part of his or her body;
  - ☞ A serious head injury;
  - ☞ A serious eye injury;
  - ☞ A serious burn;
  - ☞ The separation of his or her skin from an underlying tissue (e.g. de-gloving or scalping);
  - ☞ A spinal injury;
  - ☞ The loss of a bodily function;
  - ☞ Serious lacerations;
- ☞ Medical treatment within 48 hours of exposure to a substance; or
- ☞ Any infection where a person's work is a significant contributing factor. This includes any infection related to carrying out work:
  - ☞ With micro-organisms;
  - ☞ That involves providing treatment or care to a person;
  - ☞ That involves contact with human blood or body substances; or
  - ☞ That involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.

## POLICY

Great Mates is committed to providing a safe workplace for all team, peoples, and other stakeholders and to establishing a formal process to report and investigate all workplace accidents, incidents and near miss occurrences. This includes identifying contributing factors and making the necessary recommendations to prevent a recurrence.

Great Mates will respond to any incident or injury immediately and will ensure the person is provided with access to the medical support they need. There are many benefits for health and wellbeing when a worker is supported by a return-to-work programme. Great Mates will support team to return to work in a safe and sustainable way.

## PROCEDURES

### HOD TEAM RESPONSIBILITIES

The HOD Team must ensure Great Mates meets its WHS and Incident Management responsibilities. This includes:

- ☞ Maintaining knowledge of WHS matters including legislative requirements for reporting incidents;
- ☞ Understanding the nature of Great Mates' operations and the hazards and risks associated with those operations;
- ☞ Ensuring Great Mates has appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out;
- ☞ Ensuring Great Mates has appropriate resources for the management of incidents;
- ☞ Providing accessible first aid equipment, facilities and trained team to respond to incidents;
- ☞ Ensuring it receives and considers information regarding incidents, hazards, and risks and responds to this information in a timely way; and
- ☞ Ensuring Great Mates has and implements processes for complying with its incident reporting duties and obligations.



With respect to workers compensation and supporting injured team to return to work, the HOD Team must:

- ☞ Appoint the Human Resource Team to and support them to fulfil their functions;
- ☞ Ensure any potential or actual conflicts of interest the RTW Coordinator has with other roles they have in the business are addressed;
- ☞ Ensure all team are covered by an appropriate Workers Compensation Policy with Each states WorkCover;
- ☞ Distribute WorkSafe collateral relevant to each state within team rooms and on Visual care accessible to all team
- ☞ All incidents and near misses must be reported to the Team Leader as soon as practicable and within 24 hours, through the completion of a Great Mates Incident Report.
- ☞ If an incident is considered serious, dangerous or has resulted in a death of a team member, the Human Resources Lead must report it immediately to WorkSafe QLD on 1300 362 128, SafeWork NSW on 13 10 50 or Worksafe EML VIC on 1800 365 842. Incident Notification may also be submitted online via each policies online portals or through the nominated contact email address.
- ☞ So far as reasonably practicable, the site where the incident occurred must not be disturbed until either the Work Cover Company or the Regional Lead advises that the area is no longer required to be preserved.
- ☞ Ensure Great Mates has an effective Return-to-Work program.

## TEAM RESPONSIBILITIES

All team are responsible for:

- ☞ Reporting accidents, incidents or near misses as soon as practicable;
- ☞ Taking reasonable care for their own health and safety, and reasonable care that their acts or behaviours do not negatively affect the health and safety of others; and
- ☞ Complying with reasonable instructions that are given by Team Leaders and HOD Team in order for Great Mates to comply with its obligations and responsibilities.

Upon commencement, all team will undergo an Induction, which will include training in mitigating and responding to incidents. Those responsible for investigating any accident, incident or near miss as part of their role will also be trained in those areas.

## RESPONDING TO INCIDENTS

### Reporting Incidents

All incidents and near misses must be reported to the Team Leader as soon as practicable and within 24 hours, through completion of a Great Mates Incident Report.

If an incident is considered serious, dangerous or has resulted in a death of a team member, the Team Leader must report it to WorkSafe QLD immediately on 1300 362 128. Incident Notification may also be submitted online via the WorkSafe QLD online form (<https://www.worksafe.qld.gov.au/injury-prevention-safety/incidents-and-notifications/notify-of-an-incident>) or by emailing a completed form to [whsq.aaa@oir.qld.gov.au](mailto:whsq.aaa@oir.qld.gov.au).

So far as reasonably practicable, the site where the incident occurred must not be disturbed until either WorkSafe QLD or the Regional Lead advises that the area is no longer required to be preserved.

All incidents must be recorded in Great Mates' Incident Register. If a team member is injured in the incident, the register should be completed by them, or by someone on their behalf. The register must record the:

- ☞ Name of the injured team member;
- ☞ Team member's occupation or job title at the time of injury;
- ☞ Time and date of the injury;
- ☞ Team member's exact location at the time of the injury;
- ☞ Nature and cause of the injury;
- ☞ Names of witnesses, if any, to the injury;
- ☞ Date on which the entry in the register is made; and
- ☞ The name of the person making the entry.

The Regional Lead and/or Human Resource Lead must notify Work Cover Queensland of any injury or illness that has occurred in the workplace within eight days of becoming aware of it. The notification must occur even if the team member does not intend to submit a Workers Compensation claim for the injury or illness.

The Regional Lead and/or Human Resource Lead may also need to inform the Queensland Police Service and/or other relevant authorities depending on the nature of the incident.

The Human Resource Lead must track progress and outcomes of accidents, incidents and near misses in Great Mates' Incident Register and refer any relevant items for inclusion in Great Mates' Continuous Improvement Register.

Accidents, incidents and near misses are to be reported to the HOD Team monthly by the HR Lead as part of their WHS reporting. Incidents will be reviewed by the HOD Team in order to determine if there are any trends or preventive measures that Great Mates can take to prevent future incidents. If trends or measures are identified, these will be tracked in Great Mates' Continuous Improvement Register.

### Needle stick Injuries

Needle stick injuries or exposures to blood and/or body fluids (or body substances) must be reported and should be managed in accordance with the Management of Occupational Exposure to blood and body fluids (2017) published by the Queensland Department of Health.

### Chemical Incidents

For any injuries or illnesses that have, or may have been caused by a hazardous chemical, ensure to follow the Emergency Response and First Aid instructions on the Safety Data Sheet.

The SDS must also be available for Emergency Services if they attend the incident.

A copy of the relevant SDS must be taken to the treating medical practitioner/hospital.

### Investigating and Resolving Incidents

The HOD Team will work with each states WorkSafe entities and/or other relevant authorities to investigate the incident.

The Human Resource Lead or their nominated representative will:

- 📌 Commence investigations immediately upon receiving a completed Incident Report and, where a team member is injured, involve them in the investigation;
- 📌 Implement the most effective controls practicable that do not introduce other hazards, and monitor and review these (based on Great Mates' Risk Management Policy and Procedure);
- 📌 Consult with team who are, or are likely to be, directly affected;
- 📌 Provide information and feedback to the HOD team and
- 📌 Track all relevant information in Great Mates' Incident Register.

The Incident Register must be updated to include:

- 📌 A summary of the incident and date the incident occurred;
- 📌 Any hazards identified;
- 📌 Corrective action or controls implemented;
- 📌 Outcomes of reviews of corrective actions or controls implemented.

Upon completion of the investigation the Human Resource Lead must finalise the relevant Incident Report and record the outcomes in the Incident Register.

The completed Incident Report should be kept on the relevant team member's file.

## DEBRIEF AND SUPPORT

For all people involved in an accident, incident or near miss, if required, the Human Resource Lead must:

- 📌 Facilitate an informal debrief amongst colleagues or peers; and
- 📌 Ensure appropriate support and access to counselling is made available.

Great Mates should also support team with work-related injuries or illnesses by:

- 📌 Discouraging blame. Instead, consider how to prevent future incidents and how Great Mates can help the person to recover;
- 📌 Encouraging co-workers to stay in touch with injured or ill team who are away from work;
- 📌 Considering whether there are any barriers to a team member's recovery and return to work that Great Mates can assist with; and
- 📌 Ensuring injured or ill team are aware of their obligations regarding Great Mates' support for them to return to work.

## WORKERS COMPENSATION

All work-related injuries or illnesses must be reported in accordance with the 'Reporting Incidents' section of this policy and procedure.

A team member who has a work-related injury or illness who is away from work due to that injury or illness should nominate and be assessed by a doctor. The doctor will determine the kind of treatment they require, including the frequency and duration of treatment. The doctor will also issue a Certificate of Capacity, which is required to make a workers compensation claim. The original Certificate of Capacity must be provided to Great Mates.

The team member should also complete a Worker's Compensation Claim Form, available from each states WorkCover, and submit it to the Human Resource Lead. The Human Resource Lead must submit the completed Claim Form, along with the Certificate of Capacity, to each states WorkCover within 8 days of receiving it.

Each states WorkCover will write to the team member and Great Mates to advise if the claim has been accepted or if further information is required within 20 business days.

If awarded workers compensation, team can claim medical expenses and may receive weekly payments if they need time off work. If they need more than 7 days off work, they must participate in an injury management plan.

For help regarding the claim process, team should contact each states WorkCover on 1300 362 128. Team seeking advice about their own claim should contact Great Mates' Human Resource Lead or may also contact each states WorkCover.

Great Mates will make every reasonable effort to support its team in any claim for Workers Compensation, including adhering to this Policy and Procedure, providing team with return-to-work information, and assisting team with planning their return to work.

## RETURN TO WORK

### Rehabilitation and Return to Work Coordinator

Great Mates' Rehabilitation and Return to Work Coordinator (RRTWC) is its Human Resource Lead. The RRTWC is responsible for fulfilling the day-to-day requirements of Great Mates' Return to Work Program. They are also responsible for liaising with injured team and their support people on behalf of Great Mates.

The RRTWC must possess the relevant qualifications, training, skills, and experience to fulfil their role. Great Mates will ensure that it has engaged a RRTWC that is appropriately qualified and experienced to support its return-to-work program. Copies of the RRTWC's qualifications must be kept on their team file.

The Rehabilitation and Return to Work Coordinator is responsible for:

- 📌 Recovery at work planning;
- 📌 Managing team with a work-related injury or illness;
- 📌 Compiling initial notification information;
- 📌 Coordinating team recovery at work, including identifying suitable alternate duties;
- 📌 Preparing, monitoring and reviewing a Suitable Duties Plan (in consultation with key parties) that documents the team member's capacity and the duties available within the business for them to perform;
- 📌 Liaising with external stakeholders, such as the nominated treating doctor, insurer, treatment providers, union and workplace rehabilitation provider;
- 📌 Implementing Great Mates' Return to Work Program;
- 📌 Supporting the redeployment of team (internally or externally) into suitable employment when they cannot return to their pre-injury duties;
- 📌 Keeping injury and recovery statistics;
- 📌 Keeping confidential case notes and records in line with the Records and Information Management Policy and Procedure;
- 📌 Promoting the health benefits of good work to team; and
- 📌 Contributing to the improvement of relevant policies and systems.

## GREAT MATES' RETURN TO WORK PROGRAM

Great Mates' Return to Work Program is a summary of the process that will be followed to manage team with work-related injuries or illnesses. The program must align with the injury management program administered by each states WorkCover

Great Mates' HOD Team and RRTWC are responsible for maintaining the program. It must be reviewed at least every two years and should be written in plain English. The policies, procedures, roles, responsibilities, and communications described in the plan must support timely, safe, and durable recovery at work and align with requirements in the Work Health and Safety Act 2011 and Work Health and Safety Regulation 2011.

## Recovery

Great Mates' RRTWC will explain the return-to-work process to injured or ill team members who have been off work and support their return to work as soon as possible to encourage recovery.

The RRTWC will work with returning team members and their treating doctor to develop a Suitable Duties Plan. The plan should adjust the team member's duties to match their capacity for work. This may be a gradual process where the person returns to modified duties or reduced hours to accommodate their injury.

Great Mates will provide suitable duties that are consistent with medical advice and that are meaningful, productive, and appropriate for the person's physical and psychological condition depending on their individual circumstances.

Suitable duties may be:

- 📌 At the same worksite or a different worksite;
- 📌 The same job with different hours or modified duties;
- 📌 A different job; or
- 📌 Full time or part time.

Copies of the team member's Suitable Duties Plan must be provided to the team member, their doctor, each states WorkCover and their supervisor or manager. A copy should also be kept by the RRTWC.

Supervisors, managers, and co-workers should be informed of the types of duties that the team member can perform, without compromising personal and confidential information about the person's injury. The RRTWC will ensure the person is offered the assistance of a workplace rehabilitation provider if it becomes evident that they are not likely to resume their pre-injury duties or cannot do so without changes to the workplace or work practices.

Suitable Duties Plans must be monitored weekly and updated as the team member's capacity for duties at work increase.

For more information about Suitable Duties Plans including a template, see each states WorkSafe Suitable Duties In

### Reporting

The Rehabilitation and Return to Work Coordinator must report to the HOD Team on a monthly basis regarding Great Mates' Return to Work program, team members' workers compensation claims and the status of different team members' Suitable Duties Plans.

Great Mates is also required to report any breaches of workers compensation legislation to Each states WorkCover or the Worker's Compensation Regulator on 1300 362 128.

### Enquiries and Complaints

Where team, on behalf of Great Mates have an unresolved enquiry or complaint about a workers compensation claim, they should contact Each states WorkCover on 1300 362 128.

Team who have an unresolved enquiry or complaint with Each states WorkCover about their own workers compensation claim should contact the RRTWC, Each states WorkCover on 1300 362 128 or the Worker's Compensation Advisory Service on 1800 102 166.

### Dispute Resolution

Great Mates' RRTWC will work with injured or ill team and their representatives (including union representatives) to resolve disagreements about their return-to-work program or suitable duties.

If disagreements cannot be resolved, the RRTWC can request involvement of other parties such as Each states WorkCover, the team member's treating doctor, an approved workplace rehabilitation provider or an injury management consultant.

If a complaint or dispute relates to a decision by Each states WorkCover regarding a team member's work capacity or entitlements, Each states WorkCover may decide to undertake an internal review of its decision. An internal review is mandatory if it is requested by the complainant.

At any point, Great Mates or team may escalate their dispute to the Worker's Compensation Regulator on 1300 362 128.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 🔗 Incident Report Online
- 🔗 Incident Register
- 🔗 Office of Industrial Relations Incident Notification Form (Form 3)
- 🔗 Each states WorkCover Claim Form
- 🔗 Employee Handbook
- 🔗 Worker's Injury Claim Form
- 🔗 Work Health and Safety Policy and Procedure
- 🔗 Human Resources Policy and Procedure
- 🔗 Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least annually. Reviews will incorporate team, people, and other stakeholder feedback.

Great Mates' continuous improvement register will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of Great Mates' service planning and delivery processes.

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	01/01/2024	HOD Team (HR Lead)
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1	01/07/2020	HOD team

# HUMAN RESOURCES POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to set out Great Mates' recruitment and selection, team management, learning and development and exit procedures and to demonstrate its commitment to effective, transparent, and fair human resources practices. It applies to all team and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### HUMAN RESOURCE MANAGEMENT

#### Outcome

Each person's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.

#### Indicators

- ☞ The skills and knowledge required of each position within a provider are identified and documented together with the responsibilities, scope, and limitations of each position.
- ☞ Records of worker pre-employment checks, qualifications and experience are maintained.
- ☞ An orientation and induction process is in place that is completed by workers including completion of the mandatory NDIS worker orientation program.
- ☞ A system to identify, plan, facilitate, record, and evaluate the effectiveness of training and education for workers is in place to ensure that workers meet the needs of each person. The system identifies training that is mandatory and includes training in relation to team obligations under the NDIS Practice Standards and other National Disability Insurance Scheme rules.
- ☞ Timely supervision, support and resources are available to workers relevant to the scope and complexity of supports delivered.
- ☞ The performance of workers is managed, developed, and documented, including through providing feedback and development opportunities.



## POLICY

Great Mates is committed to building and promoting a diverse and talented workforce that has the support and capacity to deliver high quality services to its peoples. Great Mates will employ sufficient numbers of support team, taking into consideration qualifications, compliance standards and experience required to meet legislative, policy and service standards. Team working with Great Mates are expected to uphold Great Mates' values and contribute to a positive culture.

All Great Mates team will obtain all mandatory checks including a current NDIS Worker Screening (NDISWS) check in the state they work in. In addition, a Working with Children check is needed when working with People receiving support who are under 18.

Each person's support needs will be met by team who are competent in their role, hold appropriate qualifications and have relevant expertise and experience to provide person-centred support.

## PROCEDURES

### POSITION REQUIREMENTS

Lifestyle Assistants are expected to have experience delivering person-centred services in the community or in the home and delivering supports to assist people with disability with development of their skills and abilities. Great Mates team will meet the minimum qualification and experience requirements set out in the NDIS Provider Registration Guide to Suitability for the delivery of supports to NDIS peoples.

Those relevant to Great Mates are:

- 📄 Lifestyle Assistant: Certificate III, IV, Diploma or Advanced Diploma in Disability Services, or another relevant qualification;

In addition to the above requirements, all team must have, where relevant:

- 📄 A NDIS Worker Screening Check;
- 📄 A Working with Children Check;
- 📄 Completed the NDIS Worker Orientation Module;
- 📄 A current First Aid and CPR Certificate;
- 📄 A full Drivers' License; and,
- 📄 Their own car covered by Third Party Insurance at a minimum.

The CEO and Human Resource Lead will develop and update Position Descriptions for all positions within the business. Positions Descriptions must set out the minimum qualifications, experience, skills, and knowledge required, as well as the responsibilities, scope, and limitations of each position.

All Position Descriptions will stipulate that all team must comply with Great Mates' policies and procedures as well as their Work Health and Safety obligations.

## RECRUITMENT AND SELECTION

Great Mates' Human Resource Team are responsible for recruiting team and will:

- 📌 Develop selection criteria for each position;
- 📌 Advertise positions, respond to enquiries, and email application forms if requested;
- 📌 Contact applicants and arrange interviews (including interview panels);
- 📌 Speak with nominated referees and seek opinion about the applicant's qualities, skills, and capacity to fulfil the role;
- 📌 Support selected applicants through the appointment process, including onboarding and off-boarding processes, mandatory checks, and contract negotiations; and
- 📌 Notify unsuccessful applicants in writing or verbally, offering feedback on application.

Selection will be based on merit and have respect to Great Mates' Disputes and Grievances and Equity, Anti-Discrimination and Workplace Harassment Policies and Procedures.

## EMPLOYMENT CONTRACTS

Employment conditions and work hours will be specified in employment contracts. Team will be paid as per the Social, Community, Home Care and Disability Services Industry Award 2010 [MA000100].

Refer to Great Mates' Team Policy and Procedure for further details regarding working hours and entitlements. Records must be kept for seven years from the date the record was made. Great Mates will ensure that records related to the risk assessment are kept up to date, are organised and legible.

## MANDATORY CHECKS

To ensure the safety of its peoples and the integrity of the service, Great Mates must screen selected team, volunteers and other people conducting work on behalf of the business.

The mandatory screening checks applicable to Great Mates' team are:

- 📌 A NDIS Worker Screening Check;
- 📌 A Working with Children Check (where applicable);
- 📌 Completed the NDIS Worker Orientation Module;
- 📌 A current First Aid and CPR Certificate;
- 📌 Working Restrictions for visa holders via vSure;
- 📌 A full Drivers' License; and,
- 📌 Their own car covered by Third Party Insurance at a minimum.

It is mandatory for all lifestyle assistants within our organisation to possess a valid CPR certification. This requirement is essential to ensuring the safety and well-being of our clients and staff. While CPR certification is strongly recommended for members of the administrative team, it is not mandatory. However, we encourage all administrative personnel to consider obtaining this training to enhance our collective preparedness for emergencies.

At Great Mates, the safety and well-being of both our workers and the people we support are of utmost importance. As part of our commitment to ensuring a safe working environment, all workers who operate vehicles as part of their duties are required to have appropriate vehicle insurance coverage.

### Comprehensive Car Insurance

Workers are required to have third party insurance coverage for any vehicles they operate while on duty. When LSAs are driving the people we support in their own personal vehicle, comprehensive insurance is highly recommended to ensure that they are adequately protected in the event of any unforeseen incidents.

The Human Resource Lead and Human Resource Officer are responsible for:

- ✎ Assessing whether a team member needs a check;
- ✎ Determining who will cover the costs of checks;
- ✎ Maintaining a record for all Great Mates team including their qualifications, registrations, training, and criminal history check status.
- ✎ These must have been sighted and recorded in each team record; and
- ✎ Maintaining an Employee Compliance Register that contains all checks for all team.

Great Mates must provide an opportunity for prospective team and volunteers to disclose any criminal record or disciplinary actions as part of the recruitment process.

Employment contracts will stipulate that all team are obligated to:

- ✎ Advise the Human Resource Lead if they are charged with a criminal offence which is punishable by imprisonment or, if found guilty, could reasonably affect their ability to meet the inherent requirements of their job; and
- ✎ Disclose formal disciplinary action taken against them by any current or former employer, including findings of improper or unprofessional conduct by a Court or Tribunal and investigations the team member has been the subject of.

### NDIS Worker Screening Checks

The NDIS Worker Screening Check is comprised of a national criminal history check as well as assessment of workplace misconduct information from the NDIS Quality and Safeguards Commission (identified through complaints and serious incident reporting). The NDIS quality and Safeguards Commission maintains a National Clearance Database that is continuously monitored to ensure workers who pose a risk to people with disability are identified.

The NDIS Worker Screening Check is being phased in 1 July 2019. Until then Great Mates must comply with interim worker screening arrangements. Further details on criminal history checks are provided below.

Only team involved in NDIS support delivery are subject to the NDIS Worker Screening Check and not all team will require one. Checks must be conducted for team who:

- ✎ Are key personnel;

- Are in a role where they deliver NDIS supports or services set out in the NDIS Commission's List of Specified Services and Supports; or
- Are in a role where their normal duties are likely to require more than incidental contact with people with disability.

If team have only incidental contact with people with disability as a normal part of their jobs (for example, administrative support team), it is not mandatory for them to have a check, however, Great Mates may still require them to get one. Roles that require NDIS Worker Screening Checks are known as Risk Assessed Roles.

### [Linking to Organisation](#)

When a Lifestyle Assistant has received an approved clearance, the HR Team will link the NDISWSC details to the Great Mates online Proda portal to ensure all clearance is valid and up to date. Monthly auditing of this database is kept to ensure the most current employ is up to date.

### **RISK ASSESSED ROLES**

Great Mates must document the details of its Risk Assessed Roles. This information must include:

- 📄 The title or another identifier used for that role;
- 📄 A description of the role;
- 📄 The reasons why the role is a risk assessed role;
- 📄 Who made the risk assessment and when it was made;
- 📄 The name, date of birth and address of the worker engaged in that role;
- 📄 Whether or not the worker is eligible for an exemption;
- 📄 The application number, check number, and outcome expiry date;
- 📄 Records relating to an interim bar, suspension, exclusion, or any action taken by the provider in relation to those decisions; and
- 📄 Allegations of misconduct against a worker with a clearance and the action taken by the provider in response to that allegation.

Records about Risk Assessed Roles must be kept for seven years from the date the record was made.

### [Applying For NDIS Worker Screening Checks in Queensland](#)

In Queensland, the new system for NDISWS and WWC cards allow for an online database screening process that tracks each card holder's history. All team members will then become listed team members with Great Mates provider on the online platform.

NDISWS application forms are available on the Queensland Government Disability Worker Screening website.

A paid team member can only commence work once their NDISWS check application has been made. Volunteers must await the outcome of the screening until a positive notice and NDISWS check have been issued before they can commence duties.

### [Applying For NDIS Worker Screening Checks in Victoria](#)

In Victoria, Lifestyle Assistants can apply online for a NDISWS on the Victoria Government Website NDIS Worker Screening Check website.

A paid team member can only commence work once their NDISWS check application has been made. Volunteers must await the outcome of the screening until a positive notice and NDISWS check have been issued before they can commence duties.

### [Applying For NDIS Worker Screening Checks in New South Wales](#)

In New South Wales, Lifestyle Assistants can apply online for a NDISWS on the New South Wales Government Service Website NDIS Worker Check website.

A paid team member can only commence work once their NDISWS check application has been made. Volunteers must await the outcome of the screening until a positive notice and NDISWS check have been issued before they can commence duties.

### Negative Notices

The Human Resource Lead will:

- ☞ Ensure prospective team or volunteers issued with a Negative Notice are not engaged by Great Mates;
- ☞ Ensure existing team or volunteers issued with a Negative Notice have their engagement terminated; and
- ☞ Periodically check the status of all team and volunteers' NDISWS checks and Blue Cards.

Team and volunteers must inform Great Mates immediately if they have been issued with an Interim Negative Notice or Negative Notice, or if they have a relevant change in circumstances.

### Team and Volunteers Engaged by More Than One Provider

If a person has already undergone criminal history screening in the previous three years, they may show their positive notice or Yellow Card as evidence. In this case, Great Mates does not need to submit an application for screening. However, the Human Resources Lead must contact the Department of Communities, Disability Services and Seniors to confirm the positive notice and NDISWS check are current, using the Department's Application for Information from Register of Engaged Persons Form

### Exemptions

High school students on work experience are not required to obtain an NDIS Worker Screening Check, provided they are closely supervised by a person who does have a check.

## SCREENING OUTCOMES

### Clearance

A clearance allows a person to work with people with disability in roles that require a NDIS Worker Screening Check.

### Exclusion

Exclusion means an applicant has been refused a clearance. Great Mates must not employ people in roles that require a check if they are excluded as a result of their NDIS Worker Screening Check. However, they may still be able to work in other roles that do not require a check. Decisions to engage an excluded person in a role that doesn't require a check are the responsibility of the Leadership Team.

### Revocation

A revocation is the overturning or cancelling of a clearance, after it has been issued.

### Interim Bar

An interim bar is an interim decision to bar a person from working with people with a disability, while the person's application for an NDIS Worker Screening Check is being processed. An interim bar is used where records indicate an applicant may pose a risk to people with disability.

### Suspension

Suspension is a decision to suspend a clearance, meaning that the person cannot work in a role requiring a clearance, for the suspension period. A worker's clearance can be suspended if monitoring or reassessment reveals they may present a risk to people with disability.

### Validity

NDIS Worker Screening Check clearance, exclusion and revocation decisions are valid for five years. Team cannot reapply for a Check within that period except where pending criminal proceedings are finalised, and the results mean the person could be deemed suitable. Team can surrender their NDIS Worker Check at any time unless they are undergoing assessment or are subject to a suspension.

### Engaging someone before they have a NDIS Worker Screening Check (or equivalent)

If Great Mates chooses to engage someone before a final decision has been made about a clearance, it must have appropriate safeguards in place, including:

- 🔒 Developing a written risk management plan for safeguarding people with disability while someone is in the process of obtaining a clearance;
- 🔒 Checking that there are no circumstances that would prevent the person from working with people with disability, such as being subject to an interim bar, or that they've had their application closed or withdrawn;
- 🔒 Checking that the person was not excluded on the most recent occasion that they were assessed for an NDIS Worker Screening Check;
- 🔒 Arranging for the person to be supervised by someone else who has a clearance;
- 🔒 Sighting evidence that an application has been made, and keeping a record of the application number; and
- 🔒 Making sure QLD laws permit Great Mates to engage someone in a risk assessed role after submitting an application and before a clearance has been issued.

### Engaging Subcontractors

Where Great Mates engages another organisation (a subcontractor) to perform work that is part of its NDIS service delivery, it has additional obligations to meet with respect to NDIS Worker Screening. This is because Great Mates and the subcontractor need to work together to ensure team of the subcontractor are appropriately screened.

In these instances, Great Mates must:

- ☞ Advise the subcontractor of risk assessed roles that the subcontractor's team engage in;
- ☞ Take reasonable steps to ensure the subcontractor's team have clearances or an acceptable state-based check;
- ☞ Make sure its contract with the subcontractor requires the subcontractor to:
  - ☞ Only allow someone to work in a risk assessed role if that person has a clearance or is subject to an exemption;
  - ☞ Only allow someone to work in a risk assessed role if the subcontractor is allowed to share information with Great Mates about any matter relating to that person's NDIS Worker Screening Check;
  - ☞ Co-operate with any reasonable request to assist Great Mates investigate a complaint or reportable incident involving team engaged in risk assessed roles;
  - ☞ Co-operate with any reasonable request from Great Mates for information about whether and how they comply with obligations under the contract; and Impose these obligations on any other party they enter into an arrangement with that involves or allows another person to provide services.

The NDIS Commission may require Great Mates to provide it with information or records provided to Great Mates by the subcontractor.

### Student Placements

Secondary school students on a formal work experience program do not need a police check to work with people with disability in the NDIS. However, they must be directly supervised by someone who does have a check.

## WORKING WITH CHILDREN CHECK

### QLD

Team, volunteers, and students that have any contact with children in the course of their duties must have and maintain a Blue Card. Application Forms are available on the Queensland Government Blue Card Services website. Parents, family members and guardians closely related to children attending the service are exempt from needing a Blue Card. Once the clearance for the Blue card is provided, the HR Team will link the Blue Card number and Lifestyle Assistant to the Great Mates Blue Card Services Organisation Portal.

### VIC

Leadership team and Lifestyle Assistants located in Victoria are to apply for a Working with Children Check via the Service Victoria Working with Children Check website. Parents, family members and guardians closely related to children attending the service are exempt from needing a Working with Children Check. Once the clearance for the WWCC is provided, the HR Team will check the validity of the check by using the Working with Children Check status checker on the Service Victoria website.

### NSW

Leadership team and Lifestyle Assistants located in New South Wales are to apply for a Working with Children Check via the Service NSW Working with Children Check website. Parents, family members and guardians closely related to children attending the service are exempt from needing a Working with Children Check. Checks can be completed via the Office of Children's Guardian portal on the NSW Service website. Great Mates does not support any minors in NSW.



## Negative Notices

The Human Resource Lead and Human Resource Team will:

- 📌 Ensure prospective team or volunteers issued with a Negative Notice are not engaged by Great Mates;
- 📌 Ensure existing team or volunteers issued with a Negative Notice have their engagement terminated; and
- 📌 Periodically check the status of all team and volunteers' NDISWS check and Blue Cards.

Team and volunteers must inform Great Mates immediately if they have been issued with an Interim Negative Notice or Negative Notice, or if they have a relevant change in circumstances.

## Team and Volunteers Engaged by More Than One Provider

Where a person is engaged by another organisation and already has an existing Blue Card, the Human Resource Lead must link them to Great Mates Quality Compassionate Services by submitting the Department of Justice and Attorney General's Link an Applicant/Cardholder to This Organisation Form.

## Record Keeping and Confidentiality

Information obtained as part of screening processes must be treated with the highest level of confidentiality and privacy in accordance with the relevant legislation and standards. Records must be kept for a minimum of seven years. See also Great Mates' Privacy and Confidentiality and Records and Information Management Policies and Procedures.

## Other Checks

In addition to the Mandatory Checks, the Human Resource Lead and Human Resource Team must also confirm the identity (through photo identification), qualifications (through sighting a copy) and referees of all prospective team prior to their appointment.

If qualifications are a mandatory requirement of the role, original qualifications must be copied, certified as being a true copy of the original and returned to the applicant. If there are doubts about the qualification, the Human Resource Lead should undertake an online check to verify that the qualification was awarded to the applicant. If an online check is not possible, the applicant should provide a letter from the registrar of the relevant institution confirming that the qualification was in fact awarded to the applicant.

If there are any concerns about the authenticity of the qualification as presented, the issuing institution must be contacted directly to verify that the particular qualification was completed and issued to the relevant applicant on the date specified.

## Working Restrictions for Visa Holders

Workers on temporary visas such as student visas are able to apply and work as long as they meet the working restrictions provided on the visa they were granted with. The HR Lead will be responsible for keeping records and notifying the HOD Team and leadership team of these workers and the maximum hours of work they are allowed to work. Great Mates will cross check these details through a compliance software called vSure that connects to the Department of Home Affairs database, using securely stored employee details to automate visa checks and ensure compliance.

### vSure System

When a new Lifestyle Assistant needs to undergo the onboarding process, vSure sends an email or SMS from our enterprise platform to the Lifestyle Assistant. This communication prompts them to submit their Right To Work documents.

### Documentation Submission

The Lifestyle Assistant snaps a photo of their Right To Work documents using their smartphone and submits them through the provided link in the email or SMS.

### Data Extraction and Validation

vSure's software reads the data from the submitted photos, extracting relevant information.

### Visa Validation

For non-citizens, vSure automatically validates their visa status. It obtains live visa information from the Department of Home Affairs to ensure the employee has the correct visa to legally work in Australia.

### Documentation Collection

vSure collects and stores all Right To Work documentation securely, ensuring compliance with legal requirements.

### Manual and Automated Checks

Employers have the option to manually conduct visa checks for their entire workforce with a single click through the vSure platform. Alternatively, they can opt for regular automated visa checks, allowing vSure to handle the process seamlessly without manual intervention.

### Reminder System

vSure includes a reminder system that notifies the HR Team of important changes to the visa statuses of Lifestyle Assistants, such as expiry dates or visa updates.

### Secondary Employment

During the interview process, candidates are asked about their current secondary employment status. This information will be documented and stored in their Visual Care profile if they are hired. As part of the onboarding process, Lifestyle Assistants will have the option to disclose any secondary employment they have. Every six months, all team will receive an email prompting them to review and update their secondary employment status. This ensures that any changes in secondary employment are promptly reported and recorded.

### Reporting Changes

Lifestyle Assistants are responsible for promptly reporting any changes in their secondary employment status to the HR department. This includes starting, ending, or making significant changes to secondary employment arrangements.

### Conflict of Interest Assessment

The HR department will assess reported secondary employment activities to determine if any conflicts of interest exist with the Lifestyle Assistant's primary role at Great Mates. Conflicts of interest may arise when secondary employment: Competes with Great Mates's business interests. Interferes with any team's ability to fulfil their duties effectively. Compromises confidentiality, security, or intellectual property rights.

### Resolution of Conflicts

If a conflict of interest is identified, the HR department will work with the Lifestyle Assistants, team leaders and relevant stakeholders to resolve the issue.

Resolution may involve:

- ✎ Adjusting work schedules to mitigate conflicts.
- ✎ Restructuring job responsibilities.
- ✎ Alternative Work Arrangements: Exploring alternative work arrangements, to accommodate the Lifestyle Assistant's secondary employment commitments.

## TRAINING AND DEVELOPMENT

Records of induction, training and organisational and professional development provided to all team will be kept on each team record as well as in Great Mates *Training and Development Register*.

### Induction

All new team must be provided a Team Handbook, incorporating their job description, team Code of Conduct, an organisation chart highlighting their direct supervisor and other relevant information to orientate them to Great Mates.

Prior to engaging with peoples, all team must undergo a comprehensive Induction. This will include (but is not limited to) the provision of information and training in:

- ✎ The mandatory NDIS Worker Orientation Program covering human rights, respect, risk, and the roles and responsibilities of NDIS workers. The NDIS Commission will advise NDIS providers when the e-learning module is available to them; and
- ✎ All relevant policies and procedures.

Where possible, cultural awareness training will be delivered by local A&TSI and CALD groups to ensure it is tailored to the organisation's service areas. All team will be asked to provide feedback on the Induction process to contribute to Great Mates continuous improvement.

On-going training will be provided in these areas where required.

### On-going Training and Development

Great Mates is committed to ensuring all team have the necessary skills and knowledge to competently undertake their duties. Great Mates will identify, plan, facilitate, record, and evaluate the effectiveness of training and development for team to ensure they meet the needs of each person.

The following mandatory training will be provided to all relevant team each year:

- ☞ Team obligations under the NDIS Practice Standards and other NDIS Rules;
- ☞ Child Protection;
- ☞ Basic Food Handling;
- ☞ Fire Safety Awareness;
- ☞ Mandatory Reporting;
- ☞ First Aid and CPR;
- ☞ Manual Handling;
- ☞ Work Health and Safety; and
- ☞ Risk Assessment.

In addition to mandatory training, all HOD Team, Team Leaders and admin team will have the opportunity to participate in training and development activities each year.

Training and development methods available include on-the-job training, internal or external courses, support for undertaking research or project work, attendance at conferences or seminars, and networking, coaching and mentoring programs. Specific training areas may include:

- ☞ Pressure Care Management;
- ☞ Continence Management;
- ☞ PEG Feeding;
- ☞ Cognitive-Behavioural Management;
- ☞ Personal Care Routines; and
- ☞ Community Access Support.

Training on specific issues or areas will be provided where a need is identified, for instance, NDIS information and preparedness training; disability and mental health; cultural awareness; LGBTI awareness; use of interpreters and translators; and referral and support networks.

Annual team Performance Reviews will encourage team to take an active role in their on-going development by identifying their training and development needs in consultation with Human Resource Lead. Performance Reviews are also an opportunity to assess the effectiveness of training provided, identifying any further skills gaps or additional training required.

The Human Resource Lead is responsible for overseeing team training and development needs. They will track training undertaken and future needs in Great Mates' *Team Training and Development Register*.

All training delivered to team will be evaluated for effectiveness using Great Mates' *Training Evaluation Form*. Feedback obtained from evaluations will be used to inform future training provided to team and improvements identified will be tracked in Great Mates' *Continuous Improvement Register*.

Where the Human Resource Lead decide, in consultation with the HOD Team, that it is necessary for a team member to acquire a particular skill or qualification in order to carry out their duties, Great Mates will consider being fully responsible for all costs incurred for the team member to attend the training. Where Great Mates capacity and resources allow, team will be supported to pursue further education or training that will contribute to their professional development but is not directly relevant to their current position.

Great Mates will support access to professional development opportunities for all team equitably, taking into account the organisation's needs and the needs and skills of team. Where a team member wishes to pursue further education or professional development that is not a requirement for their current position or directly relevant to Great Mates' needs, Great Mates will not pay for the cost of the team member's training.

At the Human Resources Lead discretion, and taking into account any impact on service delivery or other team, the team member may be:

- Ⓜ Permitted to take annual leave or unpaid leave that would assist them to participate in the training; and
- Ⓜ Granted up to two days' study leave as necessary to attend examinations.
- Ⓜ Team must provide Great Mates with one months' notice (where possible) of their intentions to participate in training or professional development.

### Team Identification

All Great Mates team members will be issued with a digital identification card upon commencement of their employment with Great Mates. Each digital identification card will include the following information:

- Ⓜ Team member's name;
- Ⓜ Team member's photo;
- Ⓜ Teaming position within Great Mates; and
- Ⓜ Great Mates' Logo.

If a team member does not wish to have their full name displayed on their identification card, Great Mates will ensure only their first name is displayed.

The Human Resource Lead and Human Resource Officer will arrange for team members photos to be updated at least every 2 years (or earlier if requested by a team member) to ensure the photo identification remains current. The team member's identification card will be updated with the new photo identification and any older versions will be securely destroyed.

The Human Resource Lead and Human Resource Officer will ensure that all forms of team identification are returned to Great Mates when a team member ceases employment with Great Mates. The Human Resource Lead and Human Resource Officer will facilitate this process with the team member and ensure their identification card is securely destroyed when it is no longer required.

### Team Management and Retention

Great Mates HOD Team is responsible for ensuring the structure and environment of the organisation promotes cooperative work practices and encourages team and volunteers to take responsibility and initiative. Team performance and retention are supported by the following organisational policies and procedures:

- Ⓜ Human Resources;
- Ⓜ Financial Management;
- Ⓜ Continuous Improvement;
- Ⓜ Code of Conduct;
- Ⓜ Disputes and Grievances;
- Ⓜ Equity, Anti-Discrimination and Workplace Harassment; and
- Ⓜ Work Health and Safety.

Team are expected to attend regular team meetings, where they will have access to information sharing, training and development, and debrief opportunities.

All team will be provided with an Induction and on-going training and development opportunities, team building activities and mentoring.

### Performance Reviews

Performance Reviews will be conducted for all team on a yearly basis. The purpose of Performance Reviews is to ensure team are capable and confident in performing their role, and understand Great Mates' policies and procedures. This is also an opportunity to discuss with team their future professional goals and how Great Mates can support their development.

The Human Resources Lead will notify their team in writing at least one week in advance of the date and time of their Performance Review. Team must complete a *Team Training Needs Self-Assessment* before the date of the review and take this with them to the interview.

Before the interview, the Human Resource Lead and direct Team Leader will review the performance of their team over the past year and make preparatory notes. Either party can request that a support person be present during the meeting.

Performance Reviews will seek to:

- ☞ Clarify any issues relevant to the team member's job description and performance;
- ☞ Identify the team member's strengths;
- ☞ Identify areas where the team member needs to improve;
- ☞ Discuss the *Team Training Needs Self-Assessment* completed by the team member and any training that will help the team member improve their skills;
- ☞ Make changes to the team member's *Team Training Needs Self-Assessment*, where necessary. Both parties must sign this document as agreement on the team member's training needs;
- ☞ Identify and confirm the actions to be taken to maintain, enhance or improve performance; and
- ☞ Set future professional goals.

At the conclusion of the meeting, the Human Resource Lead will complete a *Team Performance Review Feedback Form*. This will be signed by them and the team member. Where strategies for performance improvement are required due to a significant issue, a *Team Performance Improvement Plan* must be completed and signed by the team member and the Human Resource Lead.

After the Performance Review, any agreed training should be entered into a *Team Training Plan* for the team member and signed by both the team member and Human Resource Lead. A copy of the completed *Team Training Plan* will be placed on the team member's file and a copy given to them.

If a team member believes that they have been directly or indirectly discriminated against in the performance review, they should take action in accordance with Great Mates' *Disputes and Grievances Policy and Procedure*.

A copy of all documentation relating to Performance Reviews will be retained in the team member's employment file.

## Performance Management

Team who are not performing satisfactorily, engage in misconduct or do not comply with Great Mates' Code of Conduct, Policies and Procedures or their Employment Contract may face disciplinary action. Great Mates are responsible for identifying problems as soon as they arise and taking action. They must maintain records of all performance-related discussions and counselling sessions, and these must be kept on team records.

In all processes the principles of natural justice must be followed. This means the team member must have an opportunity to state their point of view before action is taken and that the decision maker must not be biased. If a team member engages in serious misconduct so that it is unreasonable for Great Mates to continue their employment, they may be dismissed instantly. Examples of such misconduct include theft, assault, and fraud. Such action must be supported by a high level of evidence.

Other misconduct that may result in disciplinary action includes:

- Ⓜ Not complying with Great Mates' Code of Conduct;
- Ⓜ Intentionally causing harm / disregard for the safety and wellbeing of themselves or others; and
- Ⓜ Preventing other team from carrying out their duties.

If misconduct occurs, the Human Resource Lead must complete a *Misconduct or Non-Performance Report* detailing relevant incidents and behaviours.

If the Human Resource Lead identifies unsatisfactory performance of a team member, they must advise the team member. An opportunity must be provided for the team member to improve their performance within a reasonable timeframe. This could also include the team member attending training to improve the standard of their performance.

If the team member's performance does not improve to the required standard after assistance and training has been provided within the specified time, the Regional Lead and Human Resource Lead must complete a *Misconduct or Non-Performance Report* outlining specific performance problems.

The Regional Lead and Human Resource Lead will meet with the team member and inform them that a report will be written and they will be provided with a copy.

Based on the seriousness of the misconduct or poor performance, the following may occur:

1. Discussion/Counselling – between the Regional Lead and/or Human Resource Lead and the team member. The problem will be explained and the team member asked to respond. The team member is entitled to have a support person present. If misconduct or non-performance is proved, the Regional Lead and Human Resource Lead will advise the team member of the corrective action they need to take. The Regional Lead and CEO will record details of the discussion in the *Misconduct or Non-Performance Report*. All parties present must sign the report.
2. Written warning - if the incident of misconduct is repeated or performance does not improve, the Human Resource Lead will issue a written warning. If the case is considered severe enough, the first written warning can also be regarded as the final warning.

3. Final warning - if the problem persists, or the nature of the misconduct or poor performance is very serious, the Human Resource Lead will issue a final written warning to the team member. If the issue is not resolved, the HOD Team may proceed to dismiss the team member.

The Regional Lead and Human Resource Lead will maintain formal records (*Misconduct or Non-Performance Reports*) of each counselling/disciplinary session and keep them confidential. All records must be sighted and signed by the relevant team member as true and correct. Such records will provide important evidence if the matter proceeds to the Fair Work Commission.

If the team member refuses to sign the record, details of when they have been provided a copy and their reason/s for refusal (if given) must be noted by the Human Resources Lead.

### Dismissal

Great Mates must comply with all State and Federal legislation and the team member's Employment Contract in relation to disciplinary action and employment termination. Great Mates must ensure:

- ❏ Dismissal is not for an unfair reason;
- ❏ The team member knows the reason for dismissal and has an opportunity to respond in relation to that reason; and
- ❏ It gives the team member appropriate notice or compensation in lieu of notice.

Team may be dismissed on the basis of:

- ❏ Their conduct, capacity or performance;
- ❏ Operational requirements, e.g. the position is no longer required; or
- ❏ Other reasons sufficient to justify termination.

### Exit Interviews

The Regional Lead and Human Resource Lead will ensure all team leaving Great Mates have the opportunity to complete an Exit Interview. Exit interviews are voluntary and allow departing team to offer feedback and suggestions that Great Mates may use to improve its workplace practices, culture and working environment.

Team who are leaving will be provided with an *Exit Interview Questionnaire* to complete their Exit Interview, which can be returned to the Regional Lead and Managing Director.



## SECONDARY EMPLOYMENT

Great Mates' Secondary Employment Review Policy and Procedure delineates the guidelines for monitoring, reporting, and resolving secondary employment activities. It outlines the responsibilities of all employees regarding secondary employment to ensure duty of care is given to both clients and workers .

### Monitoring and Tracking

- 📌 During the interview process, candidates are asked about their current secondary employment status. This information will be documented and stored in their employee profile if they are hired.
- 📌 As part of the onboarding process, employees will have the option to disclose any secondary employment they have. This information will be recorded in their employee profile.
- 📌 Every six months, all employees will receive an email prompting them to review and update their secondary employment status. This ensures that any changes in secondary employment are promptly reported and recorded.

### Reporting Changes

Employees are responsible for promptly reporting any changes in their secondary employment status to the HR department. This includes starting, ending, or making significant changes to secondary employment arrangements.

### Conflict of Interest Assessment

The HR department will assess reported secondary employment activities to determine if any conflicts of interest exist with the employee's primary role at Great Mates. Conflicts of interest may arise when secondary employment:

- 📌 Competes with Great Mates' business interests.
- 📌 Interferes with the employee's ability to fulfil their duties effectively.
- 📌 Compromises confidentiality, security, or intellectual property rights.

### Resolution of Conflicts

If a conflict of interest is identified, the HR department will work with the employee, team leaders and relevant stakeholders to resolve the issue. Resolution may involve:

- 📌 Adjusting work schedules to mitigate conflicts.
- 📌 Restructuring job responsibilities.
- 📌 Alternative Work Arrangements: Exploring alternative work arrangements, to accommodate the employee's secondary employment commitments

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 Employment Contracts
- 📄 Position Descriptions
- 📄 Employee Handbook
- 📄 Disputes and Grievances Policy and Procedure
- 📄 Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure
- 📄 Work Health and Safety Policy and Procedure
- 📄 Induction
- 📄 Team Records on Visual Care
- 📄 Team Performance Appraisal
- 📄 Training and Development Register
- 📄 Continuous Improvement Register

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least every two years. Reviews will incorporate team, people, and other stakeholder feedback.

Great Mates' feedback collection mechanisms, such as team and people satisfaction surveys, will assess:

- 📄 Team access to and understanding of Great Mates human resources processes and policies and procedures relating to the provision of high quality and safe services;
- 📄 Team access to and understanding of how criminal history checks are undertaken and their satisfaction with the management of these;
- 📄 Team confidence in their ability to do their job based on their qualifications and experience;
- 📄 Team satisfaction with training and development opportunities provided by Great Mates;
- 📄 People satisfaction that their specific needs, including cultural needs, are understood, and supported by team; and
- 📄 People satisfaction that they are actively involved in the improvement of Great Mates.

Great Mates will review its human resources practices in accordance with its . This schedule includes service planning and delivery activities that incorporate team and stakeholder participation, assess feedback provided to and by team, peoples and stakeholders and review files for alignment of practice with processes (team file audits).

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

**DOCUMENT CONTROL**

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3	01/11/2022	HOD team (HR Lead)
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1	01/02/2021	HOD team (CEO)

# TEAM POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to ensure Great Mates employs and rosters enough appropriately qualified team to safely deliver quality NDIS supports to peoples.

It applies to all Great Mates' HOD team and meets relevant legislation, regulations and standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### CONTINUITY OF SUPPORTS

#### Outcome

Each person has access to timely and appropriate support without interruption.

#### Indicators

- ☞ Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.
- ☞ In the event of worker absence or vacancy, a suitably qualified and/or experienced person performs the role.
- ☞ Arrangements are in place to ensure support is provided to the people without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered by the provider.
- ☞ Where changes or interruptions are unavoidable, alternative arrangements are explained and agreed with the people.

## DEFINITIONS

**Ordinary hours** – a team member's normal and regular hours of work, which do not attract overtime rates.

**Roster** – a timetable that sets out the days and times team are required to work.

**Spread of hours** – the time of the day ordinary hours are worked (e.g. 7 am to 7 pm).

## POLICY

Great Mates will employ enough appropriately qualified and experienced team, to meet legislative, policy and service standards based on the supports that Great Mates provides.

Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of supports.

In the event of team absence or vacancy, a suitably qualified and/or experienced person will be placed in the role.

## PROCEDURES

Team will be employed and provided training in accordance with Great Mates' *Human Resources Policy and Procedure*, based on the nature and complexity of the role. Great Mates will only provide services to peoples where the it has the team with the necessary qualifications as per the *NDIS Guide to Suitability*.

Teaming allocations for group activities will have regard to the ratios set out in the *NDIS Price Guide*.

### Rosters and Ordinary Hours of Work

Ordinary hours of work are set out in employment contracts. The Team Leaders are responsible for developing team rosters and these will be provided to team on a monthly basis.

Should a change to a team member's regular roster or ordinary hours of work be required, the Team Leaders will first discuss this with the team member, providing as much notice as possible.

Because the needs of peoples change, team rosters may need to be adjusted from time to time. Great Mates cannot guarantee that team will always retain the same roster they were assigned upon employment. Further, working a temporary schedule does not signify a change to the team member's official roster.

### Overtime

Full-time team are entitled to overtime penalty rates if they work:

- Ⓜ More than the maximum number of ordinary hours of work (per day or per week, as stipulated in their Award); or
- Ⓜ Outside the spread of ordinary hours.

Part-time team are entitled to overtime rates if they work more than the maximum number of ordinary hours of work (per day or per week). Part-time team will not be paid overtime rates if they work more than their agreed hours, but less than full-time ordinary hours.

Casual team will be paid overtime if they work more than the maximum number of ordinary hours of work (per day or per week).

Team who are called back to work after finishing their shift must be given at least 2 hours of work. If they don't work these hours, they will still be paid a minimum 2 hours at overtime rates.

A team member who works more than 4 hours of overtime when they are called back to work is entitled to an extra 20-minute paid break. They will be given a further 20-minute paid break for each 4 hours of overtime.

Great Mates can request that a team member works overtime, provided the following things are taken into account:

- ⓧ Any risk to their health and safety from working the extra hours;
- ⓧ Their personal situation, including their family responsibilities;
- ⓧ The needs of the workplace;
- ⓧ If the team member is entitled to receive overtime payments or penalty rates for working the extra hours;
- ⓧ If they are paid at a higher rate on the understanding that they work some overtime;
- ⓧ If they were given enough notice;
- ⓧ If they have already stated they can't ever work overtime; and
- ⓧ The usual patterns of work in the industry.

Health and safety issues must be considered and managed if a team member is required to work overtime, particularly fatigue.

The Regional Lead is responsible for approving overtime. Regional Lead may authorise short-term, emergency overtime to cover team shortages occurring after business hours or on weekends.

For more information on overtime, breaks and other allowances, see the *Social and Community Services Award* at [www.fairwork.gov.au](http://www.fairwork.gov.au).

### Planned and Unplanned Leave

Team are entitled to take planned leave (annual leave, long service leave and maternity leave) or unplanned leave (sick/Lifestyle Assistant's leave, bereavement leave, domestic violence leave) in accordance with their employment contract. Great Mates meets the minimum leave requirements as per the National Employment Standards, or the team member's relevant Award (whichever is the greater).

For absences due to a work-related injury or illness and Worker's Compensation, refer to Great Mates' *Workplace Incident Management Policy and Procedure*.

### Requests for Flexible Working Arrangements

Team who have been employed part-time or full-time for at least 12 months have the legal right to request flexible working arrangements if they:

- ⓧ Have parenting or caring responsibilities;
- ⓧ Have a disability;
- ⓧ Are aged over 55;
- ⓧ Are experiencing family violence; or
- ⓧ Care for or support someone experiencing family violence.

Casual team can make a request if they've been working consistently for Great Mates for at least 12 months and they and Great Mates expect they'll continue to do so.

Team can request to change their:

- 📌 Hours of work;
- 📌 Pattern of work (for instance, working split shifts or job sharing); and
- 📌 Work location (such as working from home) where applicable to the roles within Great Mates.

Team who want flexible working arrangements must submit their request to the Human Resource Lead in writing. This request must detail:

- 📌 The changes in working arrangements they want made; and
- 📌 The reason/s for seeking the change.

Team can use the example templates provided on the [Fair Work Ombudsman's website](#) for guidance.

Before formally responding to a request, the Human Resource Lead must discuss it with the team member and try to reach an agreement that accommodates the team member's circumstances. As part of this process, the Human Resource Lead must consider:

- 📌 The needs of the team member;
- 📌 Consequences for the team member if changes in arrangements are not made; and
- 📌 Any reasonable business grounds for refusing the request.

Following their discussion, the Human Resource Lead must provide a written response to the team member. The written response must be provided within 21 days of the team member submitting their written request. Each Award includes specific detail on what needs to be included in written responses (see [www.fairwork.gov.au](http://www.fairwork.gov.au)).

## Refusal

If a request is refused, the Human Resource Lead's written response must provide the reasons for refusal, as well as any alternative working arrangements that Great Mates can accommodate. Requests for flexible working arrangements can only be refused on reasonable business grounds.

Examples of reasonable business grounds are:

- 📌 The arrangements requested would be too costly to implement;
- 📌 There is no capacity to change the working arrangements of other team to accommodate the request;
- 📌 It would be impractical to change the working arrangements of other team, or recruit new team, to accommodate the request;
- 📌 The arrangements would likely result in significant loss of efficiency or productivity; and
- 📌 The arrangements would likely have a significant negative impact on customer service.

## Appeal

Should a team member disagree with the Human Resource Lead's decision, they can lodge an appeal. Appeals should be directed in writing to the Regional Lead and a final decision will be made by Great Mates' HOD Team.

Team members who successfully appeal the original decision (in full or in part) will have agreed working arrangements implemented as soon as possible. Team who are not successful in their appeal will be provided advice in writing to this effect by the HOD Team.

It is a breach of the *Fair Work Act 2009* (Cth) if the requirements outlined above are not fulfilled. Team may also be able to take legal action under state and federal discrimination legislation, including the discrimination provisions of the *Fair Work Act 2009*, if they feel that the handling of their request for flexible working arrangements constitutes discrimination.

Any team member who has an enquiry regarding requests for flexible working arrangements can contact the Fair Work Ombudsman by:

- ☎ Making an enquiry online at <https://www.fairwork.gov.au/contact-us/online-enquiries>; or
- ☎ Phoning 13 13 94.

### Team Absences and Vacancies

In the event of team absence or vacancy, the Human Resource Lead will ensure that a suitably qualified and experienced person will be organised to replace the team member to provide continuity of services for peoples.

### Team Shortages

When an individual is unable to work their scheduled shift, a team shortage may occur. Team who are unable to work their scheduled shift must notify the Team Leader as soon as possible, with minimum 4 hours' notice (unless an emergency has occurred).

While it is Great Mates' practice to try to fill team shortages through voluntary means (such as swapping shifts or seeking nominations from team who would like to work additional hours), when critical shortages occur, team may be required to work additional hours, including overtime hours, in order to ensure continuity of support for peoples.

The Team Leader is responsible for approving additional hours of work. Where possible, additional work will be limited to 12-hour shifts and consider any potential fatigue or safety concerns. In cases of extreme team shortages, such as in a severe weather event, natural disaster or pandemic illness, team may be required to work longer shifts. All team members are expected to share the responsibility of covering unexpected team shortages. Team is also expected to keep overtime usage to a minimum

Routine teaming shortages are the responsibility of Human Resources Team. The Human Resources Team is expected to proactively recruit and train fill-in team so that they have resources available to deal with teaming shortages.

### Vacancies

Team vacancies must be managed in accordance with Great Mates' *Succession Planning* and *Human Resources* policies and procedures.

### Termination of Employment

If a team member decides to leave their employment with Great Mates, they must provide the minimum notice as stated in their employment contract, based on the relevant industrial Award or instrument. This notice must be provided in writing.



Great Mates has the discretion to pay the team member their notice period in lieu of having them attend work for the notice period (in part or in full). Great Mates will ensure all wages and entitlements are paid to the team member within 14 days of the end of their employment, and provide a final payslip.

For circumstances where Great Mates may terminate a team member's employment, refer to Great Mates *Human Resources Policy and Procedure*.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

Human Resources Policy and Procedure

Emergency Planning Policy and Procedure

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least every two years. Reviews will incorporate team, people, and other stakeholder feedback.

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

## DOCUMENT CONTROL

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3	01/08/2023	Implement new Policy and Procedure to meet National NDIS Standards
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1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# DISPUTES AND GRIEVANCES POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to set out the steps Great Mates team are required to take in regard to disputes and grievances. Disputes and grievances raised by Great Mates team, volunteers and contractors would generally be dealt with under this policy and procedure, however, from time to time team may raise issues or provide feedback that is best dealt with under Great Mates' *Feedback and Complaints Policy and Procedure*.

Matters relating to Work Health and Safety will be generally be handled in accordance with the Issue Resolution process as per Great Mates' *Work Health and Safety Policy and Procedure*.

This policy and procedure applies to all team and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### HUMAN RESOURCE MANAGEMENT

#### Outcome

Each person's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.

## DEFINITIONS

**Dispute** – a disagreement or argument that can arise from discrimination, harassment, or any other behaviour between team members or between the organisation and a team member.

**Frivolous complaint** – a baseless claim that has no merit or value and is made without reasonable cause.

**Grievance** – a formal complaint lodged by one team member against another or against the organisation.

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

**Workplace harassment** – repeated behaviour, other than behaviour amounting to sexual harassment, of one team member or group of team members that is unwelcome, unsolicited, and considered to be offensive, intimidating, humiliating or threatening by another team member.

**Vexatious complaint** – a complaint that is made without reasonable cause and is lacking substance. The complaint may be repeated, cause annoyance and/or intend to cause harm.

## POLICY

Great Mates is committed to maintaining positive working relationships between its team and management. Disputes and grievances should be addressed within the organisation in a timely and confidential manner. The process requires respectful and honest discussion between both parties to reach a fair and reasonable outcome.

## PROCEDURE

### General

Sometimes situations can arise where a worker honestly believes that a decision by Great Mates has been made that is unfair or unreasonable, or negatively affects them. Where the team member, on reasonable grounds, feels that a decision is unjust, they can raise a grievance in accordance with this procedure.

There are some circumstances that a grievance may not be lodged, and these are covered in other relevant policies and procedures. This includes:

- ⓧ Where the team member has not already reasonably tried to resolve the matter with the person, or with their Team Leader;
- ⓧ A complaint about performance management of a team member;
- ⓧ The decision/s related to a Workers Compensation claim; and
- ⓧ Matters that have been or are undergoing investigation by an external authority.

Disputes and grievances must be treated by all parties with the utmost confidentiality, and the complainant must not be victimised.

All grievances will be taken seriously and investigated in an impartial manner.

### Disputes

Team should attempt to resolve disputes with the other person before lodging a grievance. If attempts to resolve the dispute fail, team must discuss the matter with the Regional Lead.

The Regional Lead will mediate and seek an acceptable compromise for both parties. If the dispute involves their supervisor, the team member must discuss the matter with the Human Resource Lead.

Issues of sexual harassment or discrimination should be brought to the notice of the Regional Lead and/or Human Resource Lead as soon as practicable, for investigation in accordance with Great Mates' *Workplace Incident Investigation Policy and Procedure*.

### Formally Lodging Grievances

If a dispute cannot be resolved, the team member should lodge a grievance in writing to the Regional Lead and/or Human Resource Lead.

This should detail:

- ✎ Description of the decision/s or behaviour/s that are the subject of the dispute;
- ✎ The manner in which the decision or behaviour has adversely affected the team member;
- ✎ The time and date of the decision/s or behaviour/s;
- ✎ Names of witnesses;
- ✎ Attempts made to resolve the dispute; and
- ✎ The action the team member deems necessary to resolve the grievance.

### Investigating Grievances

Once a formal grievance is lodged, the Human Resource Lead will investigate the matter within 5 working days.

The following parties will be interviewed:

- ✎ The team member who lodged the grievance;
- ✎ The team member against whom the grievance has been lodged;
- ✎ Any witnesses; and
- ✎ The relevant supervisor/s and/or manager/s.

All parties involved in the investigation will be given equal opportunity to explain the circumstances and describe the matter from their perspective. Interviews shall be conducted with procedural fairness and be unbiased. Interviews and issues raised through the investigation will be documented.

Any person who is required to be interviewed as part of the investigation will be offered a support person to be present with them. The role of the support person is to provide emotional support; they are not able to answer any questions on behalf of the person they are supporting, or give their personal opinions, beliefs, or perspectives. A support person cannot be another person who is involved in the investigation of the grievance.

### Resolving Grievances

Where necessary, the Human Resource Lead will:

- ✎ Appoint an independent mediator to help resolve disputes; and
- ✎ Encourage a support person, union, or professional association representative in dispute resolution procedures.

If the investigation reveals that the grievance is valid, and depending on the nature of the complaint and its seriousness, the team member against whom the grievance was lodged may be:

- ✎ Required to apologise to the team member who lodged the grievance;
- ✎ Given a warning, counselling, transfer or demotion;
- ✎ Dismissed; or
- ✎ Required to participate in further training.

If the grievance cannot be substantiated because of a lack of evidence, or it is considered a vexatious complaint, Great Mates may:

- ✎ Remind all team of their obligations under the Code of Conduct and Great Mates' *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*; and/or
- ✎ Ask all team to undertake training in negotiation skills and dispute resolution.

### The outcome of the investigation

If the grievance is found to be a frivolous claim, and depending on the seriousness of the allegations, the team member making the complaint may be:

- ❏ Asked to undertake counselling or people in further training;
- ❏ Make a written apology to the team member complained about;
- ❏ Given a written warning, transfer, or demotion; or
- ❏ Dismissed.

Team have the right to appeal decisions relating to disputes. Appeals should be directed in writing to the Human Resource Lead and the HOD Team will make a final decision. Team who successfully appeal will have the outcome and actions reassessed for appropriateness. Team who are not successful in their appeal will have the original decision reconfirmed.

A team member who has raised a complaint or Great Mates may have the right to refer their complaint to an external party, such as the Fair Work Commission, if a resolution cannot be reached.

### SUPPORTING DOCUMENTS

Documents relevant to this policy:

- ❏ Team Code of Conduct
- ❏ Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure
- ❏ Human Resources Policy and Procedure

### MONITORING AND REVIEW

The HOD team will review this policy and procedure at least every two years. Reviews will incorporate team, people, and other stakeholder feedback.

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

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# EQUITY, ANTI-DISCRIMINATION AND WORKPLACE HARASSMENT POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to demonstrate Great Mates' commitment to equal opportunity and a workplace free from harassment and discrimination.

It applies to all Great Mates team, contractors and volunteers and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### HUMAN RESOURCE MANAGEMENT

#### Outcome

Each person's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.

## DEFINITIONS

**Equity** – treating all persons fairly and without discrimination.

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

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

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

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

**Sex discrimination** – Discrimination on the basis of sex, marital or relationship status, pregnancy or potential pregnancy, breastfeeding, family responsibilities, sexual orientation, gender identity or intersex status.

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

**Workplace harassment** - repeated behaviour, other than behaviour amounting to sexual harassment, of one team member or group of team members that is unwelcome, unsolicited, and considered to be offensive, intimidating, humiliating or threatening by another team member.

## POLICY

Great Mates strives to provide a positive working environment in which all team are valued and encouraged to contribute. As an equal opportunity employer, the organisation is bound by all relevant State and Federal legislation in relation to equal employment opportunity (EEO). This legislation ensures that no team member will be discriminated against unfairly or unlawfully.

Great Mates team are expected to comply with equity and anti-discrimination legislation, Great Mates' Team Code of Conduct and this policy and procedure.

## PROCEDURES

Great Mates' work practices and processes are continuously reviewed to ensure they comply with EEO requirements. These work practices include:

- ☞ Recruitment and selection;
- ☞ Pay and benefits;
- ☞ Training and development;
- ☞ Promotion;
- ☞ Performance appraisals/reviews;
- ☞ Grievance procedures; and
- ☞ Terminations.

## Discrimination

Great Mates team must neither be discriminated against, nor discriminate or treat unfairly or unlawfully another team or community member on the following grounds:

- ☞ Sex;
- ☞ Race, colour, nationality or ethnic origin;
- ☞ Religion;
- ☞ Disability;
- ☞ Age;
- ☞ Pregnancy;
- ☞ Marital or parental status;
- ☞ Political belief or activity;
- ☞ Trade union activity;
- ☞ Lawful sexual activity; or
- ☞ Association with or relation to a person with any of the above attributes.



## Harassment

Team must not be subject to or engage in unlawful harassment or discrimination against another team or community member. Forms of harassment include:

- ☒ Sexual harassment;
- ☒ Homosexual and transgender vilification;
- ☒ HIV/AIDS vilification; and
- ☒ Racial vilification.

Sexual harassment includes:

- ☒ Unwanted attention or touching;
- ☒ Sexual propositions;
- ☒ Leering or staring;
- ☒ Offensive language;
- ☒ Displaying nude images;
- ☒ Persistent requests for dates; and
- ☒ Crude or offensive jokes.

Harassment will not be tolerated and disciplinary action may be taken against those responsible in accordance with Great Mates *Human Resources Policy and Procedure*.

## Inclusive Language

When writing internal or external documents, team must ensure that non-sexist and non-racist language is used by:

- ☒ Avoiding male-dominated terms (e.g. use 'chair' or 'chairperson' instead of 'chairman');
- ☒ Eliminating the unnecessary use of the person's gender (e.g. 'female Manager');
- ☒ Avoiding the use of 'he' or 'she' (use 'their' instead of 'his' or 'her').

## Breaches of this Policy and Procedure

All breaches of this policy and procedure will be taken seriously. Team who feel they are the subject of discrimination or harassment should:

- ☒ Approach the Human Resource Lead to discuss appropriate actions or options; or
- ☒ Lodge a formal complaint or grievance which will be dealt with by the HOD team in accordance with Great Mates *Disputes and Grievances Policy and Procedure*.



Complaints will be dealt with promptly and in accordance with relevant State and Federal legislation and Great Mates' *Incident Management Policies and Procedures*. Investigation of potential breaches of this policy and procedure will be undertaken discreetly, and all complaints will remain confidential.

## Education

Great Mates ensures all team members complete Zero Tolerance online training, as well as Preventing and Responding to Violence, Abuse and Neglect.

## SUPPORTING DOCUMENTS

Documents relevant to this policy:

-  Team Code of Conduct
-  Disputes and Grievances Policy and Procedure

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least every two years. Reviews will incorporate team, people, and other stakeholder feedback.

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

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# RECORDS AND INFORMATION MANAGEMENT POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy and procedure is to provide direction to team on the creation and management of information and records. It meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

It applies to all:

- ✎ Great Mates team;
- ✎ Aspects of Great Mates' business; and
- ✎ Business information created and received.

This policy and procedure covers:

- ✎ Information and records in all formats, including documents, emails, voice messages, memoranda, minutes, audio-visual materials and business system data;
- ✎ All applications used to create, manage, and store information and records, including Great Mates' client and financial management systems, emails, websites, social media, databases, and business information systems; and
- ✎ Information and records created for Great Mates and managed in-house and off-site.

## APPLICABLE NDIS PRACTICE STANDARDS

### INFORMATION MANAGEMENT

#### Outcome

Management of each person's information ensures that it is identifiable, accurately recorded, current and confidential. Each person's information is easily accessible to the people and appropriately utilised by relevant workers.

#### Indicators

- ✎ An information management system is maintained that is relevant and proportionate to the size and scale of the organisation and records each person'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.

## DEFINITIONS

**Information** - knowledge that is communicated or received. It is the result of processing, gathering, manipulating, and organising data in a way that adds to the knowledge of the receiver.

**Information management** – a system for creating, collecting, organising, storing, retrieving, and distributing information. This information may be in any format and available from internal or external sources.

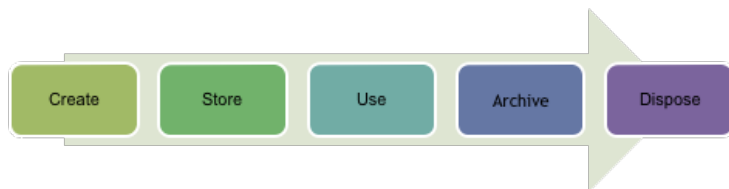
**Record** – information that is information in any form (including data in a computer system) and that is required to be kept as evidence of the activities or operations of a business.

**Records management** – a system for creating, receiving, maintaining, using, and disposing of records. This includes processes for capturing and maintaining evidence of business activities and transactions.

## POLICY

Great Mates' information and records are a corporate asset, vital for supporting its ongoing operations and for providing evidence of business decisions, activities, and transactions.

Great Mates' information and records management practices meet its business needs, accountability requirements and stakeholder expectations. They also support all stages of the information lifecycle:



## PROCEDURES

### General

As per Great Mates' *Human Resources Policy and Procedure*, all team must undergo Induction, which includes training in privacy, confidentiality, and information management. Team knowledge and application of confidentiality, privacy and information management processes is monitored on a day-to-day basis and through annual Performance Reviews. Additional formal and on-the-job training is provided to team where required.

All information, in paper copy, electronic or any other format, created by Great Mates team in the course of their employment, or that is accessed by team on Great Mates' equipment, is the property of Great Mates.

Work-related information or storage devices (such as USB drives) must not be taken from Great Mates without permission from the Human Resource Lead.

### Creating Records

All Great Mates team must create records of all business activities and decisions, including with respect to interacting with and supporting NDIS peoples. This includes file notes of verbal conversations related to people support or business activities, particularly where those conversations provide directions that need to be followed or queries that need to be followed up and answered.

Information that should not be recorded includes information that is not related to Great Mates' activities and decisions and duplicated information where an appropriate record has already been created.

Records must be created in the most appropriate format for the information being recorded. For guidance on what format should be used to create a particular record, team should consult the Regional Lead.

Records created must contain all relevant detail and be accurate and objective. See the *People Case Notes Policy and Procedure* for guidance on recording support-related case notes.

### Storing Records

Records must be stored securely in the most appropriate system, whether it be physical (e.g. locked filing cabinets) or electronic. For guidance on what system should be used to store a particular record, team should consult the Regional Lead.

Records should be created and stored methodically and logically (e.g. in relevant categories, on relevant people or team files, in chronological order, using naming conventions, etc.).

Where information is initially received in a digital format it should be retained in that format where possible (for instance, not printed and filed in hard copy). Digital records should only be converted to a different digital format if the content and quality of the record can be maintained.

### Electronic Records

Great Mates' electronic records are stored securely in the following information management systems:

- 🔒 Xero for financial management.
- 🔒 Great Mates currently uses Visual Care, a software system to assist with day-to-day supports for peoples that includes a rostering system. Team must use individual usernames, passwords, and two-factor authentication to access these systems. The systems have back up and disaster management arrangements in place that are managed by the respective system suppliers.

All Great Mates computers have password protection.

Business records must not be stored in email folders, shared folders, personal drives, or external storage devices such as USBs, as they are not secure.

Where an email is considered a Great Mates record, it must be captured in the relevant information management system as soon as possible.

Records created when using social media applications or mobile devices may also need to be captured in the relevant information management system.

Records that are considered public must be retained for the periods set out in the relevant Retention and Disposal Schedule (Queensland State Archivist) <https://www.forgov.qld.gov.au/search-retention-and-disposal-schedule> In most cases Great Mates' records are not public, but contain personal information, which is subject to QLD and Australian Privacy Law.

Records that are deemed public must adhere to the retention periods outlined in the applicable Retention and Disposal Schedule for Victoria. This schedule can be found on the Public Record Office Victoria (PROV) website at: <https://prov.vic.gov.au/government/retention-and-disposal-authorities>. The retention periods for public records in Victoria are specified within the appropriate Retention and Disposal Authorities (RDAs) provided by PROV. These RDAs cover various categories of records, such as administrative, financial, and personnel records. Records that are classified as public must be preserved for the durations specified in the appropriate Retention and Disposal Schedule for New South Wales. You can access this schedule on the State Archives and Records Authority of New South Wales (SARA) website: <https://www.records.nsw.gov.au/agency-publications/retention-and-disposal-schedules>.

The retention periods for public records in New South Wales are detailed within the relevant Retention and Disposal Authorities (RDAs) provided by SARA. These RDAs cover a range of record categories including administrative, financial, and personnel records.

### Hard Copy Records

All hard copy records that contain private and confidential information about peoples, team or Great Mates must be stored in a locked filing cabinet. Filing cabinet keys are stored in a lockable box and are available to authorised team when they need to access files. Access to these keys is managed by the Human Resource Lead using a Key Register.

Filing cabinets should be kept in secure, lockable areas with access limited to authorised team only. The cabinets should be regularly maintained and cleaned and protected from pests, water, damp, and mould. They should be stored away from direct sunlight, heat, and risk of fire.

Where it is necessary to remove private and confidential records from Great Mates' premises, they must be stored securely in a non-transparent container (for example, a locked brief case).

### Using Records

Access to Great Mates' information management systems must be approved by the CEO.

Access to Great Mates' information management systems will be reviewed regularly by the HOD Team and may be amended, suspended, or terminated if a team member's employment situation changes.

Team must only access records that are necessary for them to fulfil their duties. More detail on access to and disclosure of records is provided in Great Mates' *Privacy and Confidentiality Policy and Procedure*. To protect records when they are being used, team must lock unattended computers and maintain a 'clean desk' policy.

Use of records by team is monitored and file audits are undertaken to ensure files are complete, up-to-date, and procedures are being followed. The HOD Team also undertakes regular physical and digital access audits to ensure Great Mates continues to store records securely. See *Schedule 2* for the regularity of these audits.

### Retaining and Disposing of Records

Records that are not frequently used or that are not required for current business use (inactive records) may need to be:

- 📁 Archived - if they need to be retained for a certain period; or
- 📁 Disposed of - if they have already been kept for the required retention period.
- 📁 The HOD Team is responsible for identifying records that need to be retained or disposed as part of the file, physical and digital access audits detailed above.

### Retention Periods

Records that are considered public must be retained for the periods set out in the relevant Retention and Disposal Schedule (Queensland State Archivist) <https://www.forgov.qld.gov.au/search-retention-and-disposal-schedule>

In most cases Great Mates' records are not public, but contain personal information, which is subject to QLD and Australian Privacy Law.

All records relating to Great Mates' NDIS operations and service delivery must be kept for a minimum of seven years from the date they were created.

The Fair Work Ombudsman (FWO) requires businesses that employ team to keep employee records for seven years from the date they were created.

The Australian Taxation Office (ATO) requires businesses to keep records for five years from the date they were created. For example, a document used in the 2016 financial year must be kept until the end of the 2021 financial year.

### Archiving Hard Copy Records

Inactive hard copy records with less than 12 months of their retention period remaining should be kept in the same way and location as active records. Inactive records with 12 months or more of their retention period remaining should be archived.

Inactive records that require archiving should be grouped with other similar records and placed in an archive box. All extraneous materials such as rubber bands, paperclips, bulldog clips, plastic sleeves, and display folders should be removed. Staples do not need to be removed.

A Contents List must be completed and attached to each archive box. Archive boxes must be numbered and stored in a secure location. Great Mates' archived records are stored onsite in a locked room and protected from pests, water, damp, and fire.

### Archiving Electronic Records

Electronic records will be archived using the archive functionality in Great Mates' electronic information management systems.

Where electronic records are not held in an information management system, they must be stored on a secure internal or external storage device. The file formats and the devices records are kept on must be able to be read for as long as the record is required to be retained.

### Disposing of Records

Records should be disposed of once they have been kept for the required retention period. Relevant Retention and Disposal Schedule (Queensland State Archivist) <https://www.forgov.qld.gov.au/search-retention-and-disposal-schedule> applies; Great Mates will comply with the disposal requirements it sets out.

Records should be disposed of once they have been kept for the required retention period. Great Mates will comply with the disposal requirements outlined in the Relevant Retention and Disposal Schedule provided by the New South Wales State Archives: <https://www.records.nsw.gov.au/search-retention-and-disposal-schedule> Records should be disposed of once they have been kept for the required retention period. Great Mates will comply with the disposal requirements outlined in the Relevant Retention and Disposal Schedule provided by the Public Record Office Victoria: <https://www.prov.vic.gov.au/search-retention-and-disposal-schedule>

### Disposing of Hard Copy Records

Once information can be destroyed by being shredded by a secure shredder.

### Disposing of Electronic Records

The "delete" function is not sufficient to destroy electronic records as the information may still be recoverable.



Electronic records must be destroyed either by physical destruction of the storage device they are held on, or by clearing or purging the records held on the device.

### Freedom of Information

Great Mates will provide peoples, their representatives and government agencies access to its records where this is required by law, including Freedom of Information legislation.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

-  Privacy and Confidentiality Policy and Procedure
-  Key Register



## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least every two years. Reviews will incorporate team, people, and other stakeholder feedback.

Great Mates' feedback collection mechanisms, such as team and people satisfaction surveys, will assess:

- ☞ Satisfaction with Great Mates records and information management and privacy and confidentiality processes;
- ☞ Whether stakeholders have received adequate information about privacy and confidentiality including how their records will be stored and disposed of and how they can access and change them; and
- ☞ The extent to which peoples and their supporters feel their privacy and confidentiality has been protected.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	01/01/2024	HOD Team (HR Lead)
<a href="#">Version History</a>		
Version No.	Review Date	Revision Description
3	08/01/2023	Implement new Policy and Procedure to meet National NDIS Standards
2	09/12/2022	HOD team (Marketing & Communications Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# PRIVACY AND CONFIDENTIALITY POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure sets out team responsibilities relating to collecting, using, protecting and releasing personal information, in compliance with privacy legislation. It applies to all:

- Great Mates team;
- Aspects of Great Mates' operations; and
- Team and people personal information.

This policy and procedure should be read in conjunction with Great Mates' *Records and Information Management Policy and Procedure*. It meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### INFORMATION MANAGEMENT

#### Outcome

Management of each person's information ensures that it is identifiable, accurately recorded, current and confidential. Each person's information is easily accessible to the people and appropriately utilised by relevant workers.

#### Indicators

- Each person'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. Peoples are 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 person is informed of how their information is stored and used, and when and how each person can access or correct their information and withdraw or amend their prior consent.

## PRIVACY AND DIGNITY

### Outcome

Each person accesses supports that respect and protect their dignity and right to privacy.

### Indicators

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

### Interaction of Applicable Legislation and Associated Definitions

**Privacy Act 1988 (Cth)** - regulates how personal information about individuals is handled. The Act includes thirteen Australian Privacy Principles (APPs). The APPs set out standards, rights, and obligations for the handling, holding, use, accessing and correction of personal information. The Act protects the privacy of an individual's information where it relates to Commonwealth agencies and private businesses (including not-for-profit organisations) with a turnover of more than \$3 million. **All** organisations that provide a health service and hold health information (other than in a team record) are covered by the Act.

**Health Information** – personal information or an opinion about:

- ☞ The health, including an illness, disability or injury, (at any time) of an individual;
- ☞ An individual's expressed wishes about the future provision of health services to the individual; or
- ☞ A health service provided, or to be provided, to an individual;

That is also:

- ☞ Personal Information;
- ☞ Other Personal Information collected to provide, or in providing, a health service to an individual;
- ☞ Other Personal Information collected in connection with the donation, or intended donation, by an individual of his or her body parts, organs, or body substances; or
- ☞ Genetic information about an individual in a form that is, or could be, predictive of the health of the individual or a genetic relative of the individual.

**Personal Information** – information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- ☞ Whether the information or opinion is true or not; and
- ☞ Whether the information or opinion is recorded in a material form or not.

**Sensitive Information** – personal information or an opinion about an individual's:

- ☞ Racial or ethnic origin;
- ☞ Political opinions;
- ☞ Membership of a political association;
- ☞ Religious beliefs or affiliations;
- ☞ Philosophical beliefs;
- ☞ Membership of a professional or trade association;
- ☞ Membership of a trade union;
- ☞ Sexual orientation or practices;
- ☞ Criminal record;

That is also:

- ☞ Personal Information;
- ☞ Health Information about an individual;
- ☞ Genetic information about an individual that is not otherwise health information;
- ☞ Biometric information that is to be used for the purpose of automated biometric verification or biometric identification; or
- ☞ Biometric templates.

**National Disability Insurance Scheme Act 2013 (Cth)** – regulates how personal information about NDIS peoples is handled by the National Disability Insurance Agency. This limits how the Agency collects and uses personal information and when and to whom information can be disclosed. The Agency must also comply with the Privacy Act 1988 (Cth).

**Protected Information** – information:

- ☞ About a person that is or was held in the records of the Agency; or
- ☞ To the effect that there is no information about a person held in the records of the Agency.

## Queensland

Queensland has privacy legislation that applies only to its public sector, including public sector health service providers. The *Information Privacy Act 2009 (Qld)* regulates how personal information is handled by Queensland public sector agencies.

## Health Information

- ☞ Personal information about an individual that includes any of the following:
  - ☞ The individual's health at any time;
  - ☞ A disability of the individual at any time;
  - ☞ The individual's expressed wishes about the future provision of health services to the individual; or
  - ☞ A health service that has been provided, or will be provided, to the individual; or
- ☞ Personal information about the individual collected for the purpose of providing, or in providing, a health service; or
- ☞ Personal information about the individual collected in connection with the donation, or intended donation, by the individual of any of the individual's body parts, organs, or body substances.

**Personal Information** - information or an opinion, including information or an opinion forming part of a database, whether true or not and recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

### Sensitive Information

- Ⓜ Personal information about the individual that includes any of the following:
- Ⓜ The individual's racial or ethnic origin;
- Ⓜ The individual's political opinions;
- Ⓜ The individual's membership of a political association;
- Ⓜ The individual's religious beliefs or affiliations;
- Ⓜ The individual's philosophical beliefs;
- Ⓜ The individual's membership of a professional or trade association;
- Ⓜ The individual's membership of a trade union;
- Ⓜ The individual's sexual preferences or practices;
- Ⓜ The individual's criminal record; or
- Ⓜ Information that is health information about the individual.

Private sector service providers must comply with the **Privacy Act 1988 (Cth)** when handling health information.

The **Queensland Office of the Information Commissioner** receives and conciliates complaints related to the privacy of health information.

The **Queensland Health Ombudsman** can receive and investigate complaints about health services and health service providers, including registered and unregistered health practitioners.

## POLICY

Great Mates recognises, respects, and protects everyone's right to privacy, including the privacy of its peoples and team. All individuals (or their legal representatives) have the right to decide who has access to their personal information.

Great Mates' privacy and confidentiality practices support and are supported by its records and information management processes (see the *Records and Information Management Policy and Procedure*).

All team are responsible for maintaining the privacy and confidentiality of peoples, other team, and Great Mates. If breaches in confidentiality or privacy are made known to management, this will be handled according to appropriate Policy and Procedures.

## PROCEDURES

### General

The HOD Team is responsible for ensuring Great Mates complies with the requirements of the Privacy Act 1988 (Cth) Information Privacy Act 2009 (Qld), Privacy and Personal Information Protection Act 1998 (NSW), Health Records and Information Privacy Act 2002 (NSW). This includes developing, implementing, and reviewing processes that address:

- ☞ Why and how Great Mates collects, uses and discloses personal information;
- ☞ What information Great Mates collects about individuals and its source;
- ☞ Who has access to the information;
- ☞ Information collection, storage, access, use, disclosure and disposal risks;
- ☞ How individuals can consent to personal information being collected, withdraw or change their consent and change information about them held by Great Mates;
- ☞ How Great Mates safeguards and manages personal information, including how it manages privacy queries and complaints; and
- ☞ How information that needs to be updated, destroyed, or erased is managed.

The HOD Team reviews these processes regularly, through annual Privacy Audits (see Great Mates' Privacy Audit Form and Schedule 2. External Audit and Internal Review Schedule).

All team are responsible for complying with this policy and procedure and their privacy, confidentiality, and information management responsibilities. Team must keep personal information about peoples, other team, and other stakeholders confidential, in accordance with the confidentiality provisions in their employment or engagement contract.

As per Great Mates' *Human Resources Policy and Procedure*, all team must undergo Induction, which includes training in privacy, confidentiality, and information management. Team knowledge and application of confidentiality, privacy and information management processes is monitored on a day-to-day basis and through annual Performance Reviews. Additional formal and on-the-job training is provided to team where required.

A full copy of this policy and procedure must be provided upon request.

### Photos and Videos

Photos, videos, and other recordings are a form of personal information. Team must respect people's choices about being photographed or videoed and ensure images of people are used appropriately. This includes being aware of cultural sensitivities and the need for some images to be treated with special care.

## INFORMATION COLLECTION AND CONSENT

### People Information Collection and Consent

Great Mates will only request personal information that is necessary to:

- ☞ Assess a potential people's eligibility for a service;
- ☞ Provide a safe and responsive service;
- ☞ Monitor the services provided; and
- ☞ Fulfil government requirements for non-identifying and statistical information.

Personal team information that Great Mates collects includes, but is not limited to:

- ☞ Contact details for peoples and their representatives or family members
- ☞ Details for emergency contacts and people authorised to act on behalf peoples
- ☞ Peoples' health status and medical records
- ☞ Medication records
- ☞ Service delivery intake, assessment, monitoring and review information
- ☞ Assessments, reviews, and service delivery records
- ☞ External agency information
- ☞ Feedback and complaints
- ☞ Incident reports
- ☞ Consent forms

Prior to collecting personal information from peoples or their representatives, team must explain:

- ☞ That Great Mates only collects personal information that is necessary for safe and effective service delivery;
- ☞ That personal information is only used for the purpose it is collected and is stored securely;
- ☞ What information is required;
- ☞ Why the information is being collected and how it will be stored and used;
- ☞ The occasions when the information may need to be shared and who or where the information may be disclosed to;
- ☞ The people's right to decline providing information;
- ☞ The people's rights in terms of providing, accessing, updating, and using personal information, and giving and withdrawing their consent; and
- ☞ The consequences (if any) if all or part of the information required is not provided.

Peoples and their families must be provided with Great Mates' *Privacy Statement* and informed that a copy of this policy and procedure is available on request.

Team must provide privacy information to peoples and their families in ways that suit their individual communication needs. Written information can be provided in Easy English or explained verbally by team. Team can also help peoples access interpreters or advocates where required.

After providing the above information, team must use a *Consent Form* to:

- ☞ Confirm the above information has been provided and explained; and
- ☞ Obtain consent from peoples or their legal representatives to collect, store, access, use, disclose and dispose of their personal information.

Peoples and their representatives or families are responsible for:

- 🔒 Providing accurate information when requested;
- 🔒 Completing Consent Forms and returning them in a timely manner;
- 🔒 Being sensitive and respectful to other people who do not want to be photographed or videoed; and
- 🔒 Being sensitive and respectful of the privacy of other people in photographs and videos when using and disposing of them.

### NDIS Audits

Great Mates complies with the requirements of the *National Disability Insurance Scheme (Approved Quality Auditors Scheme) Guidelines 2018* whereby peoples are automatically included in audits against the NDIS Practice Standards. Peoples may be contacted at any time by an NDIS Approved Quality Auditor for an interview, or for their people file and plans to be reviewed.

Peoples who do not wish to participate in these processes can notify any team member, who must inform the HOD Team in writing. Their decision will be respected by Great Mates and will be documented in their people file. Upon commencement of any audit process, Great Mates notifies its Approved Quality Auditor of peoples who have opted-out of the audit process.

### Team Information Collection and Consent

Personal team information that Great Mates collects includes, but is not limited to:

- 🔒 Tax declaration forms
- 🔒 Superannuation details
- 🔒 Payroll details
- 🔒 Employment / engagement contracts
- 🔒 Personal details
- 🔒 Emergency contact details
- 🔒 Medical details
- 🔒 NDIS Worker Screening Checks and Working with Children Checks
- 🔒 Qualifications
- 🔒 First Aid, CPR, Anaphylaxis, and other relevant certificates
- 🔒 Driver's License
- 🔒 Comprehensive and CTP Insurance
- 🔒 Vehicle Registration Certificate (confirming CTP insurance)
- 🔒 Personal resumes

Where relevant, forms used to collect the above information will also obtain the team member's consent to collect, store, access, use, disclose and dispose of their personal information.

### Storage

Refer to the *Records and Information Management Policy and Procedure* for details on how Great Mates securely stores and protects team and people personal information.



## Access

Team personal information must only be accessed the HOD Team, who may only access the information if it is required to perform their duties.

Team must only access peoples' personal information if it is required to perform their duties.

Team and peoples have the right to:

- 🔒 Request access to personal information Great Mates holds about them, without providing a reason for requesting access;
- 🔒 Access this information; and
- 🔒 Make corrections if they believe the information is not accurate, complete, or up to date.

All people access or correction requests must be directed to a relevant team member responsible for the maintenance of the people's personal information. All team access or correction requests must be directed to the HOD Team within 2 working days of receiving an access or correction request, the responding team member will:

- 🔒 Provide access, or explain the reasons for access being denied;
- 🔒 Correct the personal information, or provide reasons for not correcting it; or
- 🔒 Provide reasons for any anticipated delay in responding to the request.

An access or correction request may be denied in part or in whole where:

- 🔒 The request is frivolous or vexatious;
- 🔒 It would have an unreasonable impact on the privacy of other individuals;
- 🔒 It would pose a serious threat to the life or health of any person; or
- 🔒 It would prejudice any investigations being undertaken by Great Mates or any investigations it may be the subject of.

Any people access or correction requests that are denied must be approved by the HOD team and documented on the people's file.

Any team access or correction requests that are denied must be approved by the HOD Team and documented on the team member's file.

## Disclosure

People or team personal information may only be disclosed:

- 🔒 For emergency medical treatment;
- 🔒 To outside agencies with the person's or for peoples, parent or guardians' permission;
- 🔒 With written consent from someone with lawful authority; or
- 🔒 When required by law, or to fulfil legislative obligations such as mandatory reporting.

If a team member is in a situation where they believe that they need to disclose information about a people or other team member that they ordinarily would not disclose, they must consult the HOD Team before making the disclosure.

## REPORTING

### Notifiable Data Breaches Scheme

The Notifiable Data Breaches (NDB) Scheme is a national scheme that operates under the Privacy Act 1988 (Cth). It requires organisations to report certain data breaches to people impacted by the breach, as well as the Australian Information Commissioner.

A data breach occurs when personal information about others is lost or subject to unauthorised access. A data breach may be caused by malicious action, human error or a failure in information management or security systems.

Examples of data breaches include:

- ❏ Loss or theft of devices (such as phones, laptops and storage devices) or paper records that contain personal information;
- ❏ Unauthorised access to personal information by a team member;
- ❏ Inadvertent disclosure of personal information due to 'human error', for example an email sent to the wrong person; and
- ❏ Disclosure of an individual's personal information to a scammer, as a result of inadequate identity verification procedures.

In addition to harm caused to people who are the subject of data breaches, an incident like this may also cause Great Mates reputational and financial damage.

Further detail about the NDB Scheme is contained in the [Data Breach Preparation and Response — A Guide to Managing Data Breaches in Accordance with the Privacy Act 1988 \(Cth\)](#), published by the Office of the Australian Information Commissioner (OAIC).

Great Mates' *Data Breach Response Plan* outlines its strategy for containing, assessing, and managing data breach incidents.

### Identifying a Notifiable Data Breach

A Notifiable Data Breach, also called an 'eligible data breach', occurs when:

- ❏ There is unauthorised access to or disclosure of personal information, or information is lost in circumstances where unauthorised access or disclosure is likely to occur;
- ❏ The disclosure or loss is likely to result in serious harm to any of the people that the information relates to. In the context of a data breach, serious harm may include serious physical, psychological, emotional, financial, or reputational harm; and
- ❏ Great Mates has been unable to prevent the likely risk of serious harm through remedial action.

All potential or actual data breaches must be reported to the HOD team who will determine Great Mates' response and whether the breach needs to be reported under the NDB Scheme.

If Great Mates acts quickly to remediate a data breach and as a result it is not likely to result in serious harm, it is not considered a Notifiable Data Breach.

### Responding to a Data Breach

If the HOD Team suspects that a data breach is notifiable under the NDB Scheme, they must make an assessment to determine if this is the case.

The HOD Team must notify all impacted individuals of the breach as soon as is practicable.

All data breach incidents (whether notifiable or not) must be responded to in accordance with Great Mates' *Data Breach Response Plan* and recorded in Great Mates' *Incident Register*, with relevant actions tracked in its *Continuous Improvement Register* where appropriate.

Where a breach is referred to the HOD team, its response will be based on the following steps:

**Step 1:** Contain the data breach;

**Step 2:** Assess the data breach and the associated risks;

**Step 3:** Notify individuals and the Australian Information Commissioner; and

**Step 4:** Prevent future breaches.

See Great Mates' *Data Breach Response Plan* for further detail.

### Notifiable Data Breaches Involving More Than One Entity

The NDB Scheme recognises that personal information is often held jointly by more than one entity. For example, one entity may have physical possession of the information, while another has legal control or ownership of it. Examples include:

- ☞ Where information is held by a cloud service provider;
- ☞ Subcontracting or brokering arrangements; and
- ☞ Joint ventures.

In these circumstances, an eligible data breach is considered the responsibility of both entities under the NDB Scheme. However, only one entity needs to take the steps required by the NDB Scheme and this should be the entity with the most direct relationship with the people affected by the data breach. Where obligations under the Scheme (such as assessment or notification) are not carried out, both entities will be in breach of the Scheme's requirements.

### Other Reporting Requirements

The Directors must immediately notify the NDIS Commission if they become aware of a breach or possible breach of privacy legislation.

Data breaches may also trigger reporting obligations outside of the *Privacy Act 1988*, such as to:

- ☞ Great Mates' financial services provider;
- ☞ Police or other law enforcement bodies;
- ☞ The Australian Securities and Investments Commission (ASIC);
- ☞ The Australian Taxation Office (ATO);
- ☞ Federal, State Government departments;
- ☞ Professional associations and regulatory bodies; and
- ☞ Insurance providers.

## Archiving and Disposal

Refer to the *Records and Information Management Policy and Procedure* for details on how Great Mates archives and disposes of peoples' personal information.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 Consent Form
- 📄 Records and Information Management Policy and Procedure
- 📄 Data Breach Response Plan
- 📄 Continuous Improvement Register
- 📄 Employee Handbook
- 📄 Privacy Statement
- 📄 Privacy Audit Form

## MONITORING AND REVIEW

The HOD Team will review this policy and procedure at least every two years. Reviews will incorporate team, people, and other stakeholder feedback.

Great Mates' feedback collection mechanisms, such as team and people satisfaction surveys, will assess:

Satisfaction with Great Mates' privacy and confidentiality processes;

Whether stakeholders have received adequate information about privacy and confidentiality; and

The extent to which peoples and their supporters feel their privacy and confidentiality has been protected.

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

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1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

## **PART 2: PEOPLE, FAMILIES AND FORMAL AND INFORMAL SUPPORTS**

The following Policies and Procedures on People, Families and both formal and informal supports describe how Great Mates delivers services and protect the rights of its people, their families and both formal and informal supports.

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

# PEOPLES RIGHTS AND RESPONSIBILITIES POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure confirms Great Mates' commitment to peoples' rights and sets out how these rights are to be communicated and supported by team.

This policy applies to all team as well as existing and potential Great Mates people receiving support (including children), their family members, and both formal and informal supports. It meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### PERSON-CENTRED SUPPORTS

#### Outcome

Each person accesses supports that promote, uphold, and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds, and respects individual rights to freedom of expression, self-determination, and decision-making.

#### Indicators

- ☞ Each person's legal and human rights are understood and incorporated into everyday practice.
- ☞ Communication with each person about the provision of supports is responsive to their needs and is provided in the language, mode of communication and terms that the person is most likely to understand.

## POLICY

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

Great Mates' *Great Mates Charter* sets out our peoples' rights. It also sets out peoples' responsibilities and the responsibilities of Great Mates in ensuring the rights of all people and team are upheld.

## PROCEDURES

In supporting peoples' rights, Great Mates complies with the United Nations Universal Declaration of Human Rights, United Nations Convention on the Rights of the Child, United Nations Convention on the Rights of Persons with Disabilities, NDIS Act 2013 (Cth) and NDIS Practice Standards (2018).

Great Mates provides all prospective and existing peoples with information about their rights by:

- 📄 Providing them with Great Mates' Great Mates Charter;
- 📄 Displaying the Great Mates Charter within each Persons App that can be accessed when required;
- 🗣️ Verbal explanation by Great Mates team.

As per Great Mates' Service Access Policy and Procedure, team will also discuss peoples' rights and responsibilities with them during intake and assessment. A full copy of this policy and procedure must be provided upon request.

Team must provide rights information to peoples and their families in ways that suit their individual communication needs. Written information can be provided in English, easy read versions or explained verbally by team. Team can also help peoples access interpreters or advocates where required so every person is able to gain support to understand their rights.

To ensure its supports are delivered to the highest standard, Great Mates reviews all feedback and complaints and adjusts its practices where needed, particularly where feedback indicates that people rights are not being upheld. Any feedback that raises concerns about a people's rights will be resolved promptly then discussed during team meetings, with changes to service delivery processes endorsed by the HOD team and implemented by the Team Leader or Regional Lead as soon as practicable. Refer to Great Mates' Feedback and Complaints Policy and Procedure for more information.

### Team Responsibilities

Great Mates expects all team to support and uphold peoples' rights in accordance with this policy and procedure, in all areas of service delivery.

This policy and procedure and the *Protecting People from Harm Policy and Procedure* outline how Great Mates ensures team are aware of their responsibilities to protect peoples and their rights. As per Great Mates' *Human Resources Policy and Procedure*, all team must undergo Induction and numerous online trainings, including training in people rights.

Team knowledge and application of supporting and upholding peoples' rights is monitored on a day-to-day basis and through annual Performance Reviews. Additional formal and on-the-job training is provided for team as required.

Team must think about where peoples' rights are relevant to their work and the work-related decisions they make. Where rights are relevant, team must consider whether or not the decision or action limits a people's rights in any way. Team must be able to demonstrate that any limitation on a people's rights is reasonable, lawful, necessary, and proportionate in the circumstances.

Team must also work collaboratively with each person to ensure culturally appropriate practices are being upheld by Great Mates and its team.

Team must document any specific culturally appropriate requirements that a person requests or has arranged with them, within the person's file and Support Plan.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 Great Mates Charter
- 📄 Great Mates Charter Easy Read version

## MONITORING AND REVIEW

The HOD team will review this policy and procedure at least every two years. Reviews will incorporate team, people, and other stakeholder feedback.

Great Mates' feedback collection mechanisms, such as people satisfaction surveys, will assess peoples' and their supporters':

- 📄 Satisfaction with support they are provided to exercise their rights and responsibilities;
- 📄 Awareness of what to do if their rights are violated;
- 📄 Satisfaction with the quality of services they receive;
- 📄 Satisfaction that their privacy and confidentiality are maintained;
- 📄 Views on how easy it is to access the feedback and complaints system;
- 📄 Performance reviews with team to assist with reviewing and also refining teams understanding if legislation changed;
- 📄 Satisfaction with how complaints and feedback are managed;
- 📄 Satisfaction with the management of reviews and appeals; and
- 📄 Awareness of their rights and the extent to which they feel able and supported to exercise them.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	20/01/2024	HOD team (Regional Lead: NSW & VIC)
<b>Version History</b>		
Version No.	Review Date	Revision Description
3	01/07/2023	HOD team
2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards



# FEEDBACK AND COMPLAINTS POLICY AND PROCEDURE

## PURPOSE AND SCOPE

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

It applies to all stakeholders of the business, including peoples, families, formal and informal supports, advocates, team, other service providers, government agencies and members of the community. It meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

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

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

Failure to comply with the complaints management requirements of the NDIS legislation and rules may lead to the NDIS Commissioner taking compliance and enforcement action against Great Mates.

## APPLICABLE NDIS PRACTICE STANDARDS

### FEEDBACK AND COMPLAINTS MANAGEMENT

#### Outcome

Each person has knowledge of and access to the provider's complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed.

## Indicators

- ❏ A complaints management and resolution system is maintained that is relevant and proportionate to Great Mates' scope and complexity of supports delivered and the size and scale. The system follows principles of procedural fairness and natural justice and complies with the requirements under the *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018*.
- ❏ Each person is provided with information on how to give feedback or make a complaint, including avenues external to the provider, and their right to access advocates. There is a supportive environment for any person who provides feedback and/or makes complaints.
- ❏ Demonstrated continuous improvement in complaints and feedback management by regular review of complaint and feedback policies and procedures, seeking of people views on the accessibility of the complaints management and resolution system, and incorporation of feedback throughout the provider's organisation.
- ❏ All workers are aware of, trained in, and comply with the required procedures in relation to complaints handling.

## DEFINITIONS

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

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

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

**Procedural Fairness** – a principal that requires a fair and proper procedure be used when making a decision.

## POLICY

Compliments, complaints, and other feedback provide Great Mates with valuable information about people satisfaction and an opportunity to improve upon all aspects of its service.

Feedback is taken seriously by Great Mates and is seen as an opportunity for improvement. Great Mates' complaints management and resolution system ensures people can easily make a complaint and have them dealt with fairly and quickly.

Great Mates makes information available to peoples and other stakeholders about how to make a complaint to it, the NDIS Commissioner and any other relevant body and keeps adequate records about complaints received.

## PROCEDURES

### General

Great Mates' HOD team must promote best practice, continuous improvement and an open, respectful culture that encourages and supports team, people receiving support and other stakeholders to make complaints without fear of retribution. This is assessed in yearly Performance Reviews of HOD team and as required post feedback communication.

As per Great Mates' *Human Resources Policy and Procedure*, all team must undergo an Induction and numerous online trainings, which include training around Great Mates' feedback and complaints processes. Training must also help team to:

- ☞ Recognise and respond to neglect, grooming and other forms of harm to people;
- ☞ Understand the different ways people express concerns or distress and disclose harm;
- ☞ Provide appropriate support to people in these instances;
- ☞ Meet their legal requirements with respect to child protection;
- ☞ Respond to different types of incidents and complaints involving people receiving care;
- ☞ Understand their privacy obligations;
- ☞ Develop their listening skills;
- ☞ Feel confident drawing attention to breaches of Great Mates' Code of Conduct and challenging these behaviours; and
- ☞ Understand how to respond to disclosures of harm and their reporting obligations.

The knowledge and application of this policy and procedure, the feedback and complaints system and their obligation to protect peoples from harm, is monitored on a day-to-day basis by all HOD team and through annual Performance Reviews. Additional formal and on-the-job training is provided to team where required.

Agendas for team meetings include a standing item on Continuous Improvement, including a review of feedback and complaints.

Great Mates uses its *Great Mates Charter*, website, vAboutMe app, email and phone communication and a *Feedback and Complaints Form* to provide peoples, families, Lifestyle Assistants, and all other stakeholders with how to provide feedback. Information provided includes how to make a complaint to Great Mates, to the NDIS Quality and Safeguards Commission and other external bodies, how complaints will be addressed and external advocacy and support services that can assist people in the complaints process.

Team must provide peoples and their supporters with information about Great Mates' feedback and complaints processes when they first access the service. Throughout service delivery, team must remind each person receiving support and their supporters of their right to make a complaint without fear of affecting their service. Any person wishing to submit feedback, or a complaint must also be provided with this information.

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

Each Regional Lead must track and review feedback and complaints to identify ongoing issues using Great Mates' *Complaints Register* and report feedback and complaints data within the weekly HOD meeting.

### Privacy and Information Management

All personal information Great Mates collects to manage feedback or complaints must be handled in accordance with Great Mates' *Privacy and Confidentiality Policy and Procedure*.

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

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

### Feedback

Providing feedback to Great Mates is voluntary.

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

- ☞ A team member;
- ☞ Email, mail or phone;
- ☞ Great Mates' Feedback and Complaints Form;
- ☞ Great Mates' website;
- ☞ Service delivery planning days (involving peoples and other stakeholders);
- ☞ HOD team meetings (involving peoples and other stakeholders);
- ☞ Team collection of feedback after a person interacts with the service (e.g. initial assessment and planning; reviews; exit, etc.);
- ☞ Annual people satisfaction surveys. All peoples or their representatives or families will be asked to complete these surveys; and
- ☞ Annual team and stakeholder satisfaction surveys. All team will be asked to complete these surveys and stakeholders will be selected on a random basis.

Where feedback is provided verbally, the receiving team member will relay onto the relevant Team Leader, Regional Lead or Human Resource team member. All team are to then record information in the Feedback and complaints register.

## Complaints

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

Great Mates' complaints management process can be simplified into five steps:

### 1. Complaint Lodgement

To lodge a complaint, people are encouraged to speak directly to a team member first, in an attempt to resolve the matter without recourse to Great Mates' complaints procedures. This is only if it is within the persons capacity to do so.

Team must:

- 📌 Listen openly to the concerns being raised by the complainant;
- 📌 Ask the complainant what outcome they are seeking;
- 📌 Inform the complainant of the complaint process and how to formally make a complaint to Great Mates, the NDIS Commissioner or other complaints body and the time the process takes;
- 📌 Be empathic towards the person and action all commitments made; and
- 📌 Action situations that pose an immediate threat or danger or require a specialised response.

If the complaint is resolved, it must be reported within the weekly HOD meeting noting any continuous improvement updates and for the inclusion in Great Mates' *Feedback and Complaints Register*.

If the complaint cannot be resolved promptly or within 24 hours, it must be elevated to a HOD team member. The HOD team will review and swiftly attempt to resolve the feedback or complaint. A *Feedback and Complaints Form* will be made available to the individual to lodge their complaint; however it is not mandatory that they use the form.

Formal complaints can be lodged:

- 📌 Directly with a team member, either verbally or by providing a completed *Feedback and Complaints Form*;
- 📌 By email to: [feedback@greatmates.com.au](mailto:feedback@greatmates.com.au);
- 📌 By phone on 1300 333 900;
- 📌 In writing to: [www.greatmates.com.au/get-in-touch/feedback-complaints/](http://www.greatmates.com.au/get-in-touch/feedback-complaints/)
- 📌 In writing to: 9/58 Highland Way, Upper Coomera, QLD, 4209

Mail and phone submissions as well as utilising our website can be used to make anonymous complaints.

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

At any time, people can make a complaint about any NDIS service providers or the support they provide to the NDIS Commission or other external complaints bodies (listed below). Team must assist people making a complaint, or people with disability affected by a complaint, to contact the NDIS Commission or other complaints body, where this is required.

People receiving care who are making or impacted by a complaint must be encouraged to use an advocate of their choice to act on their behalf if they wish. The advocate may be a family member or friend, or sourced (with assistance from team if required) through the National Disability Advocacy Program.

If a complaint alleges actual or possible criminal activity or abuse or neglect, it must be taken to a HOD team member immediately. The responsible Lead must report and action the complaint as per Great Mates' Incident Management policies and procedures.

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

Complaints made to Great Mates, the NDIS Commission and other complaints bodies can be withdrawn at any time.

Where a complaint about Great Mates is made to the NDIS Commission, all team must:

- ☞ Comply with any orders or requests made by the NDIS Commission; and
- ☞ Assist in any resolution process or inquiry undertaken by the NDIS Commission.

### External Complaints Bodies

Outside Great Mates, complaints can be made to the following bodies.

The NDIS Commission:

- ☞ Online at [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au); and
- ☞ By phone on 1800 035 544.

The Queensland Ombudsman (relating to Queensland Government departments and agencies):

- ☞ Online at [www.ombudsman.qld.gov.au](http://www.ombudsman.qld.gov.au);
- ☞ By phone on 1800 068 908; and
- ☞ By post to GPO Box 3314, Brisbane, QLD, 4001.

FairWorks

- ☞ Online at <https://www.fairwork.gov.au/>
- ☞ By phone on [13 13 94](tel:131394).

QLD WORKCover

- ☞ online at <https://www.worksafe.qld.gov.au/about/who-we-are/workcover-queensland>
- ☞ By phone on [1300 362 128](tel:1300362128)

The New South Wales Ombudsman (relating to New South Wales Government departments and agencies):

- ☞ Online at [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au) By phone on 1800 451 524
- ☞ By post to GPO Box 442, Sydney NSW 2001

The Victorian Ombudsman (relating to Victorian Government departments and agencies):

- 📞 Online at [www.ombudsman.vic.gov.au](http://www.ombudsman.vic.gov.au) By phone on 03 9613 6222. By post to GPO Box 242, Melbourne VIC 3001

WorkSafe NSW

- 📞 Online at <https://www.safework.nsw.gov.au> By phone on 13 10 50

EML (Employers Mutual Limited)

- 📞 Online at <https://www.eml.com.au/vic> By phone on 1800 374 737

Australian Taxation Office (ATO)

- 📞 Online at <https://www.ato.gov.au/>
- 📞 By phone:
  - 📞 Individuals: 13 28 61
  - 📞 Businesses: 13 72 26

Peoples also have rights and protections under the Australian Consumer Law (ACL), including provisions on customer guarantees and unfair contract terms. Fair Trading Queensland ([www.fairtrading.qld.gov.au](http://www.fairtrading.qld.gov.au)) provides information and advice about customer disputes under the ACL; Fair Trading New South Wales ([www.fairtrading.nsw.gov.au](http://www.fairtrading.nsw.gov.au)) provides information and advice about customer disputes under the ACL and Consumer Affairs Victoria ([www.consumer.vic.gov.au](http://www.consumer.vic.gov.au)) provides information and advice about customer disputes under the ACL.

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

## QLD

People receiving care, in Supported Independent Living services or other accommodation arrangements can be supported by the Queensland Community Visitor Scheme. Community Visitors are coordinated by the Queensland Office of the Public Guardian. They visit disability accommodation, mental health services, private hostels, and Forensic Disability Service Community Care Units. Their role is to make inquiries and lodge complaints for, or on behalf of, residents of these accommodation services. Further information can be provided by the Office of the Public Guardian on 1300 653 187.

## NSW

People receiving care in Supported Independent Living services or other accommodation arrangements can receive support from the New South Wales Community Visitor Scheme. Community Visitors are coordinated by the New South Wales Guardianship Service. They visit disability accommodations, mental health services, private hostels, and Forensic Disability Service Community Care Units. Their role is to make inquiries and lodge complaints for or on behalf of residents of these accommodation services. For further information, you can contact the New South Wales Guardianship Service at 1800 451 510.

## VIC

People receiving care in Supported Independent Living services or other accommodation arrangements can be supported by the Victorian Community Visitors Scheme. Community Visitors are coordinated by the Office of the Public Advocate in Victoria. They visit disability accommodations, mental health services, private hostels, and Forensic Disability Service Community Care Units. Their role is to make inquiries and lodge complaints for or on behalf of residents of these accommodation services. For further information, you can contact the Office of the Public Advocate in Victoria at 1300 309 337.

Complaints About the NDIA - Complaints about the National Disability Insurance Agency (NDIA) should be directed to the Agency itself or the Commonwealth Ombudsman.

Complaints to the NDIA can be lodged:

- 📞 By phone on 1800 800 110; and
- 📧 By email to [feedback@ndis.gov.au](mailto:feedback@ndis.gov.au).

Complaints to the Commonwealth Ombudsman about the NDIA can be lodged:

- 📞 By phone on 1300 362 072; and
- 🌐 Online at [www.ombudsman.gov.au](http://www.ombudsman.gov.au).

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

## 2. Record

The HOD team is responsible for ensuring the records of all information relevant to complaints, in its original and simplest form, in Great Mates' *Complaints Register*. The *Complaints Register* must be stored in a secure file, accessible only to the HOD team.

## 3. Acknowledge

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

In their acknowledgement, the person responsible must set realistic expectations regarding complaint resolution and refer the matter to other organisations where they are identified as being more suitable to handle it. Acknowledgements must provide timeframes for resolution where possible.



#### 4. Resolve

Investigation of complaints will not be conducted by a person about whom a complaint has been made, or a person who has a conflict of interest in the matter. If required, the HOD team will action for the Human Resource Lead to conduct an investigation.

In resolving a complaint, the person who is responsible for the complaint must involve the complainant and keep them informed of the progress of the complaint. They must discuss any disparities identified with the complainant and may request additional information when required. A timeframe within which further information is to be provided should be clearly communicated with the complainant.

The person responsible for the complaint should consider granting extensions where necessary and always communicate any additional time requirements to the complainant with an explanation of the need.

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

All decisions or actions regarding complaint investigation must be recorded in Great Mates' *Complaints Register*. Copied of Investigation Reports are to be kept within the Human Resource File confidentially.

#### 5. Communicate Resolution

Great Mates will respond to all complaints as soon as possible and within 28 days from acknowledgement.

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

The responsible person should discuss the outcome of a complaint investigation verbally with the complainant, where possible. This must be followed by written advice that provides the complainant an opportunity to make further contact with the Responsible person if required. The complainant must also be provided with a HOD team members they are able to escalate their concern to if they believe the investigation is not properly resolved.

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

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

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

- ☞ Explaining processes;
- ☞ Rectifying an issue;
- ☞ Providing an apology;
- ☞ On-going monitoring; and
- ☞ Training or educating team.

Once resolved, complaint outcomes must be relayed to the appropriate area within Great Mates to improve service delivery.

### Feedback and Complaint Review

Feedback and complaint review includes identifying, monitoring, and acting upon trends and systemic issues identified through the analysis of feedback and complaint information. The purpose of analysing feedback and complaint data is to learn from patterns in order to safeguard the safety and wellbeing of individual people, as well as improve the quality of supports.

The *Complaints Register* must be reviewed at weekly HOD meeting. The HOD team is responsible for monitoring the *Complaints Register* in order to analyse and report on trends.

Reviews should consider:

- ☞ The causes, handling, and outcomes of feedback and complaints;
- ☞ Processes, timeframes, and record keeping practices associated with feedback and complaint management; and
- ☞ Feedback provided by team and peoples about Great Mates' feedback and complaint management.

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

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- ☞ Complaints Register
- ☞ Continuous Improvement Register
- ☞ Privacy and Confidentiality Policy and Procedure
- ☞ Information Management Policy and Procedure

## MONITORING AND REVIEW

The HOD team will review this Policy and Procedure at least annually. Reviews will incorporate team, people receiving support, and other stakeholder feedback.

Great Mates' feedback collection mechanisms, such as team and people satisfaction surveys, will assess: Satisfaction with Great Mates' feedback and complaints processes;

- ☞ Whether stakeholders have received adequate information about making complaints and their awareness of complaints mechanisms;
- ☞ The extent to which peoples and their supporters feel they have been included in the review of feedback and their satisfaction with this process;
- ☞ Whether stakeholders have received adequate information about how the organisation will use feedback, complaints, and appeals information; and
- ☞ Any barriers to lodging complaints and feedback.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	20/01/2024	HOD team (Regional Lead: NSW & VIC)
<a href="#">Version History</a>		
Version No.	Review Date	Revision Description
3	01/07/2023	HOD team
2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# PROTECTING PEOPLES FROM HARM POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure outlines how Great Mates actively prevent violence, abuse, neglect, exploitation, or discrimination towards peoples (including children). It applies to all Great Mates team and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

For guidance regarding responding to violence, abuse, neglect, exploitation, or discrimination involving peoples (including children), see the *People Incident Management Policy and Procedure*.

## APPLICABLE NDIS PRACTICE STANDARDS

### VIOLENCE, ABUSE, NEGLECT, EXPLOITATION AND DISCRIMINATION

#### Outcome

Each person accesses supports free from violence, abuse, neglect, exploitation, or discrimination.

#### Indicators

Policies, procedures, and practices are in place, which actively prevent violence, abuse, neglect, exploitation, or discrimination.

## POLICY

Great Mates has a moral, ethical, and legal responsibility to ensure all people are safe by taking proactive steps to protect peoples from harm.

Great Mates prioritises the safety and wellbeing of all people within our care and recognises the role of families and communities in helping them to understand and use this policy and procedure.

Great Mates recognises that children with disability or developmental delay are at greater risk of harm. It is committed to ensuring its services are delivered in a child safe environment and proactively preventing risks to children from occurring.

## PROCEDURES

Great Mates' HOD team must promote best practice, continuous improvement and a service delivery culture that promotes and supports each persons safety. This is assessed weekly within the HOD team meeting.

As per Great Mates' *Human Resources Policy and Procedure*, all team must undergo Induction, numerous online trainings, which includes training on supporting people safety and promoting safe environments.

Training must also help team to:

- ☞ Recognise and respond to neglect, grooming and other forms of harm to peoples;
- ☞ Understand the different ways peoples express concerns or distress and disclose harm;
- ☞ Provide appropriate support to peoples in these instances;
- ☞ Meet their legal requirements with respect to child protection;
- ☞ Respond to different types of incidents and complaints involving peoples;
- ☞ Understand their privacy obligations;
- ☞ Develop their listening skills;
- ☞ Feel confident drawing attention to breaches of Great Mates' Code of Conduct and challenging these behaviours; and
- ☞ Understand how to respond to disclosures of harm and their reporting obligations.

Team member's knowledge of this policy and procedure and their obligation to protect peoples from harm will be assessed in annual Performance Reviews. Additional on-the-job and formal training will be provided where required.

## Prevention

To protect peoples from harm, Great Mates will employ skilled team who:

- ☞ Respect the rights of people with disability (including children);
- ☞ Are aware of current policies and legislation pertaining to abuse and neglect;
- ☞ Ensure all peoples know who to talk to if they are feeling unsafe and what will happen if they do speak up; and
- ☞ Support people and their families or guardians to access complaint mechanisms and raise any concerns they have about services.
- ☞ All team undergo criminal history screening as per Great Mates' *Human Resources Policy and Procedure*.

As per Great Mates' *Service Delivery and Participation Policy and Procedure*, team must be introduced to people prior to commencing their support delivery, and clearly identify themselves to peoples at each instance of service delivery. Team can wear their Great Mates shirts as well as people having access to their vAboutMe application showing photos and information on their team to help peoples recognise them.

Great Mates must also provide a safe physical environment for the delivery of services, as per its *Physical Accessibility* and *Work Health and Safety* policies and procedures.

The HOD team is responsible for identifying and providing appropriate resources and training to assist team to implement this policy. This includes training in child protection, working with vulnerable people and incident management. Team must thoroughly understand this policy and procedure and undertake all required training to support them to implement it.

Volunteers or students must not be left with sole supervision of individual peoples or groups of peoples and adequate team-people ratios must be maintained at all times.

All peoples and their families are to be advised of Great Mates' obligations to report suspicions or allegations of abuse, at their initial contact with Great Mates.

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

Finally, Great Mates must work closely with Community Visitors (QLD), [\(NSW\) and the Department of Families Fairness and Housing \(DFFH\) in Victoria](#) to promote peoples' rights. See the *Feedback and Complaints Policy and Procedure* for more detail.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 People Incident Management Policy and Procedure
- 📄 Child Safety and Wellbeing Policy and Procedure
- 📄 Human Resources Policy and Procedure
- 📄 Physical Accessibility Policy and Procedure
- 📄 Work Health and Safety Policies and Procedures
- 📄 Risk Registers
- 📄 Complaints Register
- 📄 HOD standing Weekly Agenda

## MONITORING AND REVIEW

The HOD team will review this Policy and Procedure annually and as required. Reviews will incorporate team, people receiving support, and other stakeholder feedback.

Great Mates' feedback collection mechanisms, such as people satisfaction surveys, will assess:

- 📄 People awareness of their rights and the extent to which they feel able and supported to exercise them;
- 📄 People satisfaction with Great Mates' complaints processes; and
- 📄 The extent to which peoples feel safe and protected in their dealings with Great Mates.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	20/01/2024	HOD team (Regional Lead: NSW & VIC)
<a href="#">Version History</a>		
Version No.	Review Date	Revision Description
3	01/07/2023	HOD team
2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# INCIDENT MANAGEMENT: PEOPLE RECEIVING SUPPORT POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure set out Great Mates' system for identifying, responding to, managing, and resolving incidents that happen in connection with providing supports or services to people with disability (including children).

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

Incidents involving team or other stakeholders should be dealt with in accordance with Great Mates' Workplace Incident Management Policy and Procedure.

Great Mates has additional obligations if an incident is the subject of a complaint (see the Feedback and Complaints Policy and Procedure).

Failure to comply with the incident management requirements of the NDIS legislation and rules may lead to the NDIS Commissioner taking compliance and enforcement action against Great Mates.

## APPLICABLE NDIS PRACTICE STANDARDS

### VIOLENCE, ABUSE, NEGLECT, EXPLOITATION AND DISCRIMINATION

#### Outcome

Each person accessing support can do so free from violence, abuse, neglect, exploitation, or discrimination.

#### Indicators

Each person 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 person 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 occurring again.

## DEFINITIONS

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

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

**Incident** (for the purpose of this Policy and Procedure)

- ☞ An act, omission, event or circumstance that has, or could have, caused harm to a person with disability receiving supports or services;
- ☞ An act by a person with disability that happened in connection with the provision of supports or services and that caused serious harm, or a risk of serious harm, to another person; or
- ☞ A reportable incident that is alleged to have occurred in connection with the provision of supports or services.

**Mandatory reporting** - the legal obligation of certain professionals and community members to report suspected cases of child abuse and neglect to government authorities.

[Key terms relating to Mandatory Reporting and child protection in New South Wales include:](#)

**Abuse and Neglect that Must be Reported** - physical abuse, sexual abuse, emotional/psychological abuse, neglect, and exposure to domestic violence must be reported.

**Mandated Reporters** – people who, in the course of their professional work or other paid employment deliver health care, welfare, education, children's services, residential services or law enforcement, wholly or partly, to children. Also includes people who hold a management position in an organisation, the duties of which include direct responsibility for, or direct supervision of, the provision of health care, welfare, education, children's services, residential services, or law enforcement, wholly or partly, to children.

**Suspects on Reasonable Grounds** - a person may form a belief on reasonable grounds that a child needs protection after becoming aware that their health, safety, or wellbeing is at risk and the child's parents or guardians are unwilling or unable to protect them. There may be reasonable grounds for forming such a belief if:

- ☞ A child states they have been physically or sexually abused;
- ☞ A child states they know someone who has been physically or sexually abused (sometimes they may be referring to themselves);
- ☞ Someone who knows the child states they have been physically or sexually abused;
- ☞ A child shows signs of being physically or sexually abused;
- ☞ There is persistent family violence or substance misuse, psychiatric illness or intellectual disability in the child's environment that is impacting on their safety, stability or development;
- ☞ There are signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care, or lack of appropriate supervision; or
- ☞ A child's actions or behaviour place them at risk of significant harm.

**Reportable Conduct** relating to a child is conduct that involves any of the following, whether or not the child has consented:

- ☞ Any sexual offence, or sexual misconduct, committed against, with or in the presence of a child (including a child pornography offence or an offence involving child abuse material (see Division 15A of Part 3 of the Crimes Act 1900));
- ☞ Any assault, ill-treatment or neglect of a child;
- ☞ Any behaviour that causes psychological harm to a child;



- Ⓜ Failure to reduce or remove risk of a child becoming a victim of child abuse (see section 43B of the Crimes Act 1900 (NSW)); or
- Ⓜ Concealing a child abuse offence (see 316A of the Crimes Act 1900 (NSW)).

Key terms relating to Mandatory Reporting and child protection in Queensland include:

**Reasonable Suspicion** – where a person has a reasonable suspicion of detrimental effects on the child’s body or the child’s psychological or emotional state that are evident to the person or that the person considers are likely to become evident in the future.

**Mandated Notifiers** – doctors, registered nurses, teachers, police officers, child advocates under the Public Guardian Act 2014 and early childhood education and care professionals must report if they have a reasonable suspicion that a child has suffered, is suffering or is at an unacceptable risk of suffering, significant harm caused by physical or sexual abuse; and may not have a parent able and willing to protect the child from the harm.

Department of Child Safety, Youth and Women team and team members of the Department’s licensed services must report if they have a reasonable suspicion that a child in the care of the Department or a licensed service has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse. School team must report awareness or reasonable suspicion that a child has been or is likely to be sexually abused; and the suspicion is formed in the course of the person's employment.

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

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

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

**Procedural Fairness** – a principal that requires a fair and proper procedure be used when making a decision.

**Reportable Incident** – incidents or alleged incidents that involve:

- Ⓜ The death of a person with disability;
- Ⓜ Serious injury of a person with disability;
- Ⓜ Abuse or neglect of a person with disability;
- Ⓜ Unlawful sexual or physical contact with, or assault of, a person with disability;
- Ⓜ Sexual misconduct committed against, or in the presence of, a person with disability, including grooming for sexual activity; or
- Ⓜ The use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation of a State or Territory in relation to the person.

**Restrictive practice** - any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.

## POLICY

Great Mates has a moral, ethical, and legal responsibility to ensure all peoples (including children) are safe and takes proactive steps to protect them from harm.

Great Mates' incident management system identifies, assesses, manages, and resolves incidents that occur in connection with providing supports or services to a person with disability and have, or could have, caused harm to them.

Great Mates will provide support and assistance to people with disability affected by an incident (including information about access to advocates such as independent advocates), to ensure their health, safety, and wellbeing.

Great Mates prioritises the safety and wellbeing of children and young people and recognises the role of families and communities in helping them to understand and use this policy and procedure.

## PROCEDURES

Great Mates' HOD team must promote best practice, continuous improvement and a service delivery culture that promotes and supports people safety. This will be assessed in yearly Performance Reviews of HOD team as well as regularly reviewed within weekly HOD meetings.

As per Great Mates' Human Resources Policy and Procedure, all team must undergo Induction, and numerous eTrainU modules which includes training in Great Mates' incident management processes.

Training must also help team to:

- ☞ Recognise and respond to neglect, grooming and other forms of harm to peoples;
- ☞ Understand the different ways peoples express concerns or distress and disclose harm;
- ☞ Provide appropriate support to peoples in these instances;
- ☞ Meet their legal requirements with respect to child protection;
- ☞ Respond to different types of incidents and complaints involving peoples ;
- ☞ Understand their privacy obligations;
- ☞ Develop their listening skills;
- ☞ Feel confident drawing attention to breaches of Great Mates' Code of Conduct and challenging these behaviours; and
- ☞ Understand disclosures of harm and their reporting obligations.

Team knowledge and application of this policy and procedure, Great Mates' incident management system and their obligation to protect people with a disability and children from harm is monitored on a day-to-day basis and through annual Performance Reviews. Additional formal and on-the-job training is provided to team where required.

Agendas for HOD team meetings and HOD Team meetings include a standing item on Continuous Improvement, including with respect to people safety. This must consider the HOD team's regular review of Great Mates' Risk Management Plans, Risk Registers and Complaints Register.

Great Mates uses its Great Mates Charter, the vAboutMe app and website to provide peoples, families, Lifestyle Assistants and all other stakeholders with information about this policy and procedure, in an easy to understand format.

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

#### PRIVACY AND INFORMATION MANAGEMENT

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

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

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

## INCIDENT IDENTIFICATION AND RESPONSE

## First Response



Strategies to respond appropriately to incidents include:

- ☞ Recognising and acknowledging the impact of the incident on each person involved;
- ☞ Assuring the people involved in the incident will be taken seriously and dealt with in a fair and equitable manner;
- ☞ Clearly educating the each person about their rights and considering their wishes;
- ☞ Keeping the people informed of the progress, outcome and any follow-up of incidents;
- ☞ If appropriate, identifying an advocate or support person and helping the people to contact them;
- ☞ Involving the people in the process of reviewing or investigating the incident, including the taking their account of what happened, with communication support if required; and
- ☞ Ensuring each person involved has the opportunity to provide feedback on the response to the incident.

Where the person involved is a child, response strategies include:

- ☞ Facilitating the active involvement of the child's support network in the response;
- ☞ Considering the family's expertise and knowledge about their child when planning a response;
- ☞ Working in partnership with and involving the child's family/ guardian in the process of reviewing or investigating the incident and ensuring they have the opportunity to provide feedback on the incident response; and
- ☞ Ensuring responses are flexible, individualised and reflect the child's and family's preferences.

### Notifying People Involved

If, in the unfortunate event of an incident occurring that involves or affects a person receiving support, the HOD team must explain to each person involved: the nature of the allegation; the standard procedure for Great Mates reporting obligations to the relevant Governing Bodies; that the people may choose whether or not to participate in the investigation if required; and any action taken by team since reporting the allegation.

Great Mates have an obligation to our people receiving support, that they are well informed throughout the entire process of investigating into an allegation. Great Mates will support peoples through any investigation or incident process required. This may include:

- ☞ Ensuring each person has access to appropriate communication aides and tools to facilitate disclosures and the provisions of evidence;
- ☞ Ensuring each person has access to an interpreter should they be from culturally or linguistically diverse backgrounds;
- ☞ Ensuring each person has access to a key support person of their choosing or by providing information about advocates and other supports;
- ☞ Alerting police and/ or independent investigator to the need for an Independent Person or advocate, the peoples' particular communication support needs, and the need for timely interviews to facilitate the recall of information;
- ☞ Facilitating arrangements with police and/ or independent investigator for interviews and examination of evidence;
- ☞ Working proactively with each person to consider whether they will provide a witness statement including making sure they understand they have time to make their decision if they are initially reluctant and the right to seek independent legal advice (in some instances QLD Police may be better placed to provide this information)
- ☞ Including peoples affected by incidents in the management and resolution of the incident, where doing so does not expose any persons involved to added trauma or risk, by:
- ☞ Keeping each person informed of the investigation
- ☞ Consulting with each person, where possible, concerning:

- ☞ The release of information to third parties,
- ☞ The investigation process, and
- ☞ Corrective actions.
- ☞ Supporting peoples who were witness to an incident

Great Mates will ensure each person are supported and understand their rights and responsibilities in relation to incident management and reporting.

### Notifying Next of Kin or Guardian

The HOD team must notify a person's next of kin or guardian where the people:

- ☞ Is under 18 years old;
- ☞ Are over 18 years old and consents to their next of kin or guardian being contacted. If the person is unable to make an informed decision regarding contact and does not have an appointed guardian, the HOD team should contact the next of kin if they believe it is appropriate; or
- ☞ Has a legal guardian.

The HOD team must explain to the next of kin or guardian: the nature of the allegation; the standard procedure for reporting allegations to the police/ governing bodies; that each person may choose whether or not to participate in any investigation; and any action taken by team since reporting the allegation.

If the alleged perpetrator is the people's next of kin or legal guardian, the HOD team must ensure the immediate needs of the person is protected. They should work with the police or other relevant support agencies to ensure an appropriate, planned response is undertaken.

If the person is a child or young person who does not want their next of kin or guardian to be notified, the HOD team will need to consider factors such as the people's age and capacity, where they are living and their best interests. If necessary, the HOD team should seek legal advice. If a decision is taken to not notify the next of kin or guardian, this must be clearly documented on the person's file.

### Incident Reporting

An incident must be reported when anything outside of the usual daily routine occurs, which has or may have had a negative impact on a person receiving care, a team member, or another person. Where an incident occurs that it outside the scope of the people's Positive Behaviour Support Plan, or where a Restrictive Practice is used, then it must be reported immediately (as may be classed as a notifiable incident to the NDIS Commission), in accordance with the Positive Behaviour Support Policy and Procedure and The Use of Restrictive Practices Policies and Procedures.

Incident reports are classified into three levels: Minor Incidents, Major Incidents, and Reportable Incidents. Our team receive training to accurately determine the appropriate categorisation for each incident. This information and guide are conveniently accessible under the general QuickPro reference section for easy consultation by the team as needed. This allows us to review and monitor incidents that have occurred and update processes to prevent them from occurring again keeping the people we support and us as a team safe.

Further to this team are to complete an 'Incident Notification' at the following link <http://greatmates.com.au/incident-notification/>, which will email [incidents@greatmates.com.au](mailto:incidents@greatmates.com.au) with the

information. Notification of the incident will be sent to the all HOD team so the necessary Leader can follow this up. Each Leader overseeing a person's care may then request the completion of an Incident Report Form, depending on the severity and nature of the incident.

The team member who first becomes aware of an incident must report it as soon as practicable to the Team Leader of the person. Team Leader will then escalate to the necessary HOD team member for immediate action. The report must be made as soon as practicable, once immediate safety and medical needs are met.

Team must report all people incidents to the HOD team as soon as practicable.

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

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

### Reportable Incidents

Great Mates' HOD team must take all reasonable steps to ensure that Reportable Incidents are notified to the NDIS Commissioner within the required timeframes by phoning 1800 035 544 or emailing [reportableincidents@ndiscommission.gov.au](mailto:reportableincidents@ndiscommission.gov.au).

### Reportable Incidents Requiring Notification Within 24 Hours

The HOD team must report the following incidents to the NDIS Commission within 24 hours:

- ☞ The death of a person with disability;
- ☞ The serious injury of a person with disability;
- ☞ The abuse or neglect of a person with disability;
- ☞ Unlawful sexual or physical contact with, or assault of, a person with disability; or
- ☞ Sexual misconduct committed against, or in the presence of, a person with disability, including grooming for sexual activity.

The following information must be provided:

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

Where necessary, the last three pieces of information in the list above can be provided within 5 business days, if it is not available at the time of the initial report.

After the initial report, the following additional information must also be provided to the NDIS Commission within 5 working days:

- ☞ The names and contact details of any witnesses to the reportable incident; and
- ☞ Any further actions proposed to be taken in response to the reportable incident.

Information provided to the NDIS Commission within the first 24 hours of an incident must be provided via telephone or using the Reportable Incident - Immediate Notification Form available at [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au). Information provided after the initial 24-hour period must be provided using the Reportable Incident – 5 Day Notification Form.

### Reportable Incidents Requiring Notification Within 5 Business Days

The HOD team must report incidents, other than those that fall into the categories listed above, to the NDIS Commission within 5 business days. All of the information listed above must also be provided for these incidents.

There can be certain instances where information is not required. Such information does not have to be reported to the NDIS Commission if doing so could reasonably be expected to prejudice the conduct of a criminal investigation or expose a person with disability to risk of harm:

- ☞ A description of the reportable incident;
- ☞ A description of the impact on, or harm caused to, the person;
- ☞ The time, date and place at which the reportable incident occurred;
- ☞ The names and contact details of the people involved in the reportable incident; and
- ☞ The names and contact details of any witnesses to the reportable incident.



### On-going Reporting

Should significant new information about an incident relate to a change in the kind of reportable incident or is a further reportable incident, the HOD team member must notify the NDIS Commission as soon as reasonably practicable.

Once an incident has been reported to the NDIS Commission, the NDIS Commissioner may:

- ☞ Refer the incident to another person or body with responsibility in relation to the incident (such as a State or Territory agency responsible for child protection);
- ☞ Require Great Mates to undertake remedial action within a certain period;
- ☞ Require Great Mates to conduct an internal investigation and provide a report;
- ☞ Require Great Mates to engage an appropriately qualified and independent expert, at its own expense, to carry out an investigation in relation to the incident and provide a report;
- ☞ Carry out an inquiry in relation to the incident (whether it has been reported to the Commission or not); or
- ☞ Take other action considered reasonable in the circumstances.

### Mandatory Reporting Requirements

Great Mates team, contractors and volunteers working with children are Mandatory Reporters with respect to protecting children from harm.

Team must report any suspected or actual reportable concerns (see Definitions) to the Police or Child Protection authorities as soon as practicable. Team must also notify the Engagement Manager of their report.

If the report is about an immediate emergency, call 000 and ask for police.

### QLD

Otherwise, a report must be made to Child Safety Services:

- ☞ During normal business hours through a Regional Intake Service. Contact details for local services are provided at - <https://www.csyw.qld.gov.au/contact-us/department-contacts/child-family-contacts/child-safety-service-centres/regional-intake-services>;
- ☞ After hours and on weekends through the Child Safety After Hours Service Centre on 1800 177 135 or (07) 3235 9999. The service operates 24 hours a day, 7 days a week. (<https://www.csyw.qld.gov.au/contact-us/department-contacts/child-family-contacts/child-safety-service-centres>); or
- ☞ By visiting a Child Safety Service Centre. Contact details are provided at <https://www.csyw.qld.gov.au/contact-us/department-contacts/child-family-contacts/child-safety-service-centres>.

### NSW

A report must be made to Child Safety Services: During normal business hours, contact your Regional Intake Service. Local service contact details can be found at: NSW Regional Intake Services; For after-hours and weekends, reach out to the Child Protection Helpline on 132 111. This service is available 24/7 (NSW Child Protection Helpline); You can also visit a local Child Protection office. Find contact information here: NSW Child Protection Offices.

## VIC

A report must be made to Child Safety Services: For assistance during normal business hours, contact your local Child FIRST (Family Information Referral and Support Team). You can find their contact details at: VIC Child FIRST; If it's after hours or on weekends, get in touch with the Child Protection After Hours Service on 13 12 78. This service operates 24/7 (VIC Child Protection After Hours Service); You can also visit a Child Protection office during office hours. Find the nearest office and its contact information here: VIC Child Protection Offices.

Team must be aware that, legally, their duty of care obligations to a child doesn't end once they have reported their concerns – meaning that they still need to take all reasonable steps to protect the child once they have made a report.

## Investigating Incidents

The options for investigating incidents are:

- Ⓜ No further investigative action – This may be appropriate where it can be clearly established that the report of the incident is inaccurate or there is no basis for concern about the safety of the people or the quality of care the people is receiving. If the decision is not to undertake an investigation, the grounds for this decision must be supported and recorded with reasoning backed up by evidence. The incident must then be the subject of a review (detailed below).
- Ⓜ Monitoring and support required – Certain information may raise issues that do not necessarily warrant an investigation, but nevertheless require changes in practices. Great Mates may manage these issues by monitoring and supporting affected team members or peoples, and documenting this on relevant team and people files. The incident must then be the subject of a review (detailed below).
- Ⓜ Internal investigation – This option may be selected only where Great Mates has the capability to undertake an investigation independently.
- Ⓜ External investigation – In other cases, Great Mates will need to commission an investigation by an external party to ensure the investigation is robust, objective and expert. The Investigation Manager may commission an investigator, or a person from another organisation, with relevant expertise.
- Ⓜ Regardless of the type of incident or investigation method used, incident investigation must focus on the incident only. All parties involved in an incident must be provided with procedural fairness and with the support and information necessary to participate in the investigation process.
- Ⓜ For every Reportable Incident, or where an investigation is ordered by the NDIS Commission, the HOD team must appoint an Investigation oversight to determine the appropriate investigative action for an incident and oversee the incident's investigation. This will be the Human Resource Lead unless they cannot be due to conflict of interest.
- Ⓜ The oversight must determine the appropriate investigative action for all incidents within a maximum of 72 hours of Great Mates becoming aware of the incident. The HOD team can be consulted for advise on the handling of the incident/ investigation to ensure all people involved are treated with dignity, respect and fairness.

- ❏ Investigations must take a person-centred and rights-based approach, taking into account what is important to the person with disability impacted by the incident. The person and their supporters should be invited to participate in the investigation and be provided the support they need to do so. The investigation must, however, always remain impartial and independent at all times.
- ❏ All investigations must be completed (including report finalisation) within 28 working days.
- ❏ Great Mates must provide information on investigation progress and outcomes to the person with disability involved in the incident (or their supporters) and, with the consent of the person with disability or their representative, any other person.
- ❏ A report from an investigation may also need to be provided to the NDIS Commission within 60 business days of the initial notification, via [reportableincidents@ndiscommission.gov.au](mailto:reportableincidents@ndiscommission.gov.au).

Investigation reports should include:

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

The NDIS Commissioner may take further action based on the outcome of an investigation.

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

### Communication

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

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

The HOD team should discuss the outcome of an incident investigation verbally with those involved, where possible. This must be followed by written advice that provides people the opportunity to make further contact with the HOD team if required. The written advice must also include information on what further action may be available or taken at the conclusion of the incident investigation. This may include escalating the matter further with an external agency or seeking a further review within the business. Written advice should also seek feedback from the person regarding their experience of the incident management process.

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

### Incident Review

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

The Incident Register is reviewed weekly within HOD meeting. The HOD team is responsible for monitoring the Incident Register in order to analyse and report on incident trends.

Reviews should consider:

- ☞ The causes, handling and outcomes of incidents;
- ☞ Processes, timeframes, and record keeping practices associated with incident management; and
- ☞ Feedback provided by team and peoples about incidents.

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

### On-going Support

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

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

It may also be appropriate to undertake a Quality of Support review. Agreed actions for the people's immediate and on-going needs should be recorded on the people's Support Plan. These might include:

- ☞ Steps being taken to assure the people's safety and wellbeing in the future;
- ☞ Treatment or counselling the people and their family may access to address their safety and wellbeing;
- ☞ Modifications in the way services are provided (for example, same gender Lifestyle Assistant);
- ☞ How best to support the people and their family through any action the people takes to seek justice or redress, including making a report to police; and
- ☞ Any on-going risk management strategy required.

Peoples have a right to complain about Great Mates' services and should be alerted to Great Mates' Feedback and Complaints Policy and Procedure.

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

## Sexual Abuse

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

## Indicators of Abuse

Indicators of abuse include but are not limited to:

- ⓧ A people alleges that abuse has occurred, by a team member, another people, or other person;
- ⓧ A team member observes or is told about alleged abuse;
- ⓧ A team member suspects that abuse has occurred (for example, a people may have unexplained injuries, a people may be distressed or anxious, or clothes may have been ripped);
- ⓧ A people's behaviour changes significantly (this might include self-destructive behaviour, sleep disturbances, acting-out behaviour, emotional distress, or persistent and inappropriate sexual behaviour); and
- ⓧ A people complains of physical symptoms or a team member observes symptoms (this might include bruising, abdominal pain, sexually transmitted disease or pregnancy).

## Responding to Allegations of Sexual Abuse

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

If abuse is disclosed, or a team member is suspicious of abuse, or becomes aware of abuse, a helpful response may include:

- ⓧ Ensuring their immediate safety, health and wellbeing needs are met;
- ⓧ Ensuring their specific support needs are addressed including access to communication aides and resources;
- ⓧ Listening carefully to them;
- ⓧ Reassuring them they did the right thing by telling someone;
- ⓧ Asking them what can be done to make them feel safe and explaining the actions you will take next;
- ⓧ With their consent, or if they are a child, engaging family, significant others, or an advocate to support them and advocate on their behalf; and
- ⓧ With their consent, notifying other service providers working with them, if appropriate.

## Interpreting

For peoples who are from culturally and linguistically diverse or Aboriginal and Torres Strait Islander communities, team should consider referring them to specialist agencies or team for additional support. It may also be necessary to arrange an interpreter. Interpreters of the same sex as the people should be engaged wherever possible.

Some victims may be reluctant to speak to an interpreter because they fear that what they say may be passed on to their local community. In this case, it is possible to request a telephone interpreter from another state, or to not disclose the victim's name to the interpreter.

When using an interpreter directly, consideration should be given to arranging an interpreter who is not associated with the people or their immediate cultural community.

### Specialist Support

To ensure peoples receive appropriate support, team should consider contacting specialist victim support services including crisis care, counselling, advocacy, legal and advice services.

#### Relevant sexual assault support services include:

Rape Crisis and Sexual Assault Hotline

Telephone and online crisis counselling

[www.nswrapecrisis.com.au](http://www.nswrapecrisis.com.au)

Phone: (02) 9819 6565 or 1800 424 017

Survivors & Mates Support Network (SAMSN)

Group support for male survivors

[www.samsn.com.au](http://www.samsn.com.au)

Sexual Assault Helpline

Available 7.30 am – 11.30 pm, 7 days/week

Phone: 1800 010 120

Mensline (DV Connect)

Free confidential telephone, counselling, referral, and support service for men

Available 9 am – 11.30 pm, 7 days/week

[www.dvconnect.org/mensline](http://www.dvconnect.org/mensline)

Phone: 1800 600 636

Sexual Assault Services

Directory for support services in Queensland

[www.health.qld.gov.au](http://www.health.qld.gov.au)

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

### Dealing with the Police

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

### Advising Parties Involved of Police Report

The team member who first becomes aware of an allegation must advise the person that the allegation will be reported to the police. The team members must involve the HOD team member overseeing the persons care at Great Mates. Team should check with police whether the alleged perpetrator should be told of the report to police. It is important that any steps taken do not undermine police action.

### Assisting the Police

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

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

Encouraging the victim not to shower or change, or, if the victim feels they must shower or change, ask them to put the clothing they were wearing at the time of the assault in bags, which should be sealed, labelled, and secured; and

Where possible, lock the door to the room or restrict access to the area where the assault occurred so any physical evidence inside that area remains undisturbed.

It is not necessary for a victim to decide immediately about whether to be involved in a police investigation and/or prosecution. People may be distraught in the immediate aftermath of an assault and sometimes change their minds later. It is extremely important for stakeholders to be made aware so the correct support can be provided to the person.

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

### SUPPORTING DOCUMENTS

- 📄 Documents relevant to this policy and procedure include:
- 📄 Incident Report
- 📄 Incident Register
- 📄 QuickPro – Incident Management
- 📄 NDIS Commission Reportable Incident – Immediate Notification Form
- 📄 NDIS Commission Reportable Incident – 5 Day Notification Form

### MONITORING AND REVIEW

The HOD team will review this Policy and Procedure annually as well as weekly within HOD meetings. Reviews will incorporate team, people, and other stakeholder feedback.

Great Mates' feedback collection mechanisms, such as people satisfaction surveys, will assess:

- 📄 People awareness of their rights and the extent to which they feel able and supported to exercise them;
- 📄 People satisfaction with Great Mates' complaints processes; and
- 📄 The extent to which peoples feel safe and protected in their dealings with Great Mates.

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

**DOCUMENT CONTROL**

Version No.	Issue Date	Document Owner
4	20/01/2024	HOD team (Regional Lead: NSW & VIC)
<b>Version History</b>		
Version No.	Review Date	Revision Description
3	01/07/2023	HOD team
2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards



# DECISION MAKING AND CHOICE POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure outline Great Mates' approach to encourage and enable peoples to make decisions, having regard for dignity of risk in relation to those decisions.

It applies to all potential and existing Great Mates peoples, their family members, Lifestyle Assistants, and other supporters and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### INDEPENDENCE AND INFORMED CHOICE

#### Outcome

Each person is supported by the provider to make informed choices, exercise control, and maximise their independence relating to the supports provided.

#### Indicators

Active decision-making and individual choice is supported for each person including the timely provision of information using the language, mode of communication and terms that the people is most likely to understand.

Each person's right to the dignity of risk in decision-making is supported. When needed, each person is supported to make informed choices about the benefits and risks of the options under consideration.

Each person's autonomy is respected, including their right to intimacy and sexual expression.

Each person 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 person's right to access an advocate (including an independent advocate) of their choosing is supported, as is their right to have the advocate present.

## DEFINITIONS

**Advocate** – a person who assists a people to express their needs, or who speaks on behalf of a people. Advocates can be a family member, friend, or an Independent Advocate. They are not substitute decision makers but are there to ensure the people's needs and wants are listened to.

**Independent advocate**, in relation to a person with disability, means a person who:

- ✎ Is independent of the NDIA, the NDIS Commission and any NDIS providers providing supports or services to the person;
- ✎ Provides independent advocacy to assist them to exercise choice and control and have their voice heard in matters that affect them;
- ✎ Acts at the direction of the person with disability, reflecting their expressed wishes, will, preferences and rights; and
- ✎ Is free of relevant conflicts of interest.

**Child's representative** – a person responsible for acting and making decisions in relation to the NDIS Act 2013 on behalf of a child. It is usually a person with parental responsibility. However, in some cases it may be a legal guardian, a government agency or a person appointed by the NDIA.

**Court-appointed decision-maker** - a person who, under a law of the Commonwealth, or a State or Territory, has guardianship of a people or who is appointed by a court, tribunal, board, or panel to make decisions for the people.

**Decision - making capacity** - a person's ability to make decisions about things that affect their daily life. This usually means that they are able to: understand the situation and the decision required; understand what the choices are; weigh up the consequences of the choices; understand how the consequences affect them; and communicate their decision.

**Dignity of risk** - the right of an individual to choose to take some risk in engaging in life experiences.

**Nominee** - a person appointed in writing, at the request of a people, their guardian, or the NDIA, to act on behalf of, or make decisions on behalf of a people. Under the NDIS, there are 2 types of nominee, a **Plan Nominee** and **Correspondence Nominee**. One person can be appointed as both and either type can be appointed indefinitely or for a specified term.

**Plan Nominees** act on behalf of a people in relation to the preparation, review or replacement of the people's plan or the management of funding under the people's plan. In some cases, the NDIA may limit the matters that a Plan Nominee is appointed to deal with.

**Correspondence Nominees** make requests to the NDIA (for example, requests for information) and receive notices from the NDIA, on behalf of a people.

**People-appointed Decision-maker** - a person who is able to make a decision on a people's behalf under a formal arrangement between that person and the people (for instance, a Power of Attorney, an Advance Health Directive or an Enduring Guardian).

## Principles

All team must be familiar with the object and principles of the NDIS as set out in the *NDIS Act 2013 (Cth)*. The following principles are particularly relevant to this policy and procedure:

- Ⓜ People with disability should be supported to exercise choice, including in relation to taking reasonable risks, in the pursuit of their goals and the planning and delivery of their supports;
- Ⓜ People with disability have the same right as other members of Australian society to be able to determine their own best interests, including the right to exercise choice and control, and to engage as equal partners in decisions that will affect their lives, to the full extent of their capacity;
- Ⓜ People with disability should be supported in all their dealings and communications with the NDIA so that their capacity to exercise choice and control is maximised in a way that is appropriate to their circumstances and cultural needs;
- Ⓜ The role of families, Lifestyle Assistants, and other significant persons in the lives of people with disability is to be acknowledged and respected; and
- Ⓜ Where acts or things are done on behalf of a person or child with disability:
  - Ⓜ They should be involved in decision-making that affects them, including making decisions for themselves, to the extent possible;
  - Ⓜ They should be encouraged to engage in the life of the community;
  - Ⓜ The judgements and decisions they would have made for themselves should be taken into account;
  - Ⓜ Their cultural and linguistic circumstances, and gender, should be taken into account; and
  - Ⓜ Their supportive relationships, friendships and connections with others should be recognised.

## POLICY

Great Mates is committed to ensuring all people are involved in making decisions and choices about all aspects of the support services they receive.

Great Mates works with its people on the presumption that they have decision-making capacity. In the first instance, peoples should be the person making informed decisions and choices about the services they receive.

If required, team must support, and build the capacity of, people to make their own decisions. Team must consider the people's Dignity of Risk and their own Duty of Care when supporting peoples to make decisions.

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

Great Mates does recognise that some peoples will have a support person, representative, family member or advocate to assist them to make a decision or choice, or to make a choice on their behalf. They may also have a nominee, court-appointed decision maker and/or people-appointed decision maker who is appointed to make decisions regarding certain aspects of their life or NDIS service provision.

## PROCEDURES

To ensure a person receiving support understands their rights regarding decision making, Great Mates uses its *Great Mates Charter*, the *vAboutMe* app and website to provide our people, families, Lifestyle Assistants, and all other stakeholders with information about this policy and procedure, in an easy-to-understand format.

To ensure a person receiving support understands this information, team must provide information to them and their supporters or families in ways that suit their individual communication needs. Written information can be provided in Easy English or explained verbally by team. Team can also help peoples access interpreters or advocates where required.

Team must advise a person receiving support or their representatives or families when making appointments for an initial assessment and subsequent reviews that they are entitled to have a support person at the meeting to assist them in the decision-making process. Team will bring information in Great Mates' *Great Mates Handbook* about independent advocacy and agencies that can assist with this process to each person or family member's attention.

When requested by a person receiving support or their representatives, team must contact their advocates, support people or other representatives, giving them the day, date and time of meetings peoples would like them to attend.

Team must support a person receiving support and their representatives to access any information they reasonably require enabling them to participate in decision-making. This includes supporting them to access technology, aids, equipment, and services that increase and enhance their decision-making and independence.

Team must be responsive to the changing needs, goals, aspirations, and choices of a person receiving support and communicate in appropriate formats to facilitate their informed decision-making and choice. Team must also recognise that the support a person needs to make a decision will vary: it may decrease over time as people gain experience or confidence and may increase as the type of decisions become more important.

Where Great Mates is unable to meet the needs and goals of a people, team should refer the person to other relevant service providers as per the *Providing Information, Advice and Referral Policy and Procedure*.

As per Great Mates' *Human Resources Policy and Procedure*, all team must undergo Induction as well as numerous online eTrainU courses, which includes training in responding to the needs of peoples, people decision-making, dignity of risk and assisting peoples to make informed choices. Team knowledge and application of this policy and procedure is monitored on a day-to-day basis and through annual Performance Reviews. Additional formal and on-the-job training is provided to team where required.

## Dignity of Risk

Where a person receiving support has the capacity for decision-making and wants to try new things or continue with options that may not have gone well in the past, all options, risks and possible consequences must be discussed with them and all relevant stakeholders involved in the decision-making process. If a decision doesn't place anyone at risk of harm, team must comply with the people's decision.

Team must recognise the opinions of those who are important in the lives of people with a disability. However, this should not compromise the right of the person with a disability to have the final say in their decision.

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

Important decisions where firm disagreement exists (between, for example, the person and their parents) must be referred to the HOD team, who may need to arrange independent mediation.

Any team member who believes they cannot agree with a person's decision because of their own values should refer the matter to the HOD team. The team member may need to withdraw from supporting the person in the particular activity.

Access to supports required by a person receiving support must not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the people.

When a child does not need a child's representative

A child's ability to make decisions on their own behalf increases as they develop and sometimes a child will not require their representative to make a decision on their behalf. For this to be the case, team must be satisfied that the child is capable of making their own decisions, having regard to whether the child is able to:

- ☒ Understand the information relevant to the decision;
- ☒ Use that information when making decisions;
- ☒ Understand the consequences of decisions they make; and
- ☒ Communicate decisions in some way.

To determine whether a child can make certain decisions for themselves, team must also:

- ☒ Consult with the child, the child's representative;
- ☒ Consider the preferences of the child;
- ☒ Consider the need to preserve existing family relationships; and
- ☒ Comply with any existing legal guardianship arrangements in place.

## Duty of Care

Great Mates and all team must ensure that reasonable action is taken to minimise the risk of harm to anyone who is likely to be affected by supports they deliver.

Great Mates also has a duty to ensure a safe and healthy workplace for team, the people they support, visitors, and members of the wider community. Some choices by people with a disability may potentially expose team to risk, particularly with regard to Work Health and Safety.

Team must consider the risks and benefits of a decision and any strategies to reduce the impact of any risk. Any restriction of a person's choice or actions based on an unacceptable level of risk to the person, team or others must be documented on the person's file, including the reasons and strategies considered to reduce or manage the risk. Where team are unsure about whether a decision presents an unacceptable level of risk, they must consult the HOD team.

## SUBSTITUTE DECISION MAKING

### Informal substitute decision-making

Informal decision-making is where a person making a decision on behalf of another person has not been legally appointed. People who can make informal decisions include the person's family, friends, Lifestyle Assistant 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.

Team must ensure that all informal decision-making arrangements are clearly recorded on the person's file and communicated to other relevant team. Decisions can then be pursued through the agreed informal arrangements.

### Formal substitute decision-making

Formal decision-making arrangements must be implemented when informal decision-making is insufficient, such as when:

- ☞ There is conflict over decisions being made about the person;
  - ☞ Where specific legislative requirements exist (e.g. consent to medical treatment); or
  - ☞ Where the person has a guardian or appointed nominee or decision maker.
- ☞ Formal arrangements should take a rights-based approach and consider the people's individual wishes as much as possible regardless of their impaired decision-making capacity.

Team must record and maintain information about formal decision-making arrangements on people files. Any amendments to a person's decision-making arrangements must be clearly recorded and communicated to relevant team as soon as practicable.

Team must refer any issues relating to formal decision making to the CEO.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 🔒 People Rights and Responsibilities Policy and Procedure
- 🔒 Privacy and Confidentiality Policy and Procedure
- 🔒 Service Access Policy and Procedure
- 🔒 Human Resources Policy and Procedure
- 🔒 Great Mates Charter

## MONITORING AND REVIEW

The HOD team will review this Policy and Procedure at least annually as well as weekly at HOD meetings. Reviews will incorporate team, people, and other stakeholder feedback.

Great Mates' feedback collection mechanisms, such as people satisfaction surveys, will assess:

- 🔒 People awareness of their rights and the extent to which they feel able and supported to exercise them;
- 🔒 People satisfaction with Great Mates' complaints processes; and
- 🔒 Whether peoples are satisfied with the choices they are provided regarding their service delivery.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	20/01/2024	HOD team (Regional Lead: NSW & VIC)
<a href="#">Version History</a>		
Version No.	Review Date	Revision Description
3	01/07/2023	HOD team
2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# SERVICE ACCESS POLICY AND PROCEDURE

## PURPOSE AND SCOPE

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

The policy and procedure apply to all potential and existing people receiving supports, their family members, Lifestyle Assistants, and other supporters and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### ACCESS TO SUPPORTS / INDEPENDENCE AND INFORMED CHOICE

#### Outcome

Each person accesses the most appropriate supports that meet their needs, goals, and preferences.

#### Indicators

- ☞ The supports available, and any access / entry criteria (including any associated costs) are clearly defined and documented. This information is communicated to each person using the language, mode of communication and terms that the people 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 person's health, privacy, dignity, quality of life and independence is supported.
- ☞ Each person is supported to understand under what circumstances supports can be withdrawn. Access to supports required by the people will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the people.

## POLICY

Great Mates service delivery environment is safe and engaging, physically accessible and responsive to its peoples' support and communication needs.

Great Mates screening and eligibility, priority of access and waitlist management is undertaken in a fair, equitable and transparent manner, and in line with Great Mates' *Great Mates Charter*. Access to services is based on relative need, service capacity, the best interests of people using the service and potential impact on existing service users.



## PROCEDURES

The HOD team is responsible for ensuring team are familiar with the requirements of this policy and have sufficient skills, knowledge, and ability to meet the requirements.

The HOD team reports on the effectiveness of Great Mates' entry and referral processes. This is discussed at HOD team meetings.

Feedback and complaints around this process will be addressed in accordance with Great Mates' *Feedback and Complaints Policy and Procedure*.

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

Where required, a person receiving support or their representatives or families will be provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. See Great Mates' *Decision Making and Choice Policy and Procedure*.

To ensure peoples or their representatives or families understand how to access Great Mates, Great Mates uses its *Great Mates Charter, the vAboutMe app and website* to provide information about this policy and procedure, in an easy-to-understand format.

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

### Service Environment

Great Mates ensures its service environment is kept clean, hygienic, safe, secure, and aesthetically pleasing at all times, through implementing its *Work Health and Safety, Risk Management, Incident Management, Feedback and Complaints* and *Continuous Improvement* policies and procedures.

Great Mates' physical accessibility is ensured through its *Physical Accessibility Policy and Procedure*. Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and that each person's health, privacy, dignity, quality of life and independence are supported. Recognising that a person with a disability and any children in care have a right to be safe and protected at all times, Great Mates also manages its accessibility with a focus on creating a safe environment for children.

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

Great Mates' operates 24 hours per day, 7 days a week as per each persons need. The HOD team operate within are 9.00 am to 5.00 pm Monday to Friday. Outside of business hours, one HOD team member is always available for on call support to our entire employ at all times.

The HOD team tracks demand, as well as people and accessibility needs, by monitoring:

- 📌 **Demographic data:** relating to the local community and its needs from Local, State and Federal Government Sources, including ABS data and specific NDIS market data published by the NDIA;
- 📌 **Unmet need:** demographic data (as above), Great Mates enquiry and waitlist data and feedback from team, including those involved in local service networks; and
- 📌 **Opportunities for innovation and improvement:** through monthly review of Great Mates Great Mates *Complaints* and *Continuous Improvement Register* as well as annual team and people satisfaction surveys.

Information for peoples, including Great Mates' signage and a person's information, is provided in a variety of formats such as different languages, Easy English, face-to-face or phone explanation by team, and the use of interpreters and advocates. Specific formats provided will be responsive to demand data (as above) and individual people needs. Where a person receiving care is a child, Great Mates will provide information to their family in the language, mode of communication and terms that they are most likely to understand.

To ensure peoples can easily access Great Mates, its signage, *Great Mates Charter*, *vAboutMe application* and website are provided in an easy-to-understand format. Written information can be provided in Easy English or explained verbally by team. Team can also help peoples access interpreters or advocates where required.

#### Service Access

The Regional Leads deal with all enquiries from prospective peoples or their representatives or families about accessing services. If the Regional Lead doesn't take the initial enquiry personally, they will contact the person seeking services within 1 working day.

Should a potential person be referred to Great Mates by another service or third party, the Regional Leads are to utilise Visual Care system and input information into the file with all relevant details and follow up with the people or their representative or family within 1 working day.

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

- 📌 Advise the person of their right to involve a support person in their dealings with Great Mates;
- 📌 Provide information and assist the person to access a support person of their choice, such as an advocate, to help them to interact with the service (see Great Mates *Decision Making and Choice Policy and Procedure*);
- 📌 Where physical access issues, or other issues such as availability of, or access to, transport, are identified, consider whether Great Mates is accessible for the person, and if not, how it could be made accessible; and
- 📌 Where a language or cultural barrier is identified, engage an interpreter or an appropriate external agency to support the person. See Great Mates *Service Delivery and Participation Policy and Procedure*.

The HOD team will book a meet and greet meeting with the person within 5 working days of their initial contact with them, or sooner if the person's needs are considered urgent. This meeting is to find out further, the needs of this person and if Great Mates has the capacity to support this person.

The Regional Leads will undertake an assessment of a people's eligibility based on:

- ☞ The best interests of the people;
- ☞ Service guidelines; and
- ☞ Identified people needs and risks.

Whilst these onboarding documents are being collected, the Regional Leads will begin internal documents to prepare and send to the person and/ or their guardian. They will provide the person with information about:

- ☞ Entry and exit procedures;
- ☞ Care Plan;
- ☞ Eligibility and priority of access requirements;
- ☞ Conditions that may apply to service provision; and
- ☞ Fees.

To be eligible to receive Great Mates' services, a person must meet the following eligibility criteria. The person must:

- ☞ Have one or more identified intellectual, cognitive, neurological, sensory or physical impairments that are, or are likely to be, permanent;
- ☞ Have one or more identified impairments that are attributable to a psychiatric condition and are, or are likely to be, permanent.

Consideration must also be given to the person's Priority of Access by examining:

- ☞ Their relative need compared to others who receive or want to receive services;
- ☞ Any additional needs they have;
- ☞ The extent to which Great Mates can contribute to those needs being met;
- ☞ The resources available within Great Mates to meet the people's needs;
- ☞ Other services the people receives and how Great Mates' services will complement those and contribute to improved outcomes for the people; and
- ☞ The best interests of the people.

Where relevant, the interview will take into account information already provided about the people in their NDIS Plan. The Regional Leads will provide the person with:

- ☞ A *Great Mates Charter*, outlining Great Mates entry and exit procedures and appeal processes (see service refusal below), priority of access requirements, waitlist procedures, fees, hours of operation, booking procedures, conditions that apply to service delivery (including when supports may be withdrawn), rights and responsibilities, privacy and confidentiality, and feedback and complaints processes;
- ☞ Information about fees associated with the delivery of supports through a quote and/or a service agreement; and
- ☞ Where required, the Regional Leads will provide this information to each person or their family in an alternative format such as a different language, Easy English, detailed verbal explanation or the use of interpreters and advocates.

If the person is offered services at the Intake Interview and this is accepted, they or their representative or parent/guardian will be asked to complete Great Mates' intake forms:

- ☞ **Individual Person/people receiving support Profile (IPP)**  
This document would be best to be completed with either the person needing care and/or the formal or informal supports that best know the persons care and will take about 1.5 hours

#### ⌘ Medication Summary

This document is usually from the chemist with the most up to date list of medication that has been prescribed.

#### ⌘ Clarification of Medication Purpose (CoMP) Form

This document details the reason each medication and is signed off by the prescribing doctor. This will already be on file but will need to be available and on file before support commences.

#### ⌘ Medication Book

This book will need to be signed off by the prescribing doctor with all current medications including any PRN medications.

Where a decision regarding whether the people can be offered services cannot be made at the meet and greet Interview, the Regional Lead will contact the person or their representative or family within 1 working day of the meet and greet Interview to advise them of the outcome. If the person is offered services, intake forms should be posted or emailed out for completion or the relevant person provided the opportunity to complete them in person.

#### Non-acceptance

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

The Regional Lead will encourage the person to contact Great Mates should they change their mind, noting that they may need to be placed on Great Mates' waitlist if the service has no capacity to provide services at the time they do recontact.

#### Service Refusal

Where services cannot be provided, the person will be provided with a clear reason based on Great Mates' eligibility criteria, Priority of Access requirements or waiting list processes.

Great Mates may refuse to offer a people services where:

- ⌘ They do not meet Great Mates' eligibility requirements;
- ⌘ Other potential peoples are assessed as a higher priority based on Great Mates' assessment of support requests;
- ⌘ Great Mates does not have the capacity to cater to additional peoples; or
- ⌘ Great Mates does not have the resources to cater to the specific needs of the people.

A person who meets Great Mates' eligibility requirements and cannot be offered a service due to lack of capacity, can be placed on Great Mates' Waiting List. The person will be advised of the possible waiting time before services might become available.

In either case, the person will be assisted with referrals and support to access alternative services, as per Great Mates' *Providing Information, Advice and Referrals Policy and Procedure*.

### Waiting List Processes

The Regional Leads will contact people on Great Mates' Waiting List regularly to:

- ☞ Advise them of their current status on the list;
- ☞ Check whether they want to remain on the list;
- ☞ Provide referrals to other service providers if required; and
- ☞ Advise the estimated wait time remaining.

To keep Waiting List size and wait times to a minimum, at the Regional Leads' discretion, additional services will be offered where justified by demand and Great Mates' resources allow.

### Appeal

Anyone refused services has the right to appeal the decision that has been made. Appeals should be directed in writing to Great Mates' CEO who will make the final decision for the support request.

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

Those not successful in their appeal will be provided written advice to this effect. For procedures for those who successfully appeal, see Great Mates' Assessment, Planning and Review Policy and Procedure.

If a person is unhappy with outcome of their appeal, they will be directed to Great Mates' Feedback and Complaints Policy and Procedure.

### Alternative Supports

Great Mates will work collaboratively with all people refused services or their representatives or families, to identify alternative services and referrals that could best meet their needs. These will be provided within 5 working days.

With the person, representative's or family's consent, relevant information will be provided by Great Mates to new service providers to support the people's seamless referral.

### Continuous Improvement

Great Mates will maintain a record of peoples who have been refused a service, summarising reasons for their being found ineligible or, if found eligible, reasons for being placed on Great Mates' Waiting List.

Access, service refusal and referral information will be tracked in Visual Care to inform Great Mates' team of status updates and to allow for opportunities of continuous improvement.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 Great Mates Charter
- 📄 IPP
- 📄 Service Agreement SIL
- 📄 Service Agreement CP
- 📄 Medication Book
- 📄 CoMP Form
- 📄 Feedback and Complaints Policy and Procedure
- 📄 Privacy and Confidentiality Policy and Procedure
- 📄 Decision Making and Choice Policy and Procedure
- 📄 Work Health and Safety Policies and Procedures
- 📄 Providing Information, Advice and Referrals Policy and Procedure

## MONITORING AND REVIEW

The HOD team will review this Policy and Procedure at least annually as well as weekly during the HOD meeting. Reviews will incorporate team, people, and other stakeholder feedback. People and service networks will be advised of any changes.

Great Mates' feedback collection mechanisms, such as people satisfaction surveys and service delivery planning activities, will assess:

- 📄 People awareness of Great Mates' access procedures;
- 📄 People satisfaction with Great Mates' physical access, service access procedures and management of service refusal and appeals regarding access;
- 📄 Whether peoples are satisfied with the service environment, service delivery and referral and support to access other services;
- 📄 Whether Great Mates' eligibility criteria are reflected in its peoples; and
- 📄 Feedback provided by and to peoples and potential peoples around access and refusal and whether the information provided to peoples is appropriate and effective.

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

**DOCUMENT CONTROL**

Version No.	Issue Date	Document Owner
4	20/01/2024	HOD team (Regional Lead: NSW & VIC)
<b>Version History</b>		
Version No.	Review Date	Revision Description
3	01/07/2023	HOD team
2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# ASSESSMENT, PLANNING AND REVIEW POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure set out the approach Great Mates takes to assessment, planning and review with respect to each person's Support Plans once a person has been offered and accepted Great Mates' services.

This Policy and Procedure applies to all people of Great Mates' services, their family members, Lifestyle Assistants, and other supporters, and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### SUPPORT PLANNING

#### Outcome

Each person is actively involved in the development of their support plans. Support plans reflect each person's needs, requirements, preferences, strengths, and goals, and are regularly reviewed.

#### Indicators

- ☞ With each person's consent, work is undertaken with the person and their support network to enable effective assessment and to develop a support plan. Appropriate information and access is sought from a range of resources to ensure the person's needs, support requirements, preferences, strengths and goals are included in the assessment and the support plan.
- ☞ In collaboration with each person, a risk assessment is completed and documented for each person's support plan, then appropriate strategies to treat known risks are planned and implemented.
- ☞ Periodic reviews of the effectiveness of risk management strategies are undertaken with each person 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 person, 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 person's functionality, and the person's wishes.
- ☞ Where progress is different from expected outcomes and goals, work is done with the person to change and update the support plan.
- ☞ Where appropriate, and with the consent of the person, information on the support plan is communicated to family members, Lifestyle Assistants, other providers, and relevant government agencies.



## SERVICE AGREEMENTS WITH PEOPLES

### Outcome

Each person has a clear understanding of the supports they have chosen and how they will be provided.

### Indicators

- ❏ Collaboration occurs with each person 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 person is supported to understand their service agreement and conditions using the language, mode of communication and terms that the person is most likely to understand.
- ❏ Where the service agreement is created in writing, each person receives a copy of their agreement signed by the person, their guardian, and the provider. Where this is not practicable, or the person chooses not to have an agreement, a record is made of the circumstances under which the people did not receive a copy of their agreement.
- ❏ Where the provider delivers supported independent living supports to peoples in specialist disability accommodation dwellings, documented arrangements are in place with each person 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 Person's concern about the dwelling will be communicated and addressed;
  - ❏ How potential conflicts involving people(s) will be managed;
  - ❏ How changes to a persons circumstances and/or support needs will be agreed and communicated;
  - ❏ In shared living, how vacancies will be filled, including each person's right to have their needs, preferences and situation taken into account; and
  - ❏ How behaviours of concern, which may put tenancies at risk will be managed, if this is a relevant issue for the people.

## RESPONSIVE SUPPORT PROVISION

### Outcome

Each person accesses responsive, timely, competent, and appropriate supports to meet their needs, desired outcomes, and goals.

### Indicators

Supports are provided based on the least intrusive options, in accordance with contemporary evidence-informed practices that meet each person's needs and help achieve desired outcomes.

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

Reasonable efforts are made to involve the person in selecting their team, including specific preferences of workers providing personal care supports.

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

## TRANSITIONS TO OR FROM THE PROVIDER

### Outcome

Each person experiences a planned and coordinated transition to or from the provider.

### Indicators

- 📌 A planned transition to or from the provider is facilitated in collaboration with each person when possible, and this is documented, communicated, and effectively managed.
- 📌 Risks associated with each transition to or from the provider are identified, documented, and responded to.
- 📌 Processes for transitioning to or from the provider are developed, applied, reviewed, and communicated.

## DEFINITIONS

**Planning** - a process to enable people with a disability to explore their needs, goals and aspirations and the ways they can be supported to achieve these. Planning will have a different focus for each person.

**Service agreement** - a written agreement between a provider and people on the supports to be provided and the conditions surrounding those supports.

**Support plan** - a document developed by a people and provider in response to a request for supports, prior to the commencement of supports.

**Support network** - family, friends, Lifestyle Assistants, and other people who have a supportive relationship with a people.

## POLICY

Great Mates ensures each person accesses supports that promote, uphold, and respect their legal and human rights and are enabled to exercise informed choice and control. The provision of supports promotes, upholds, and respects individual rights to freedom of expression, self- determination, and decision-making.

Where a person's transitions from other services, the transition is collaboratively planned, and the process is documented, communicated, and effectively managed.

## PROCEDURES

### General

As per Great Mates' Human Resources Policy and Procedure, all team must undergo Induction, which includes training in assessment, planning and review processes. Team knowledge and application of this policy and procedure is monitored on a day-to-day basis and through annual Performance Reviews. Additional formal and on-the-job training is provided to team where required.

Great Mates uses its Great Mates Charter, and website to provide each person, families, Lifestyle Assistants, and all other stakeholders with information about this policy and procedure, in an easy-to-understand format.

To ensure each person understands this information, the team must provide information to them and their supporters or families in ways that suit their individual communication needs. Written information can be provided in Easy English or explained verbally by team. Team can also help peoples access interpreters or advocates where required.

All documentation relating to assessment, planning and review must be maintained on people files and tracked in Visual Care.

As part of all assessment, planning and review activities, team must discuss each persons' legal and human rights, as well as their responsibilities, with them. They must confirm each person understanding verbally, using an interpreter or advocate where required.

Team must also advise the person of their right to involve a support person in their dealings with Great Mates. Where required, each person must be provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. For more information see Great Mates' Decision Making and Choice Policy and Procedure.

In accordance with Great Mates' Privacy and Confidentiality Policy and Procedure, respect for and protection of each persons' privacy and confidentiality must be reinforced on an ongoing basis, verbally and in literature provided by team.

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

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

Team must accept the persons' wishes with respect to accepting or rejecting particular support options.

Should a person request assistance with Support Planning that is beyond the scope of this policy and procedure, the person should be directed to the NDIA to discuss with their Support Coordinator. Referral and support to connect the person to Agency should be provided within 5 working days and in accordance with Great Mates' Providing Information, Advice and Referral Policy and Procedure.

The HOD team will ensure Great Mates remains up to date with all contemporary evidence-informed assessment, planning and review practices as part of their continuous improvement responsibilities and improving people outcomes.

The HOD team will participate in industry forums and keep abreast of industry research and articles to determine if and how any changes to practices can be implemented into Great Mates' service delivery.

The HOD team will ensure all team are advised of any updates in Great Mates' processes as a result of the changes, to ensure consistency throughout service delivery.

### Intake Form

- ☞ Individual Person/ people receiving support Profile (IPP) This document would be best to be completed with either the person needing care and/or the formal or informal supports that best know the persons care and will take about 1.5 hours. [This is only completed once at the initial onboarding to assist with documentation and is not required to be updated.](#)
- ☞ Medication Summary This document is usually from the chemist with the most up to date list of medication that has been prescribed.
- ☞ Clarification of Medication Purpose (CoMP) Form This document details the reason each medication and is signed off by the prescribing doctor. This will already be on file but will need to be available and on file before support commences.
- ☞ Medication Book This book will need to be signed off by the prescribing doctor with all current medications including any PRN medications.
- ☞ [Training Needs Analysis This will be completed by our team to ensure the appropriate individualised training has been conducted before support commences.](#)

### Assessment

Following their meet and greet Interview, where a person is offered services and accepts, team will work with them and their supporter/s to assess their needs and develop and agree upon a Service Agreement. Team will meet with the person and their supporter/s within 5 working days of their acceptance, or sooner if able, for an Assessment and Planning Interview.

The HOD team will conduct all Assessment and Planning Interviews. The assessment will take into account:

- ☞ The person's needs (including health, wellbeing and safety needs), goals and longer-term aspirations;
- ☞ The supports that can be provided by Great Mates to meet those, based on the least intrusive approach and in accordance with contemporary, evidence-informed practices;
- ☞ The person's support network, and how they can be supported to engage with this;
- ☞ The person's age, ability, gender, sexual identity, culture, diversity, values, beliefs religion or spirituality;
- ☞ Any barriers to community participation and strategies that could be put in place to help the people overcome them;
- ☞ Identification of alternative service delivery plans in instances where service delivery may be interrupted; and
- ☞ How, when, and where the person requires supports to be delivered.

Where possible, support provided to a person by Great Mates should:

- ☞ Support them to develop, maintain and strengthen independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances;
- ☞ Respect their right to practice their culture, values, and beliefs; and
- ☞ Help them take control of and responsibility for their choices and enhance their autonomy, independence, and community participation.

As per Great Mates' Risk Management Policy and Procedure, a risk assessment for each person's Support Plan must be completed and documented using a People Risk Assessment. This must also include appropriate strategies to treat risks, and how these will be planned and implemented.

Where relevant, the interview must take into account information already provided about the person in their NDIS Plan.

Outcomes of the assessment will be added into the Care Plan that is approved by the persons and their stakeholders prior to support commencing. A copy will also be kept on the person's file on Visual Care that is also visible to the person. Where the person chooses not to take a copy, team must include a case note on the people's file explaining the reasons why the people did not receive a copy of their information.

#### Peoples Transitioning to Great Mates from Other Services

Where a person is transferring from another service provider, Great Mates must seek consent from the person and/or their supporters to contact other providers, (for example, government departments, the NDIA or other service providers) to discuss or obtain the person's support requirements, Support Plan and information about their needs and goals, in order to assist their transition.

The Regional Leads will meet with the person, their supporters, and representatives from other relevant services (with the person's consent) to develop a Transition Plan for the person.

The Plan must clearly identify the timeframe for the transition and who is responsible for managing the steps involved in the transition, with the aim of minimising the impact of change on the people. In addition, risks associated with the transition must be identified, documented, and responded to.

The Transition Planning process should also incorporate the Support Planning processes outlined below. A copy of the Transition Plan must be provided to the person. A copy must also be kept on the person's file and key elements captured in Visual Care. Where this is not practicable, or the people chooses not to have a Transition Plan, team must include a case note on the people's file explaining the reasons why the people did not receive a copy of their plan.

## Planning

Team must work with peoples and their supporters to formalise the supports to be provided by Great Mates in a Service Agreement. The Service Agreement can be tailored to the individual needs of each person.

The Service Agreement must include:

- ❏ A Support Plan setting out:
  - ❏ The supports that will be provided;
  - ❏ The support team who will provide the supports; and
  - ❏ How, when, and where the people requires the supports to be delivered;
- ❏ The period for when the people requires the supports to be provided;
- ❏ Fees associated with the supports to be provided;
- ❏ Any conditions attached to the delivery of supports, including why these conditions are attached;
- ❏ When and how the Service Agreement will be reviewed;
- ❏ How the people and Great Mates will deal with any problems or questions that arise, including complaint handling and dispute resolution;
- ❏ What the people's and their supporter's responsibilities are under the Service Agreement;
- ❏ What Great Mates responsibilities are under the Service Agreement; and
- ❏ What notice is needed for the people or Great Mates to change or end the Service Agreement and how this is done.

Team must ensure the people (and their supporter/s) understands their plan or are supported to understand it. Team must provide information to them and their supporters or families in ways that suit their individual communication needs. Written information can be provided in Easy English or explained verbally by team. Team can also help peoples access interpreters or advocates where required.

The people or their representative must sign the Service Agreement before service delivery can commence. A copy of the Service Agreement must be provided to the people. A copy must also be kept on the people's file and key elements captured in Visual Care. Where this is not practicable, or the people chooses not to have an agreement, team must include a case note on the people's file explaining the reasons why the people did not receive a copy of their agreement.

Peoples' relevant assessment documentation must be provided to the support team who will work with them, prior to those team commencing work with them, to ensure the people's service delivery is consistent with their expressed preferences.

Where possible, team must involve the person in selecting their support team, including the preferred gender and cultural background of team providing personal care supports. Selection of support team must also be based on the team member's ability to meet the people's specific needs. Where these needs require monitoring and/or daily support, support team will be provided with any additional training required to understand the person's needs and preferences.

Where agreed in the Service Agreement, and with the person's consent or direction, team must also develop and maintain collaborative links with other providers in order to share information and meet the people's needs. Links and referrals to other services must be provided in accordance with Great Mates' Providing Information, Advice and Referrals Policy and Procedure.

Where appropriate, and with the consent of the person, information about the person's Support Plan may be communicated to family members, Lifestyle Assistants, other providers, and relevant government agencies to ensure holistic support is provided.

## Reviews

Team, with the relevant stakeholders, must review the provision of supports for each person at least annually with the person and their supporter/s. Flexibility will be provided regarding the timing of review assessments, based on persons' needs and wishes, risks and functioning.

Reviews must include:

- ☞ The person's needs (including health, wellbeing and safety needs), goals and longer-term aspirations;
- ☞ The person's progress towards addressing their needs and achieving their goals;
- ☞ Recognition and celebration of the people's progress;
- ☞ The person's and their supporters' age, ability, gender, sexual identity, culture, diversity, values, beliefs, religion or spirituality;
- ☞ The person's support network and how they can be supported to engage with this;
- ☞ Any barriers to community participation and strategies that could be put in place to help peoples overcome them; and
- ☞ Whether there needs to be a change to the supports provided, ensuring new supports are based on the least intrusive approach and provided in accordance with contemporary, evidence-informed practices.

People Risk Assessments and the effectiveness of risk management strategies must also be reviewed with each person to ensure risks are being adequately addressed and that changes are being made when required. Where a person's progress is different from expected outcomes and goals, the Support Plan must be updated and attached to the people's Service Agreement.

If the person wishes to change their service delivery outside of the review cycle, they can request a review with the HOD team at any time.

Outcomes of reviews must be recorded using Great Mates' People Support Review Form. Copies (and, if applicable, updated Support Plans) must be provided to the person. Copies must also be kept on person files and key elements captured in Visual Care. Where a person chooses not to take a copy, team must include a case note on their file explaining the reasons why they did not receive a copy of their review.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 🔗 Great Mates Charter
- 🔗 Transition Plan
- 🔗 Service Agreement
- 🔗 Support Plan/ Care Plan
- 🔗 People Support Review Form
- 🔗 Providing Information, Advice and Referrals Policy and Procedure
- 🔗 Records and Information Management Policy and Procedure
- 🔗 Service Access Policy and Procedure
- 🔗 Decision Making and Choice Policy and Procedure
- 🔗 Privacy and Confidentiality Policy and Procedure
- 🔗 Feedback and Complaints Policy and Procedure
- 🔗 People Risk Assessment
- 🔗 Visual Care CRM
- 🔗 Training Needs Analysis

## MONITORING AND REVIEW

The HOD team will review this Policy and Procedure at least annually as well as weekly within the HOD meeting. Reviews will incorporate team, person, and other stakeholder feedback.

Great Mates' feedback collection mechanisms, such as people satisfaction surveys, will assess:

Satisfaction with supports provided;

Satisfaction with the relevance and quality of referrals and connections provided by Great Mates team; and

Awareness of, access to and experience of supports provided to enable them to maintain and enhance links with other people and organisations.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	20/01/2024	HOD team (Regional Lead: NSW & VIC)
<a href="#">Version History</a>		
Version No.	Review Date	Revision Description
3	01/07/2023	HOD team
2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards



# PROVIDING INFORMATION, ADVICE AND REFERRAL POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure set out how Great Mates ensures people and all stakeholders access services that are most appropriate to their needs through timely and responsive service integration and referral.

It applies to all potential and existing people receiving support, their family members, Lifestyle Assistants, and other supporters as well as other Great Mates stakeholders, and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### RESPONSIVE SUPPORT PROVISION

#### Outcome

Each person accesses responsive, timely, competent, and appropriate supports to meet their needs, desired outcomes, and goals.

#### Indicators

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

## DEFINITIONS

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

**Cold referral** - A caller is transferred to another service, without any immediate communication between Great Mates and the other service.

**Facilitated referral** - The person is helped to access the other service, for example, Great Mates Quality Compassionate Services makes an appointment with the other service on the person's behalf, asks the other service to contact the person or a caller is transferred to the other service.

**Passive referral** - The person is given contact information for appropriate service/s so they can make their own contact at a time that best suits them.

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

## POLICY

Great Mates works proactively as part of a broader service delivery network, which enhances its own service delivery and provides its people with appropriate referrals and services that meet their needs.

Great Mates will inform the community, potential people, their supporters and other services about its services and access requirements through active engagement strategies that encourage and facilitate people and stakeholder participation. Where possible, people receiving support (including people leaving the service or people unable to access Great Mates services) will be referred using facilitated, warm or active referral processes.

## PROCEDURES

### Service Network Engagement

Great Mates' HOD team must actively work to build strong relationships with local government and non-government providers and agencies and participate in relevant local networks, to increase service and referral options for its people and other stakeholders.

Great Mates' HOD team will work collaboratively with Aboriginal and Torres Strait Islander and culturally and linguistically diverse services to identify and meet peoples' needs and goals. This contributes to:

- More coordinated service provision;
- Better use of resources;
- Improved outcomes for peoples;
- Culturally sensitive service delivery;
- Developing team that are adequately trained and sensitive to the specific cultural needs of peoples; and
- Facilitating participation of stakeholders from these backgrounds in Great Mates' activities and the community.

Where applicable, Great Mates will develop clear protocols with other service providers which outline agreed relationships and delineate roles and responsibilities. The Regional Lead will be responsible for establishing, reviewing, and modifying such agreements.

Team are encouraged to attend interagency meetings as a means of linking with other service providers and to inform them of service and referral options. They must retain records this involvement, such as meeting minutes and communications, in accordance with the *Information Management Policy and Procedure*, to inform continuous improvement.

The HOD Team reviews Great Mates' participation in service and referral networks annually to ensure the arrangements in place are the best use of Great Mates' resources and are providing the best possible outcomes for Great Mates' peoples.

### Service Promotion

The HOD team must ensure Great Mates is listed on relevant directories, including through the 'Find Registered Service Providers' tool on the NDIS website.

Great Mates distributes information about its services in appropriate formats to local government and non-government providers and agencies, including the local NDIA office and NDIS Local Area Coordination (LAC) service providers.

### Referral and Information Sharing

Great Mates displays and distributes information (such as brochures) regarding alternative services and local community participation options for peoples. Where possible (noting that the bulk of this collateral will be provided by other providers) information will be provided in a variety of formats, including team explanation where necessary.

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

Great Mates maintains a *Referrals Database* that must be continuously reviewed and built upon by all delivery team. Team making referrals must have an accurate knowledge of the services provided by other agencies and actively contribute to the continuous improvement of Great Mates' *Referral Database*.

Team must respond to referrals and requests for Great Mates' services within 1 working day, in accordance with Great Mates' *Service Access Policy and Procedure*. Referrals required as part of Great Mates' support of a people will be dealt with in accordance with this policy and procedure and Great Mates' *Assessment, Planning and Review Policy and Procedure*.

Team must work collaboratively with all people refused services or leaving Great Mates, and their supporters, to identify what alternative services and referrals could best meet their needs. In all cases, referrals to other services must be made within 2 working days.

Team must provide referrals with empathy and respect for the person, a non-judgemental attitude and sensitivity to their needs. Where required, people will be provided with information and support to access a person of their choice, such as an advocate, to assist them to interact with Great Mates and other services. See Great Mates' *Decision Making and Choice Policy and Procedure*.

When providing referrals, team must consider:

- ☞ The person's most pressing needs;
- ☞ Safety issues and whether a referral will compromise the person's safety;
- ☞ The level of distress experienced by the person. For example, it may be necessary to calm the person or seek the support of a more senior team member before referring them on to other services;
- ☞ The needs of children, vulnerable people and people with complex needs or at high risk;
- ☞ The person's age, ability, gender, sexual identity, culture, religion, spirituality and language and communication needs; and
- ☞ Other services the person is already receiving and from where.

Team must be aware of possible barriers that a person may experience in using another service and, where feasible and appropriate, work with them to find ways to overcome these barriers. Barriers may include:

- ☞ Lack of information about services and what is available;
- ☞ Lack of capacity or interest in taking up a referral;
- ☞ Waiting lists that are too long to meet the people's needs;
- ☞ Cost;
- ☞ Lack of childcare;
- ☞ Cultural or language barriers;
- ☞ Difficulties in contacting peoples (e.g. lack of phone services);
- ☞ Family ties;
- ☞ Lack of anonymity in small communities;
- ☞ Lack of interpreters;
- ☞ Lack of services particularly in rural and regional areas; and/or
- ☞ Lack of transport options.

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

Team must acknowledge and address any concerns and explain the reasons why a particular referral has been made. Where more than one service may assist a person, it is appropriate to provide them with information about the range of services available and give them choice over which service or services they want to use. In doing so, team may need to provide some guidance on any special conditions for using a service. It is important to refer people to the most appropriate service at the right time and avoid a 'merry-go-round' of referrals.

Team should use facilitated, warm or active referral processes where feasible, especially for people who are likely to have trouble using other services without assistance. Where a referral is a passive or cold referral, team should provide sufficient information to the person to help make the referral successful. Where appropriate, team may also follow up with the person to ensure the referral was effective.

If required, information about alternative services, Great Mates' referral process and the feedback and complaints process will be provided to people in alternative formats. Information about Great Mates' referral processes and information sharing provisions will be included in its *Great Mates Handbook* and provided when required, including during service delivery.

Where a person is not satisfied with referrals or the integration of supports provided by Great Mates, they should be directed to Great Mates' feedback and complaints processes.

Service access, refusal and referral information must be tracked in Visual Care and on people files. Records must include the timeframes within which incoming referrals were actioned or outgoing referrals were made.

### Managing Correspondence and Information with Other Providers

Great Mates will ensure Privacy and confidentiality laws are upheld in the collaborative process of information sharing for the purpose of bettering the all-round service and care for a peoples. This information will only be shared if the peoples and/or guardian / representative has signed and agreed with the People Consent Form.

When the sharing process is happening, only necessary information will be disclosed to ensure the best care plan can be determined. This will be assisted by the CRM system Great Mates will be implementing to ensure the right people can see the right information.

### SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 🔒 Great Mates Charter
- 🔒 Information Management Policy and Procedure
- 🔒 Service Access Policy and Procedure
- 🔒 Assessment, Planning and Review Policy and Procedure
- 🔒 Decision Making and Choice Policy and Procedure
- 🔒 Privacy and Confidentiality Policy and Procedure
- 🔒 Feedback and Complaints Policy and Procedure
- 🔒 Referral Database

### MONITORING AND REVIEW

The HOD team will review this Policy and Procedure at least annually as well as within weekly HOD meetings as required. Reviews will incorporate team, people, and other stakeholder feedback.

Review of this Policy and Procedure will include team, people and other stakeholder feedback and incorporate:

- 🔒 People file audits, to assess alignment between documented processes and actual practice;
- 🔒 Service involvement and links with Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities and services;
- 🔒 A review of Great Mates' service network and referral processes; and
- 🔒 A review of feedback from team, peoples, and other stakeholder on their satisfaction with Great Mates' service integration and referral management.

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

**DOCUMENT CONTROL**

Version No.	Issue Date	Document Owner
4	20/01/2024	HOD team (Regional Lead: NSW & VIC)
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Version No.	Review Date	Revision Description
3	01/07/2023	HOD team
2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# SERVICE DELIVERY AND PARTICIPATION POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure set out person-centred principles to guide service delivery to Great Mates' peoples. It applies to all potential and existing peoples, their family members, Lifestyle Assistants, and other supporters as well as other Great Mates stakeholders, and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### PERSON-CENTRED SUPPORTS

#### Outcome

People accessing supports that promote, uphold, and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds, and respects individual rights to freedom of expression, self-determination, and decision-making.

#### Indicators

Each person is supported to engage with their family, friends and chosen community as directed by the people.

### INDIVIDUAL VALUES AND BELIEFS

#### Outcome

Each person accesses supports that respect their culture, diversity, values, and beliefs.

#### Indicators

- 🏠 At the direction of the people, the culture, diversity, values, and beliefs of that people are identified and sensitively responded to.
- 🏠 Each person's right to practice their culture, values and beliefs while accessing supports is supported.

### SAFE ENVIRONMENT

#### Outcome

Each person accesses supports in a safe environment that is appropriate to their needs.

#### Indicators

Each person can easily identify workers engaged to provide the agreed supports.

## CONTINUITY OF SUPPORTS

### Outcome

Each person has access to timely and appropriate support without interruption.

### Indicators

Supports are planned with each person to meet their specific needs and preferences. These needs and preferences are documented and provided to workers prior to commencing work with each person to ensure the people's experience is consistent with their expressed preferences.

## DEFINITIONS

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

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

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

## POLICY

Great Mates promotes a person-centred approach to its service delivery where individuals lead and direct their services and are supported to maintain connections with their family, friends, and communities.

## PROCEDURES

Peoples' assessment documentation (see Great Mates' *Assessment, Planning and Review Policy and Procedure*) must be provided to the team who will work with them, prior to the team commencing work with each person, to ensure the people's and their family's service delivery is consistent with their expressed preferences.

Support team must be introduced to peoples prior to commencing the delivery of supports, and clearly identify themselves to peoples at each instance of service delivery. Team may wear their Great Mates uniform to help peoples to recognise them.



## Continuity of Supports

Great Mates is committed to providing support to peoples without interruption throughout the period of their Service Agreement. This is supported through a range of policies and procedures.

The *Succession Planning Policy and Procedure* requires Great Mates to maintain and uphold a sustainable workforce and the continuity of the business. Great Mates has developed a *Succession Plan* which aligns with its *Strategic and Operational Plan*.

Great Mates' *Team Policy and Procedure* identifies processes where team members' normal working hours may require adjustment to ensure continuity of care, as well as how Great Mates handles team absences, shortages, and vacancies. Adequate decision leading up to peak holiday and sick season ensure there are team that's trained and skilled readily available to continue supports. This is supported through the ongoing training and development processes outlined in *the Human Resources Policy and Procedure*.

Team training and development opportunities are tracked using the *Team Training and Development Register*. Team are provided opportunities to develop their skills and encouraged to further their knowledge with team trainings, training from our community Nurse in hopes to support team growth and development and the continuity of care for our people.

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

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

Great Mates also ensures continuity of care to peoples by complying with its Risk Management Model and Practices, as outlined in the *Risk Management Policy and Procedure*. Risk management plans are developed and reviewed monthly (also reviewed within weekly HOD meeting as necessary), and any identified risks are followed up by the Regional Leads and discussed with appropriate people within weekly meetings.

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

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

### General Service Delivery Principles

Great Mates puts the people at the centre of decision-making in all aspects of their life and supports peoples to actively participate in their community and pursue their interests and goals.

Where required, team will identify and provide referrals and linkages to services and activities that will enhance people's community participation and provide support and assistance to help peoples access these. See Great Mates' *Providing Information, Advice and Referrals Policy and Procedure*.

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

Through its recruitment and selection processes, Great Mates works to develop a diverse workforce so that peoples assessments, planning, service delivery and reviews benefit from expertise from a range of team with varying life experiences.

Team must use a strengths-based approach to identifying individual people needs and life goals, particularly in relation to recognising individuals' capacity to develop their independence, problem-solving, social and self-care skills. Each person will be supported to engage with their family, friends and chosen community, as directed by the people.

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

Access to supports required by a peoples will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the people. As per Great Mates' *Service Access Policy and Procedure*, reasonable adjustments to the support delivery environment will be made and monitored to ensure it is fit for purpose and that each person's health, privacy, dignity, quality of life and independence is supported.

### Communication

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

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

Great Mates is committed to supporting peoples from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds to maintain and strengthen their connection to their community, culture, spirituality, and language.

Great Mates works collaboratively with peoples from diverse backgrounds to provide holistic service delivery. Team delivering services to peoples from Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds should consider:

- ☞ That these communities are extremely diverse;
  - ☞ The cultural context and the potential for significant cultural differences between people in terms of spiritual, ecological, consensual and communal beliefs and values;
  - ☞ The impacts of racism and prejudice;
  - ☞ Translating written, electronic and verbal information or making it available in Easy English for people who are not proficient in the English language;
  - ☞ That some migrants and former humanitarian entrants are not literate in their own language;
  - ☞ Communicating in a community's preferred medium (some communities may prefer printed information rather than verbal);
  - ☞ Allowing sufficient time for cross-cultural input and communication;
  - ☞ Incorporating a family-sensitive approach to support and including extended family members and significant others in service delivery by providing a range of flexible, culturally appropriate ways to engage;
  - ☞ Providing more flexible appointment times and lengths; and
  - ☞ Providing services in alternative, outreach, home and/or community environments.
- Team should also apply cultural protocols when supporting peoples from diverse backgrounds, including:
- ☞ Recognising gender, how people are expected to interact with the opposite sex (including married and unmarried people of the opposite sex) and taking this into account when selecting a team member to support a male or female people;
  - ☞ For culturally and linguistically diverse peoples, depending on the period of time spent in Australia, migration experience, country of origin and pre-migration experience, communities may have mixed attitudes towards government and people of authority;
  - ☞ For Aboriginal and Torres Strait Islander peoples, recognising kinship and the impact this may have on service delivery; and
  - ☞ Understanding the importance of notifying appropriate people in a people's community of an intended visit.

### Partnerships

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

The HOD team will work closely with Aboriginal and Torres Strait Islander and culturally and linguistically diverse services in its region to establish partnerships to benefit its peoples and their communities. These partnerships should also inform Great Mates' culturally secure and competent service delivery.

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

## Team Support

Through its recruitment and selection processes, Great Mates endeavours to develop a culturally diverse and competent workforce to support culturally appropriate service delivery.

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

Great Mates also endeavours to employ team from diverse backgrounds and will consider the following strategies to support and retain them:

- ☞ Hold events that celebrate workplace diversity and encourage team members to share their cultures and experiences;
- ☞ Set up internal and external mentoring and supervision arrangements with people of the same background; and
- ☞ Support them to fulfil cultural and social obligations to their family and community.

## Environment

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

Where there are significant barriers for people to access Great Mates, it may be appropriate to take the service to them, such as offering outreach services through another more accessed agency, or home visits.

## Promotion

Great Mates will attempt to cross-skill its workforce and promote internally before recruiting externally.

Great Mates' promotional and people materials will be appropriate and welcoming of Aboriginal and Torres Strait Islander and culturally and linguistically diverse people and inform communities of the business' entry criteria, services offered and access requirements. Local ethnic and community radio stations, websites, press and other media may be used to promote services.

Great Mates will also consider appointing people from diverse backgrounds to decision-making and advisory committees to enhance partnerships and communication processes and involving Community Leaders and Elders in face-to-face engagement and collaboration.

### Remote Service Delivery

All support provided in remote areas must be delivered in collaboration with family, extended kin networks, and community members to support optimal outcomes for peoples. Team must provide evidence of this in their case notes, other service delivery records and performance reviews.

The philosophies, systems and processes that underpin remote service delivery often vary from those applied within a larger metropolitan or urban setting. The features that distinguish remote and rural practice often become more prominent the more remote a community is. The environment is different, as are the issues encountered. The population is small, dispersed and in some places highly mobile, with significant variations in the services accessible to the community.

These features, combined with the individual features of each community, create many opportunities for Great Mates, including:

- ☞ Supporting populations with complex health needs and a diverse health profile;
- ☞ Providing services in multiple contexts;
- ☞ Connecting services to the community and promoting greater community involvement;
- ☞ Using a range of different service delivery models;
- ☞ Using new and advancing technologies (such as Telehealth);
- ☞ Enhanced collaboration with other agencies and communities;
- ☞ Greater involvement in population health, public health and health promotion;
- ☞ Working together with Aboriginal people in a culturally safe way, and developing the organisation's cultural safety; and
- ☞ Delivering a wide range of services across the continuum of care.

Opportunities for team include:

- ☞ Developing a wide range of professional skills;
- ☞ Earlier exposure to supervision of others including students and lifestyle assistants;
- ☞ Enhancing their cultural safety skills;
- ☞ Advancing their communication skills;
- ☞ Greater team practise, including interdisciplinary and transdisciplinary practise;
- ☞ Increased autonomy in practise and decision-making;
- ☞ Developing their ability to manage professional isolation and create professional networks;
- ☞ Working independently, in isolation or as a sole practitioner;
- ☞ Greater involvement in service planning, implementation and evaluation;
- ☞ Greater responsibility for caseload management and prioritisation;
- ☞ Being flexible, innovative, adaptable and resourceful;
- ☞ Developing strong self-care and safety/survival skills, including first aid, safe driving, and local knowledge; and
- ☞ Becoming part of a community.

Remote service delivery also presents a range of challenges and risks, including:

- ☞ Diversity of peoples, with a wide range of issues (the need to be a ‘specialist generalist’);
- ☞ Lack of community knowledge, including limited understanding of support services and their intent;
- ☞ Inadequate resources and inappropriate infrastructure;
- ☞ Limited access to quality IT and communication systems;
- ☞ Team shortages, potentially leading to long working hours and high workloads;
- ☞ The ability to maintain confidentiality in small communities;
- ☞ Difficulty translating training and evidence into remote and rural practise (including the lack of evidence and research specific to remote and rural contexts);
- ☞ Lack of access to specialist support pathways; and
- ☞ Unrealistic expectations.

Great Mates also runs the risk of poor community engagement, and therefore poor people outcomes, if its team are not well prepared to interact with remote communities.

Further, team could face the following challenges and risks:

- ☞ Reduced access to management support, mentoring, adequate supervision, professional development and career development;
- ☞ Professional isolation due to reduced local access to peers and networks;
- ☞ Inadequate preparation for remote or rural work;
- ☞ Social isolation, including distance from family, friends and social support;
- ☞ Lack of social and cultural facilities in the community;
- ☞ Risk of burnout;
- ☞ Lack of incentives;
- ☞ Working in a physical environment of climatic extremes (safety risks);
- ☞ Blurring of personal and professional boundaries; and
- ☞ Finding appropriate employment for their partner or suitable education facilities for their children.

## Risk Management

Team who work alone in remote areas should not be put at more risk than other team. Great Mates must take all reasonable, practicable steps to identify all hazards related to remote service delivery, which must be assessed and managed as per its *Risk Management Policy and Procedure*. Peoples or community members that pose a threat to the safety of team must also be actively identified, and this risk assessed and managed accordingly.

Great Mates must also ensure, as far as is practicable, that team working alone in remote areas do not have a medical condition which may compromise their welfare, health, or safety in such a setting.

Routine work and foreseeable emergencies as well as contingency plans for unforeseeable emergencies that may impose additional physical and psychological burden on team must also be planned for, as per Great Mates’ *Emergency Planning Policy and Procedure*.

Team assigned to work in remote areas must demonstrate a sound knowledge and understanding of remote service delivery and have the necessary skills and experience to work flexibly and innovatively to provide quality supports to peoples.

They must also be capable of actively identifying and responding to risks relating to support provision within isolated environment as well as specific risks relating to cultural safety, security, and competency.

When a risk assessment determines that intended service delivery may be unsafe or poses an unacceptable risk, it should not proceed. Other options should be explored such as providing an appointment at a health service or other similar facility.

When a risk assessment determines it is safe to proceed with service delivery, the following risk control measures should still be considered:

- ☞ Communications (for example, access to a satellite phone that is fully charged and with emergency numbers programmed in, or a personal duress alarm);
- ☞ Communication strategies (such as a buddy system) to ensure communication is maintained prior to and immediately after the work is undertaken;
- ☞ Maintaining equipment required for the work;
- ☞ Considering whether two workers are required to undertake the work; and
- ☞ A Police escort and protection for the duration of high-risk mandatory visits.

Vehicles used in remote service delivery must meet the requirements of Great Mates' *Vehicle Safety Policy and Procedure*. Prior to travelling into, out of or within a remote area, team must identify any hazards associated with driving conditions. These include weather and terrain conditions, the length of time spent travelling and driver fatigue.

### Incident Management

Incidents that occur during the provision of remote service delivery must be responded to and reported in accordance with Great Mates' incident management policies and procedures.

### Interpreters

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

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

An interpreter must be engaged if a person requests one.

Where a person has limited or no English language skills or uses Auslan, Great Mates must offer them the use of a professionally accredited interpreter to ensure the people understands and can communicate in response to the information being provided to them.

Every reasonable effort must be made to use an accredited interpreter before a family member or friend of the people is asked to assist. They may assist in communicating with a person where an interpreter is required but is not available and a matter must be dealt with in a restricted timeframe. The decision to do so, and the circumstances justifying that decision, must be documented in the people's file or relevant record. As soon as practicable the services of a professional interpreter must be engaged to ensure the information has been accurately conveyed, especially in the case of medical or complex situations.

Any individual under the age of 18 must never be asked to act in the place of an accredited interpreter. Unless they are an accredited interpreter or employed for their language skills, team members who speak a language other than English may only assist with communicating low risk information such as making appointments or obtaining basic personal details such as name and address. Unaccredited bilingual team cannot be used to communicate information that is legally binding or puts the people or Great Mates at risk.

The following are critical points at which people with low English proficiency should have access to information in their preferred language:

- Ⓜ The people are being informed of their rights (for example, privacy, confidentiality) and responsibilities (for example, fees);
- Ⓜ The people are required to make significant decisions concerning their lives (for example, provision of test results, medication regimes, other interventions, undertaking assessment and Support Planning, conducting assessment outcomes);
- Ⓜ Essential information needs to be communicated and understood to inform decision making (for example, procedures and referral options); and
- Ⓜ Giving informed consent (for example, to treatment, release of information, power of attorney and guardianship matters).

Team can access Interpreters and Translators through the Translating and Interpreting Service (TIS). Services provided by TIS include:

- Ⓜ Telephone interpreting.
- Ⓜ On-site interpreting (spoken languages and Auslan).
- Ⓜ Language translations; and
- Ⓜ Video remote interpreting.

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

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

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



## Translation

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

## SUPPORTING DOCUMENTATION

Documents relevant to this policy and procedure include:

- 🔒 Great Mates Charter
- 🔒 Succession Planning Policy and Procedure
- 🔒 Team Policy and Procedure
- 🔒 Emergency Planning Policy and Procedure
- 🔒 Providing Information, Advice and Referrals Policy and Procedure
- 🔒 Information Management Policy and Procedure
- 🔒 Service Access Policy and Procedure
- 🔒 Assessment, Planning and Review Policy and Procedure
- 🔒 Decision Making and Choice Policy and Procedure
- 🔒 Privacy and Confidentiality Policy and Procedure
- 🔒 Feedback and Complaints Policy and Procedure
- 🔒 Referral Database

## MONITORING AND REVIEW

The HOD team will review this Policy and Procedure at least annually and when required within. Weekly HOD meetings. Reviews will incorporate team, people, and other stakeholder feedback.

Review of this policy and procedure will include:

- 🔒 A review of service access and support strategies for people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds.
- 🔒 A review of service involvement and links with Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities and services.
- 🔒 Satisfaction with the cultural sensitivity of services provided by Great Mates team.
- 🔒 Satisfaction with the relevance and quality of referrals and connections provided by Great Mates team to Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities and services.
- 🔒 People file audits, to assess alignment between documented processes and actual practice.
- 🔒 Feedback from people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds related to the cultural competence of the services provided to them.
- 🔒 Feedback from people on their satisfaction with supports provided to maintain and strengthen their independent life skill; and
- 🔒 People awareness of access to and experience of supports provided to enable them to maintain and enhance links with other people and organisations.

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

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3	01/07/2023	HOD team
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1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# PEOPLE PROGRESS NOTES POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure provide team with guidelines on how to record case notes to ensure people information is recorded in a standardised, timely and accountable manner. It applies to all team and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE PRACTICE STANDARDS

### INFORMATION MANAGEMENT

#### Outcome

Management of each person's information ensures that it is identifiable, accurately recorded, current and confidential. Each person's information is easily accessible to the people and appropriately utilised by relevant workers.

#### Indicator

Review of progress notes stating the series of events that occurred when a team member delivered care.

## DEFINITIONS

**Case/ Progress note** – a chronological record of interactions, observations and actions relating to a particular people. Case notes are an essential part of a people's file, where team succinctly record details to document the people's support services. Case notes are a tool for reflecting on a people's progress towards their goals and represent a record of events on each support session, interaction, and event. They also promote efficient communication between team.

## POLICY

Great Mates is committed to the transparent and accountable recording of service delivery to peoples. The recording of accurate and quality progress notes is integral to supporting the following functions of the business:

- 📌 Recording and planning service delivery.
- 📌 Supervising team.
- 📌 Legal accountability.
- 📌 Risk management planning.
- 📌 People support planning; and
- 📌 People support reviews.

## PROCEDURES

### What to Include in Progress Notes

When recording case notes, team must ensure the information recorded is related to the following:

- ☞ The person's progress towards goals identified in their Support Plan (actions taken, progress made, or barriers identified);
- ☞ The person's significant achievements or changes.
- ☞ Information relevant to the people's Risk Management Plan (potential and current issues and strategies developed and/or implemented to respond to the issues).
- ☞ Appointments attended.
- ☞ All communication, including attempts, with other services involved with the people.
- ☞ Referrals made.
- ☞ Group activity participation.
- ☞ Any information given to the people (e.g. Great Mates information, health information, etc.).
- ☞ All informed consent decisions (e.g. "people provided consent for team to discuss low mood with the Regional Lead.").
- ☞ People case reviews (outcomes, follow up actions, progress).
- ☞ Any follow up required; and
- ☞ Hourly account of direct support provided relevant to the level of the care environment (see QuickPro Progress Notes).

### What to Avoid in Case Notes

When making case notes, team must avoid the following:

- ☞ Emotional reactions.
- ☞ Personal opinions.
- ☞ Value judgements.
- ☞ Information notes relevant to the person you are writing about (e.g. sharing care and writing one person progress notes with the others information;
- ☞ False information; and
- ☞ Unfounded speculation.

### Guidelines

Team must make notes as soon as possible after a support session, interaction, meeting, or event and must reflect the people's communication and behaviour accurately and fairly.

All team must document the people's progress notes / shift notes in the *Progress Notes Form* with the vWorker app under the person file. All personal information relating to person must be maintained within the person's file and subject to the security, confidentiality, access, and storage requirements detailed in Great Mates' *Records and Information Management Policy and Procedure*. Team must act in accordance with Great Mates' *Privacy and Confidentiality Policy and Procedure* when managing and recording personal and sensitive people information.

The Regional Lead and Team Leaders must ensure appropriate time is allocated for team to complete progress notes at the earliest possible time after any contact with or about a people. If team find it difficult to complete progress notes (due to timing restrictions, access to files, etc.), they should discuss this with the oversight of that particular person's care.

Team should be aware that each person's file can be subpoenaed at any time and team can be subject to cross examination in court in relation to the content of their progress notes. Team should also be mindful that peoples and their representatives or families have the right to request to read their own file notes at any time.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 🔒 Privacy and Confidentiality Policy and Procedure
- 🔒 Records and Information Management Policy and Procedure
- 🔒 QuickPro Progress Notes

## MONITORING AND REVIEW

The HOD team will review this Policy and Procedure at least annually and when required within the weekly HOD meeting. Reviews will incorporate team, people, and other stakeholder feedback.

Great Mates' feedback collection mechanisms, such as satisfaction surveys, will assess:

- 🔒 Satisfaction with Great Mates' records and information management and privacy and confidentiality processes.
- 🔒 Whether peoples have received adequate information about privacy and confidentiality including how their records will be stored and disposed of and how they can access and change them; and
- 🔒 The extent to which peoples and their supporters feel their privacy and confidentiality has been protected.

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

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# PEOPLE MONEY AND PROPERTY POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure provide guidance for team who assist peoples to manage their financial affairs, or who have access to peoples' personal belongings. It aims to ensure team do so in an honest, transparent, and accountable manner, and in the best interests of peoples. The policy and procedure apply to all team and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### PEOPLE MONEY AND PROPERTY

#### Outcome

People money and property is secure, and each person uses their own money and property as they determine.

#### Indicators

- ☞ Where the provider has access to a people's money or other property, processes to ensure that it is managed, protected, and accounted for are developed, applied, reviewed, and communicated. Peoples' money or other property is only used with the consent of the people and for the purposes intended by the people.
- ☞ If required, each person is supported to access and spend their own money as the people determines.
- ☞ Peoples are not given financial advice or information other than that which would reasonably be required under the people's plan.

## DEFINITIONS

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

## POLICY

Great Mates recognises and understands the balance between providing assistance to peoples to manage their own financial affairs as much as possible and protecting the rights of people who may be vulnerable to exploitation. Direct responsibility for managing a person's financial transactions should only be assumed by team where the people is unable to do so themselves and there are clear guidelines in place endorsed by the person's relevant stakeholder.

Great Mates has processes in place to ensure any team access to a people's money or other property is managed, protected, and accounted for. Any assistance provided should promote autonomy, choice and independence as well as protects the people and Great Mates team.

## PROCEDURES

### People Money

Where a team member believes a person cannot manage their own financial affairs with some assistance from a lifestyle assistant, they must refer the matter to the Team Leader or Regional Lead. No Employee of Great Mates has been given the authority to manage or make decision on behalf of a people's personal financial circumstances.

A substitute decision maker may need to be appointed for the people (see Great Mates' *Decision Making and Choice Policy and Procedure*).

Team must maintain confidentiality regarding each person's funds and accounts. Any inquiries about a person's finances by third parties must be directed to the Team Leader or Regional Lead.

Where assistance in managing financial affairs is required, a *Consent Form* must be obtained from the person and retained on their file. The persons money may only be used for the purposes intended by the person. The arrangements for supporting people to manage their finances must also be clearly set out in their NDIS Service Agreement and Support Plan, which are to be reviewed on at least an annual basis or as re.

Team must support each person to keep their funds safe and must support the person to use their own PIN or other access codes when assisting them to manage their finances. A person's funds may only be used for their benefit of that person – team must not make personal purchases with the people's money, borrow money from the people nor allow them to buy you items.

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

The use of a Companion Card is encouraged to cover the cost of entry into venues or entertainment for a team member when they are accompanying a people as part of their Support Plan. Where a Companion Card is not available or accepted, team must not allow a person or their family to pay for their entrance to any venues or entertainment. Such instances should be referred to the Team Leaders or Regional Leads, who will determine who should pay for the entry cost.

Team must not provide peoples with financial advice or information, other than that reasonably be required under the people's NDIS or Support Plans.

More generally, in managing peoples' Support Plans, the Team Leader with the oversight of Regional Leads must:

- Assist peoples with budgeting and the purchase of goods and services from Great Mates and other services, ensuring that as far as possible, peoples get value for money and are not taken advantage of.
- Monitor the appropriateness of fees asked of people.
- Check transactions that occur as part of managing persons' plans against funds received and payments made.
- Monitor the appropriateness of signatories for each person's finances.
- Ensure invoices and statements are provided to peoples on at least a monthly basis; and
- Collate and securely store all current and previous checked and audited accounts and budget information.

### People Property

Great Mates does not accept liability for loss or damage to property, valuables, or essential personal equipment, but team must take all reasonable care in the management of people belongings. If a team member were to lose or damage a person's property, the team member may be held liable to replace or fix the item.

Where supports are delivered within a person's home, reasonable wear and tear to equipment such as vacuum cleaners, toasters, kettles, etc., should be expected and it is the responsibility of the people to meet such costs.

When supporting peoples in the community, team must ensure the amount of property the person has with them is kept to a minimum and is kept securely by the people (where possible) or supporting team member when not in use.

### Reporting

Suspected or alleged financial abuse must be reported in line with Great Mates' *People Incident Management Policy and Procedure*. Where loss or damage to a persons property, including money, may have involved a Great Mates team member or occurred during the course of service delivery, it must also be reported in accordance with the *People Incident Management Policy and Procedure*.

Each person receiving care and their supporters also have access to Great Mates' Feedback and Complaints processes, should they wish to provide feedback or make a complaint regarding the handling of their finances or property.



## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 🔒 Financial Management Policy and Procedure
- 🔒 Great Mates Charter
- 🔒 Feedback and Complaints Policy and Procedure
- 🔒 Human Resources Policy and Procedure
- 🔒 Team Code of Conduct Policy and Procedure
- 🔒 Protecting Peoples from Harm Policy and Procedure
- 🔒 Service Access Policy and Procedure
- 🔒 Compliance Policy and Procedure
- 🔒 Risk Management Policy and Procedure
- 🔒 People Incident Management Policy and Procedure
- 🔒 People Rights and Responsibilities Policy and Procedure
- 🔒 Service Delivery and Participation Policy and Procedure
- 🔒 Records and Information Management Policy and Procedure

## MONITORING AND REVIEW

The HOD team will review this Policy and Procedure at least annually and when required within the weekly HOD meeting. Reviews will incorporate team, people, and other stakeholder feedback.

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

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	20/01/2024	HOD team (Regional Lead: NSW & VIC)
<b>Version History</b>		
Version No.	Review Date	Revision Description
3	01/07/2023	HOD team
2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# SERVICE EXIT POLICY AND PROCEDURE

## PURPOSE AND SCOPE

This policy and procedure sets out Great Mates' transparent and equitable service exit procedures, which are designed to uphold the rights of a person with a disability and support them to transition to other supports where required. It applies to all potential and existing peoples, their family members, Lifestyle Assistants, and other supporters and meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### TRANSITIONS TO OR FROM THE PROVIDER

#### Outcome

Each person experiences a planned and coordinated transition to or from the provider.

#### Indicators

- 📌 A planned transition to or from the provider is facilitated in collaboration with each person when possible, and this is documented, communicated, and effectively managed.
- 📌 Risks associated with each transition to or from the provider are identified, documented, and responded to.
- 📌 Processes for transitioning to or from the provider are developed, applied, reviewed, and communicated.

## POLICY

Peoples have the right to terminate their service provision and any time, and this decision will not prejudice future access to the service. Exit procedures are fair, transparent, follow due process, uphold the rights of everyone involved, and protect the safety and integrity of Great Mates team, peoples, programs, and services.

People transitions from Great Mates' services are planned and coordinated and undertaken in collaboration with peoples. Transition arrangements are documented, communicated, and effectively managed.

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

## PROCEDURES

Should a people, their stakeholders or Great Mates wish to end service provision before the dates set out in the Service Agreement, they must give the other party at least 2 weeks' notice (or what is stated within each agreement).

Service exit and referral information must be tracked in Visual Care to inform continuous improvement.

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

People feedback and complaints regarding this policy and procedure must be addressed in accordance with Great Mates' *Feedback and Complaints Policy and Procedure*.

In accordance with Great Mates' *Privacy and Confidentiality Policy and Procedure*, respect for and protection of each persons' privacy and confidentiality must be reinforced with everyone on an ongoing basis, verbally and in other information provided by team.

Where required, peoples must be provided with information and support to access a person of their choice, such as an advocate, to assist them to transition from Great Mates. See the *Decision Making and Choice Policy and Procedure*.

To ensure peoples or their representatives or families understand how to transition from Great Mates' services, Great Mates uses its *Great Mates Charter* and website to provide information about this policy and procedure, in an easy-read format.

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

Anyone exiting Great Mates service will be offered an Exit Interview, where the HOD team will explain the reason for the persons service termination (if applicable), obtain feedback about where Great Mates can improve its processes and communicate the steps to re-accessing the service should the people wish to.

### Service Termination

As part of Great Mates' entry processes, people must be informed of their rights and responsibilities. Where a person or family member is asked to leave Great Mates, information regarding the reason for being asked to leave must be provided and explained to them. These reasons must also be included in the people's *Exit Plan* if required (see below).

Great Mates will only terminate a person's services when:

- They are unwilling over a period of time to work towards agreed goals;
- Other people using the service, team or the person themselves are at risk of harm;
- Financial requirements are not being met;
- Severe incompatibility with other people's using the service is displayed; or
- Dramatic health or behaviour changes require significantly increased levels of care, or a service model not provided by Great Mates.

The service exit must only be actioned after discussion and consultation with the people, their informal supports and other important stakeholders, and strategies have been implemented to meet irreconcilable differences. Each person must be offered support to access interpreters or advocates to assist them through this process if necessary.

### People Requested Termination

Each person (or guardian, if the person is a child or not their own guardian) have the right to terminate their service provision and any time, and this decision will not prejudice their future access to the service.

Upon termination, the person or family will be sent a letter informing them of their rights to future service provision and information regarding advocacy services if required.

### Appeal

People who have their services terminated by Great Mates have the right to appeal. Appeals should be directed in writing to the CEO where the final decision will be made. People who successfully appeal will be supported to continue accessing Great Mates' services. People who are not successful in their appeal will be provided advice in writing to this effect.

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

### Exit Transition Planning

Where relevant, the HOD team must work collaboratively with the person and their representatives or families to identify alternative services and referrals that could best meet their needs. See Great Mates' *Providing Information, Advice and Referrals Policy and Procedure*.

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

Prior to exiting, the person and their families must be provided guidance and support to:

- 📄 Investigate other options or models of support from Great Mates, if appropriate;
- 📄 Explore the consequences of their decision to exit the service (if relevant); and
- 📄 Consider re-entry to the service in the future should their needs or circumstances change.

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

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

A copy of the *Exit Plan* must be provided to the person and their stakeholders. A copy must also be kept on the persons file and key elements captured in Visual Care. Where this is not practicable, or the people chooses not to have an exit plan, team must include a case note on the people's file explaining the reasons why the people did not receive a copy of their plan.

### Service Re-entry

People who have chosen to exit Great Mates have the right to re-access services within a 1-month period of exiting, without having to follow formal access processes, provided the necessary service resources are available. After this period, a new intake assessment must be undertaken if they wish to re-enter the service.

### Files and Documentation

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

All information in relation to the people will be retained, secured, and stored in accordance with Great Mates' *Records and Information Management Policy and Procedure*.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 🔒 Great Mates Charter
- 🔒 Exit Plan
- 🔒 Exit plan easy read
- 🔒 Feedback and Complaints Policy and Procedure
- 🔒 Privacy and Confidentiality Policy and Procedure
- 🔒 Decision Making and Choice Policy and Procedure
- 🔒 Service Access Policy and Procedure
- 🔒 Providing Information, Advice and Referrals Policy and Procedure
- 🔒 Records and Information Management Policy and Procedure

## MONITORING AND REVIEW

The HOD team will review this Policy and Procedure at least annually or as required within weekly HOD meetings. Reviews will incorporate team, people, and other stakeholder feedback. Peoples and service networks will be advised of any changes.

Great Mates' feedback collection mechanisms, such as people satisfaction surveys and service delivery planning activities, will assess:

- 🔒 People awareness of Great Mates' exit procedures;
- 🔒 People satisfaction with Great Mates' exit procedures and management of appeals regarding exit; and
- 🔒 Feedback provided by and to peoples and potential peoples around access and refusal and whether the information provided to peoples is appropriate and effective.

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

## DOCUMENT CONTROL

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3	01/07/2023	HOD team
2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# CHILD SAFETY AND WELLBEING POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy, procedure and statement of commitment is to demonstrate Great Mates' commitment to the safety and wellbeing of the children and young people in its care. This policy and procedure applies to all potential and existing peoples who are children or young people, their family members, Lifestyle Assistants and other supporters, as well as all team of Great Mates. It meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### VIOLENCE, ABUSE, NEGLECT, EXPLOITATION AND DISCRIMINATION

#### Outcome

Each person accesses supports free from violence, abuse, neglect, exploitation, or discrimination.

#### Indicators

Policies, procedures, and practices are in place, which actively prevent violence, abuse, neglect, exploitation, or discrimination.

### Great Mates' Commitment to Child Safety and Wellbeing

- 🏠 Great Mates is committed to the safety and wellbeing of children and young people.
- 🏠 Great Mates wants children and young people to be safe, well, happy and empowered. We support and respect all children and young people, as well as our team.
- 🏠 Great Mates is committed to the safety, wellbeing, participation and empowerment of all children and young people. We want to promote and protect their rights.
- 🏠 Great Mates has zero tolerance of child abuse and neglect, and all allegations and safety concerns will be treated very seriously and consistently with our robust policies and procedures.
- 🏠 Great Mates is committed to preventing child abuse by identifying risks early and removing and reducing these risks.
- 🏠 Great Mates has legal and moral obligations to contact authorities when we are concerned about a child's safety or wellbeing, which we follow rigorously.
- 🏠 All Great Mates' team and volunteers have obligations to act ethically towards children and young people to ensure their safety and wellbeing.
- 🏠 Great Mates has robust human resources and recruitment practices for all team. Great Mates is committed to regularly training and educating our team on child abuse risks.
- 🏠 Great Mates is committed to the cultural safety of Aboriginal children and young people, the cultural safety of children and young people from culturally and/or linguistically diverse backgrounds, and to providing a safe environment for children and young people with a disability.
- 🏠 Great Mates has specific policies, procedures and training in place that supports our team to achieve these commitments.

All relevant policies and procedures are made clear and accessible to families and other relevant parties through:

- ☞ Access in other languages and formats as required;
- ☞ Being detailed within *Great Mates Charter* and discussed during intake, assessment, and review meetings; and
- ☞ Being available upon request.

**Important:** Team who believe a child is at immediate risk of abuse must phone 000.

## DEFINITIONS

**Child and Young Person** – a child is a person who is under the age of 16 years. A young person is a person who is aged 16 years or above but who is under the age of 18 years.

**Child harm or abuse** – an intentional action that has resulted in or appears likely to result in the physical injury or sexual abuse of a child or young person; or a child or young person suffering emotional or psychological harm of such a kind that the emotional or intellectual development of the child or young person is, or is likely to be, significantly damaged; or the physical development or health of a child or young person being significantly harmed.

**Cultural Safety** – an environment that is spiritually, socially, and emotionally safe, as well as physically safe for children and young people; where there is no assault challenge or denial of their identity, who they are and what they need. It is about shared respect, shared meaning, shared knowledge, and experience of learning together.

**Mandatory Reporting** – the legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child or young person needs protection from harm.

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

## POLICY

This policy and procedure is intended to empower children and young people who are vital and active peoples in Great Mates. Great Mates involves them when making decisions, especially about matters that directly affect them. Great Mates listens to their views and respects what they have to say.

Great Mates promotes diversity, inclusion and tolerance in our organisation, and people from all walks of life and cultural backgrounds are welcome.

In particular, Great Mates:

- ☞ Promotes the cultural safety, awareness, participation and empowerment of Aboriginal and Torres Strait Islander children and young people and their needs;
- ☞ Promotes the participation and empowerment of children and young people who are unable to live at home and their needs;



- ☞ Promotes the participation and empowerment of lesbian, gay, bisexual, transgender and intersex children and young people and their needs;
- ☞ Promotes the cultural safety, participation and empowerment of children and young people from culturally and/or linguistically diverse backgrounds and their needs; and
- ☞ Ensures that children and young people with a disability are safe and can participate equally.

This policy and procedure guides Great Mates' team on how to behave with children and young people accessing Great Mates' services.

All Great Mates' team must agree to abide by the *Team Code of Conduct*, which specifies the standards of conduct required when working with children and young people. All team, as well as children and young people and their families, are given the opportunity to contribute to the development of the *Code of Conduct*.

## PROCEDURES

### Involvement of Children and Young People

Great Mates regularly seeks the views of children and young people and encourages their participation in decision-making, including on safety and wellbeing issues.

Great Mates regularly reviews opportunities for children and young people's participation and welcomes feedback from children, young people, their Lifestyle Assistants or family, team, and other stakeholders.

### Recruitment and Induction

Great Mates takes all reasonable steps to employ skilled people to work with children and young people. Great Mates develops selection criteria and advertisements that clearly demonstrate Great Mates' commitment to child safety and an awareness of Great Mates' social and legislative responsibilities. Great Mates understands its ethical and legislative obligations when recruiting team.

All people engaged in child-related work, including volunteers, are required to hold a Working with Children Check and to provide evidence of this Check. Great Mates carries out reference checks and police record checks to ensure that it recruits the right people. See Great Mates' *Human Resources Policy and Procedure* for more information on this process.

If during the recruitment process a person's records indicate a criminal history, the person will be given the opportunity to provide further information and context before a decision is made about their suitability to work with Great Mates.

Great Mates provides induction training for all team and volunteers on their child safety and wellbeing responsibilities, the organisation's child safety and wellbeing policy and procedure, external reporting obligations (mandatory reporting) and the *Code of Conduct*.

Great Mates actively encourages applications from Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds and people with a disability.

## Training and Supervision

Training and education is important to ensure that everyone in Great Mates understands that child safety is everyone's responsibility.

Great Mates' culture aims for all team (in addition to parents, Lifestyle Assistants, children, and young people) to feel confident and comfortable in discussing any allegations of child abuse or child safety concerns.

Great Mates trains team on the following topics:

- ☞ How to recognise signs of harm or abuse, responding to disclosures and how to minimise risks of child abuse;
- ☞ Understanding and responding to harmful behaviours by a child or young person towards another child or young person;
- ☞ External reporting obligations;
- ☞ Understanding child rights-based approaches;
- ☞ How to engage with children and young people about their rights, safe environments, protective strategies for staying safe and seeking help when needed;
- ☞ Child development; and
- ☞ Great Mates' Child Safety and Wellbeing Policy and Procedure.

Great Mates supports team on-going professional development and information exchange opportunities relating to child safety and wellbeing.

Great Mates supports team through on-going performance appraisals to develop their skills to protect children and young people from abuse, to promote the cultural safety of Aboriginal and Torres Strait Islander children and young people, the cultural safety of children and young people from linguistically and/or diverse backgrounds, and the safety of children and young people with a disability.

New team members will be supervised regularly to ensure they understand Great Mates' commitment to child safety and that everyone has a role to play in protecting children and young people from abuse, as well as checking that their behaviour towards children and young people is safe and appropriate (please refer to Great Mates' *Team Code of Conduct* to understand appropriate behaviour further).

Any inappropriate behaviour will be reported through appropriate channels, depending on the severity and urgency of the matter. See Great Mates' *People Incident Management Policy and Procedure*.

### Fair Procedures for Team

The safety and wellbeing of children and young people is Great Mates' primary concern. Great Mates is also fair and just to team. The decisions Great Mates makes when recruiting, assessing incidents, and undertaking disciplinary action will always be thorough, transparent, and based on evidence.

Great Mates records all allegations of abuse and safety concerns as per its Incident Management policies and procedures. All records are securely stored, as per Great Mates' *Records and Information Management Policy and Procedure*.

If an allegation of abuse or a safety concern is raised, Great Mates will provide updates to children and young people and families on progress and any actions the organisation takes (without compromising the privacy and confidentiality of its team and ensuring they are supported also).

### Privacy

All personal information considered or recorded will respect the privacy of the individuals involved, whether they are team, volunteers, parents or children and young people, unless there is a risk to someone's safety.

Great Mates has processes in place to seek parental and children and young people's consent for relevant activities and information gathering (where appropriate).

Great Mates has safeguards and practices in place to ensure any personal information is protected. Everyone is entitled to know how this information is recorded, what will be done with it, and who will have access to it, as per Great Mates' *Privacy and Confidentiality Policy and Procedure*.

### Risk Management

In addition to general occupational health and safety risks, Great Mates proactively manages risks of abuse to children and young people accessing its services.

Great Mates has risk management strategies in place to identify, assess, and take steps to minimise child abuse risks, which include risks posed by physical environments (for example, any doors that can lock), and online environments (for example, no team member is to have contact with a child supported by the organisation on social media). These strategies will be documented in Great Mates' Risk Management Plans, as per its *Risk Management Policy and Procedure*.

### Allegations, Concerns, and Complaints

Great Mates takes all allegations concerns and complaints seriously and has practices in place to investigate them thoroughly and quickly. Great Mates' team are trained to deal appropriately with allegations, concerns, and complaints.

Great Mates works to ensure all children and young people, families and team know what to do and who to tell if they observe abuse or are a victim, and if they notice inappropriate behaviour.

Great Mates team and stakeholders all have a responsibility to report an allegation of abuse if they have a reasonable belief that an incident took place. Factors contributing to reasonable belief may be:

- 🔒 A child states they or someone they know has been abused (noting that sometimes the child may in fact be referring to themselves);
- 🔒 Behaviour consistent with that of an abuse victim is observed;
- 🔒 Someone else has raised a suspicion of abuse but is unwilling to report it; and
- 🔒 Observing suspicious behaviour.

See Great Mates' People Incident Management Policy and Procedure for more information.

## SUPPORTING DOCUMENTS

Organisational documents relevant to this policy and procedure:

- 🔒 Human Resources Policy and Procedure
- 🔒 Great Mates Charter
- 🔒 Feedback, Compliments and Complaints Policy and Procedure
- 🔒 Records and Information Management Policy and Procedure
- 🔒 Privacy and Confidentiality Policy and Procedure
- 🔒 Risk Management Policy and Procedure
- 🔒 People Incident Management Policy and Procedure

## MONITORING AND REVIEW

The HOD team will review this Policy and Procedure at least annually or as required within the weekly HOD meeting. Reviews will incorporate team, people, and other stakeholder feedback. Peoples and service networks will be advised of any changes.

Great Mates' feedback collection mechanisms, such as people satisfaction surveys and service delivery planning activities, will assess:

People and other stakeholder awareness of their rights and the extent to which they feel safe and supported by Great Mates; and

People and other stakeholder satisfaction with Great Mates' child safety processes.

Great Mates' *Continuous Improvement Register* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Great Mates' service planning and delivery processes. Great Mates actively encourages applications from Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds and people with a disability.

**DOCUMENT CONTROL**

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2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# POSITIVE BEHAVIOUR SUPPORT POLICY AND PROCEDURE

## PURPOSE AND SCOPE

The purpose of this policy is to support the delivery of high-quality, ethical, and evidence-based positive behaviour support to peoples to improve their quality of life and protect their rights. It applies to all potential and existing peoples receiving positive behaviour support, their family members, Lifestyle Assistants, and other supporters, as well as all team of Great Mates. It meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### IMPLEMENTING BEHAVIOUR SUPPORT PLANS

#### Behaviour Support In The NDIS

#### Outcome

Each person accesses behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks.

#### Indicators

- 📌 Knowledge and understanding of the NDIS and state and territory behaviour support legislation and policy frameworks.
- 📌 Demonstrated appropriate knowledge and understanding of evidence-informed practice approaches to behaviour support.
- 📌 Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures, and practices.

## IMPLEMENTING BEHAVIOUR SUPPORT PLANS

### Supporting The Assessment And Development Of Behaviour Support Plans

#### Outcome

Each person's quality of life is maintained and improved by tailored, evidence-informed behaviour support plans that are response to their needs.

#### Indicators

- ❏ The specialist behaviour support provider is supported to gather information for the functional behavioural assessment and other relevant assessments.
- ❏ Collaboration occurs with the specialist behaviour support provider to develop each person's behaviour support plan and the clear identification of key responsibilities in implementing and reviewing the plan.
- ❏ Relevant workers have the necessary skills to inform the development of the people's behaviour support plan.
- ❏ Relevant workers have access to appropriate training to enhance their skills in, and knowledge of, positive behaviour supports and restrictive practices.

## IMPLEMENTING BEHAVIOUR SUPPORT PLANS

### Behaviour Support Plan Implementation

#### Outcome

Each person's behaviour support plan is implemented effectively to meet the people's behaviour support needs.

#### Indicators

- ❏ Policies and procedures that support the implementation of behaviour support plans are developed and maintained.
- ❏ Work is actively undertaken with the specialist behaviour support providers to implement each person's behaviour support plan and to align support delivery with evidence-informed practice and positive behaviour support.
- ❏ Workers are supported to develop and maintain the skills required to consistently implement the strategies in each person's behaviour support plan consistent with the behaviour support skills descriptor.
- ❏ Specialist behaviour support providers are supported to train the workers of the providers implementing behaviour support plans in the use and monitoring of behaviour support strategies in the behaviour support plan, including positive behaviour support.
- ❏ Workers receive training in the safe use of restrictive practices.

- Collaboration is undertaken with other providers that work with the people to implement strategies in the people's behaviour support plan.
- Performance management ensures that workers are implementing strategies in the people's behaviour support plan appropriately.

## IMPLEMENTING BEHAVIOUR SUPPORT PLANS

### Behaviour Support Plan Review

#### Outcome

Each person has a current behaviour support plan that reflects their needs, and works towards improving their quality of life, reducing behaviours of concern, and reducing and eliminating the use of restrictive practices.

#### Indicators

- The implementation of the people's behaviour support plan is monitored through a combination of formal and informal approaches, including through feedback from the people, team meetings, data collection and record keeping, other feedback and supervision.
- Information is recorded and data is collected as required by the specialist behaviour support provider and as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.
- Identification of circumstances where the people's needs, situation or progress create a need for more frequent review, including if the people's behaviour changes.
- Contributions are made to the reviews of the strategies in a people's behaviour support plan, with the primary focus of reducing or eliminating restrictive practices based on observed progress or positive changes in the people's situation.



## IMPLEMENTING BEHAVIOUR SUPPORT PLANS

### Interim Behaviour Support Plans

#### Outcome

Each person with an immediate need for a behaviour support plan receives an interim behaviour support plan based on evidence-informed practice, which minimises the risk to the people and others.

#### Indicators

- ☞ Collaboration is undertaken with mainstream service providers (such as police and/or other emergency services, mental health, and emergency department, treating medication practitioners and other allied health clinicians) in contributing to an interim behaviour support plan developed by a specialist behaviour support provider.
- ☞ Work is undertaken with the specialist behaviour support provider to support the development of the interim behaviour support plan.
- ☞ Workers are supported and facilitated to receive training in the implementation of the interim behaviour support plan.

## DEFINITIONS

**Behaviours of Concern** – behaviours that, due to their intensity, frequency, or duration, threaten a person's quality of life, and/or the safety of themselves or others, impacts on their capacity to engage in daily life, limits the building of relationships and opportunities, and will likely require restrictive responses.

**Positive Behaviour Support** – an evidenced-based approach to managing behaviours of concern that incorporates on-going functional assessments and person-centred interventions to assist with improving an individual's quality of life.

## POLICY

Great Mates is committed to providing positive behaviour support for peoples that is appropriate to their needs, incorporates evidence-based practice and maintains the dignity and rights of peoples. All positive behaviour support will be provided in a way that considers peoples' rights and ethical requirements, regardless of the existence of behaviours of concern.

Great Mates will ensure all positive behaviour support provided to peoples reduces behaviours of concern while improving their quality of life. Behaviour support will be tailored to be responsive, strengths-based, person-centred, and reflective of peoples' unmet needs.

## PROCEDURES

### Positive Behaviour Support

Positive Behaviour Support strategies used by Great Mates will be for the primary purpose of improving a people's quality of life through:

- ☞ Providing strengths-based, person-centred support to peoples;
- ☞ Using a people's preferred method of communication;
- ☞ Supporting a people's own decision making and providing options to assist with this;
- ☞ Providing peoples with opportunities to participate in mainstream services and community activities that promote the development of new skills;
- ☞ Promoting and encouraging the reduction of behaviours of concern through ensuring support meets the person's needs and that the people is able to, through their own methods, articulate what their needs are; and
- ☞ Understanding and learning that all behaviours of concern provide a function to the people to have their needs met.

Where a person's behaviours of concern require team to take a positive behaviour support approach, but do not require the use of restrictive practices, a behaviour support plan should be developed.

Where a person's behaviours of concern place themselves or others at risk of harm, and a regulated restrictive practice is required to help manage this, Great Mates a behaviour support plan must be developed and state legislative requirements must be adhered to.

Great Mates' *Use of Restrictive Practices Policy and Procedure* details what should be included in a behaviour support plan.

### Responsibilities

The Team Leaders and Regional Leads are responsible for:

- ☞ Ensuring that all behaviour support practitioners used by Great Mates are assessed as suitable to deliver specialised positive behaviour support;
- ☞ Ensuring team members are supported to develop and maintain the skills required to consistently implement the strategies outlined in behaviour support plans, in line with the behaviour support skills descriptor (under development).

Great Mates must use its performance management processes (see the *Human Resources Policy and Procedure*) to ensure that the team involved in positive behaviour support are implementing strategies in peoples' behaviour support plans appropriately.

Team must:

- ☞ When providing positive behaviour support, ensure their delivery aligns with evidence-informed practice, and that their skills and knowledge are appropriate for the strategies included in behaviour support plans;
- ☞ Support peoples using positive behaviour support principles as well as a person-centred approach, and respect individuals' right to dignity of risk; and
- ☞ At all times, minimise the occurrence of behaviours of concern by providing support that meets the needs of peoples.

### Record Keeping

Information and data collected and recorded by team members must comply with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, Great Mates' Use of Restrictive Practices Policy and Procedure and Great Mates' Records and Information Management Policy and Procedure. This information is relayed to external stakeholders with consent so review of care and behaviour support plan can be conducted regularly.

Records must be kept for seven years from the day the record is made. People who identify as Aboriginal and Torres Strait Islander must have records kept for their lifetime.

### SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 📄 Great Mates Charter
- 📄 Decision Making and Choice Policy and Procedure
- 📄 Privacy and Confidentiality Policy and Procedure
- 📄 Feedback and Complaints Policy and Procedure
- 📄 Use of Restrictive Practices Policy and Procedure
- 📄 Records and Information Management Policy and Procedure

### MONITORING AND REVIEW

The HOD team will review this policy and procedure at least annually, or following any significant incident within the HOD weekly meeting. Reviews will incorporate people and other stakeholder feedback.

Great Mates will regularly review and monitor processes related to positive behaviour support and protecting peoples and other people from harm, based on its [Internal Review and External Audit Schedule](#).

Great Mates' feedback collection mechanisms, such as people satisfaction surveys, will assess:

- 📄 People and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them;
- 📄 People and other stakeholder satisfaction with Great Mates' complaints processes; and
- 📄 The extent to which peoples feel safe and protected in their dealings with Great Mates.

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

**DOCUMENT CONTROL**

Version No.	Issue Date	Document Owner
4	20/01/2024	HOD team (Regional Lead: NSW & VIC)

**Version History**

Version No.	Review Date	Revision Description
3	01/07/2023	HOD team
2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards

# THE USE OF RESTRICTIVE PRACTICES POLICY AND PROCEDURE

## PURPOSE AND SCOPE

In the past, restrictive practices was often used as a first response to behaviours that caused significant harm to a person or others. It is now recognised that restrictive practices can represent serious human rights infringements.

The purpose of this policy and procedure is to ensure the safety of the peoples in Great Mates' care, support the delivery of high-quality services to peoples by improving their quality of life and reducing or eliminating behaviours of concern, minimise and prevent any physical harm within the service, and ensure restrictive practices are only used in accordance with this document and relevant legislation. This policy states how Great Mates team approach behaviour support and restrictive practice with the least restrictive approach.' This policy and procedures go hand in hand with the Positive Behaviour Support Policy and Procedure.

This Policy and Procedure applies to all potential and existing peoples that are adults 18 years or over who:  
Have an intellectual or cognitive disability;

- ☞ Behave in a way that causes physical harm or a serious risk of physical harm to themselves or others (also called 'challenging behaviour'); and
- ☞ Are receiving behaviour support services funded under a NDIS plan.

This group can include adults with an acquired brain injury. It also applies to their family members, Lifestyle Assistants, and other supporters, as well as all team of Great Mates.

This Policy and Procedure meets relevant legislation, regulations and Standards as set out in Schedule 1, Legislative References.

## APPLICABLE NDIS PRACTICE STANDARDS

### IMPLEMENTING BEHAVIOUR SUPPORT PLANS

#### Regulated Restrictive Practices

##### Outcome

Each person is only subject to a regulated restrictive practice that meets any state and territory authorisation (however described) requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

## Indicators

- 📌 Knowledge and understanding of regulated restrictive practices as described in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* and knowledge and understanding of any relevant state or territory legislation and/or policy requirements and processes for obtaining authorisation (however described) for the use of any regulated restrictive practices included in a behaviour support plan.
- 📌 Where state or territory legislation and/or policy requires authorisation (however described) to, the use of a regulated restrictive practice, such authorisation is obtained and evidence submitted.
- 📌 Regulated restrictive practices are only used in accordance with a behaviour support plan and all the requirements as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. Regulated restrictive practices are implemented, documented, and reported in a way that is compliant with relevant legislation and/or policy requirements.
- 📌 Work is undertaken with specialist behaviour support providers to evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices, including the implementation of strategies in the behaviour support plan.
- 📌 Workers maintain the skills required to use restrictive practices and support the people and other stakeholders to understand the risks associated with the use of restrictive practices.

## IMPLEMENTING BEHAVIOUR SUPPORT PLANS

### Behaviour Support Plan Implementation

#### Outcome

Each person's behaviour support plan is implemented effectively to meet the people's behaviour support needs.

#### Indicators

- ❏ Policies and procedures that support the implementation of behaviour support plans are developed and maintained.
- ❏ Work is actively undertaken with the specialist behaviour support providers to implement each person's behaviour support plan and to align support delivery with evidence-informed practice and positive behaviour support.
- ❏ Workers are supported to develop and maintain the skills required to consistently implement the strategies in each person's behaviour support plan consistent with the behaviour support skills descriptor.
- ❏ Specialist behaviour support providers are supported to train the workers of the providers implementing behaviour support plans in the use and monitoring of behaviour support strategies in the behaviour support plan, including positive behaviour support.
- ❏ Workers receive training in the safe use of restrictive practices.
- ❏ Collaboration is undertaken with other providers that work with the people to implement strategies in the people's behaviour support plan.
- ❏ Performance management ensures that workers are implementing strategies in the people's behaviour support plan appropriately.

## IMPLEMENTING BEHAVIOUR SUPPORT PLANS

### Monitoring and Reporting the Use of Regulated Restrictive Practices

#### Outcome

Each person is only subject to a restrictive practice that is reported to the Commission.

### Indicators

Demonstrated compliance with monthly online reporting requirements in relation to the use of regulated restrictive practices, as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

Data is monitored to identify actions for improving outcomes.

Data is used to provide feedback to workers, and with the people's consent, their support network, and their specialist behaviour support provider about the implementation of the behaviour support plan to inform the reduction and elimination of restrictive practices.

## IMPLEMENTING BEHAVIOUR SUPPORT PLANS

### Reportable Incidents involving the Use of a Restrictive Practice

#### Outcome

Each person that is subject to an emergency or unauthorised use of a restrictive practice has the use of that practice reported and reviewed.

### Indicators

- ❏ The people's immediate referral to, and assessment by a medical practitioner (where appropriate) is supported following an incident.
- ❏ Collaboration is undertaken with mainstream service providers, such as police and/or other emergency services, mental health, and emergency department, treating medical practitioners and other allied health clinicians, in responding to the unauthorised use of a restrictive practice.
- ❏ The Commissioner is notified of all reportable incidents involving the use of an unauthorised restrictive practice in accordance with the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*.
- ❏ Where an unauthorised restrictive practice has been used, the workers and management of providers implementing behaviour support plans engage in debriefing to identify areas for improvement and to inform further action. The outcomes of the debriefing are documented.
- ❏ Based on the review of incidents, the supports to the people are adjusted, and where appropriate, the engagement of a specialist behaviour support provider is facilitated to develop or review the people's behaviour support plan or interim behaviour support plan, if required, in accordance with the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.
- ❏ Authorisation processes (however described) are initiated as required by their jurisdiction.
- ❏ The people, and with the people's consent, their support network, and other stakeholders as appropriate, are included in the review of incidents.



## IMPLEMENTING BEHAVIOUR SUPPORT PLANS

### Interim Behaviour Support Plans

#### Outcome

Each person with an immediate need for a behaviour support plan receives an interim behaviour support plan based on evidence-informed practice, which minimises the risk to the people and others.

#### Indicators

- ☞ Collaboration is undertaken with mainstream service providers (such as police and/or other emergency services, mental health, and emergency department, treating medication practitioners and other allied health clinicians) in contributing to an interim behaviour support plan developed by a specialist behaviour support provider.
- ☞ Work is undertaken with the specialist behaviour support provider to support the development of the interim behaviour support plan.
- ☞ Workers are supported and facilitated to receive training in the implementation of the interim behaviour support plan.

## DEFINITIONS

**Adult with an Intellectual or Cognitive Disability** – an adult with a disability who has a condition attributable to an intellectual or cognitive impairment, or a combination of the impairments.

**Adult with a Skills Deficit** – an adult with an intellectual or cognitive disability who cannot safely exit premises where disability services are provided to them without supervision, if the only reason they cannot safely exit the premises without supervision is:

- ☞ They lack road safety skills;
- ☞ They are vulnerable to abuse or exploitation by others; or
- ☞ They are unable to find their way back to the premises.

**Behaviours of Concern** – behaviours that, due to their intensity, frequency, or duration, threaten a person's quality of life, and/or the safety of themselves or others, impacts on their capacity to engage in daily life, limits the building of relationships and opportunities, and will likely require restrictive responses.

**Behaviour Support Plan** – a document developed for a person with a disability by an NDIS behaviour support practitioner that specifies a range of evidence-based and person-centred, proactive strategies that focus on the individual needs of the people. This includes positive behaviour support to build on the person's strengths and increase their opportunities to participate in community activities and develop new skills. It also includes any restrictive practices that may be required, subject to conditions.

Behaviour support plans are developed in consultation with the people, their family, Lifestyle Assistants, guardian, and other relevant people, as well as the service providers who will be implementing the plan. Behaviour support plans include Comprehensive Behaviour Support Plans and Interim Behaviour Support Plans.

**Behaviour Support Practitioner** – a person the NDIS Commissioner considers suitable to undertake behaviour support assessments (including functional behavioural assessments) and develop behaviour support plans that may contain the use of restrictive practices. Providers who are registered to deliver behaviour support services must engage behaviour support practitioners who are considered suitable by the NDIS Commissioner. From 1 July 2018, the NDIS Commissioner may consider behaviour support practitioners as suitable for a period, pending assessment against the NDIS Commission’s Behaviour Support Competency Framework (currently being developed). Great Mates does not employ Behaviour Support Practitioners, but its team work closely with Registered NDIS Providers of Positive Behaviour Support to implement peoples’ behaviour support plans.

**Functional Behavioural Assessments** – the process for determining and understanding the function or purpose behind a person’s behaviour. This may involve the collection of data, observations, and information to develop an understanding of the relationship of events and circumstances that trigger and maintain the behaviour.

**Guardian for a Restrictive Practice Matter** – a guardian appointed for an adult under the Guardianship and Administration Act 2000 to deal with matters relating to restrictive practices on behalf of that adult. Guardians can be appointed for General or Respite matters.

**Harm** – physical harm, a serious risk of physical harm or damage to property involving a serious risk of physical harm to a person.

**Informal Decision-maker** – a member of an adult’s support network, other than a paid Lifestyle Assistant for the adult within the meaning of the Guardianship and Administration Act 2000.

**Least Restrictive** – use of a restrictive practice in a way that:

- ☒ Ensures the safety of the adult or others; and
- ☒ Imposes the minimum limits on the freedom of the adult as is practicable in the circumstances.

**Model Positive Behaviour Support Plan** – a plan prepared by the Department of Communities, Disability Services and Seniors and published on its website.

**Multidisciplinary Assessment** – an assessment by 2 or more appropriately qualified people who have qualifications or experience in different disciplines.

**Positive Behaviour Support** – an evidenced-based approach to managing behaviours of concern that incorporates on-going functional assessments and person-centred interventions to assist with improving an individual’s quality of life.

**Restrictive Practice** – any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.

**Regulated Restrictive Practice** – any Restrictive Practice that is or involves any of the following:

**Containment** - physically preventing the free exit of an adult from premises (including the land around a building or other structure, but not including vehicles) where the adult receives disability services, other than by secluding the adult, in response to the adult's behaviour. Such action is not considered containment where the adult has a skills deficit (see definition above) and their free exit from the premises is prevented by the locking of gates, doors, or windows under because of their skills deficit. For further information see the Department of Communities, Disability Services and Seniors' Information Sheets: [Containment and Seclusion](#) and [Locking of Gates, Doors and Windows](#).

**Chemical Restraint** – the use of medication for the primary purpose of controlling a person's behaviour in response to the person's behaviour that causes harm to them or others. It does not include using medication for the proper treatment of a diagnosed mental illness or physical condition (intellectual or cognitive disability are not a physical condition) or using medication, for example a sedative, prescribed by a medical practitioner to facilitate or enable the adult to receive a single instance of health care. For further information see the Department of Communities, Disability Services and Seniors' Information Sheets: [Chemical Restraint](#) and [Chemical Restraint and Working with the Treating Doctor](#).

**Chemical Restraint (Fixed Dose)** – chemical restraint using medication that is administered at fixed intervals and times.

**Environmental Restraint** - restricting a person's free access to all parts of their environment, including items or activities. This type of restraint is recognised under the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, but not the Disability Services Act 2006 (QLD), which instead recognises Containment.

**Mechanical Restraint** – the use, for the primary purpose of controlling an adult's behaviour, of a device in response to the adult's behaviour to:

- Ⓜ Restrict the free movement of the adult; or
- Ⓜ Prevent or reduce self-injurious behaviour.

It does not include using a device to enable the safe transportation of the adult (such as a cover over a seat belt buckle or a harness or strap), using a device for postural support, using a device to prevent injury from involuntary bodily movements, such as seizures, using a surgical or medical device for the proper treatment of a physical condition; or using bed rails or guards to prevent injury while the adult is asleep. For further information see the Department of Communities, Disability Services and Seniors' Information Sheet: [Mechanical Restraint](#).

**Physical Restraint** – the use, for the primary purpose of controlling an adult's behaviour, of any part of another person's body to restrict the free movement of the adult. For further information see the Department of Communities, Disability Services and Seniors' Information Sheet: [Physical Restraint](#).

**Restricting Access** – restricting an adult's access, at a place where the adult receives disability services, to an object in response to the adult's behaviour to prevent the adult using the object to cause harm to themselves or others. For further information see the Department of Communities, Disability Services and Seniors' Information Sheet: [Restricting Access](#).

**Seclusion** - physically confining an adult alone, at any time of the day or night, in a room or area from which free exit is prevented, in response to the adult's behaviour. For further information see the Department of Communities, Disability Services and Seniors' Information Sheet: [Containment and Seclusion](#).

**Relevant Decision-Maker (Respite)** – a guardian for a Restrictive Practice (Respite) Matter for an adult, or, for a restrictive practice other than chemical restraint, if there is no Guardian for a Restrictive Practice (Respite) Matter for the adult, an informal decision-maker for the adult.

**Short-Term Approval** – an approval given by the Public Guardian or the Department of Communities, Disability Services and Seniors under the Guardianship and Administration Act 2000.

**Senior Practitioner** – leads the NDIS Commission’s behaviour support function, and:

Oversees behaviour support practitioners and providers who use behaviour support strategies and restrictive practices;

- Provides best-practice advice to practitioners, providers, people, families, and Lifestyle Assistants;
- Receives and reviews provider reports on the use of restrictive practices; and
- Follows up on reportable incidents that suggest there are unmet behaviour support needs.

The Senior Practitioner’s team is available for advice and guidance during the development and implementation of behaviour support plans. This support is available to anyone - behaviour support practitioners, providers using the plan, people, family members, Lifestyle Assistants, and advocates.

**Specialist Behaviour Support Provider** – a registered NDIS provider whose registration includes the provision of specialist behaviour support services.

Great Mates is not a Registered Specialist Behaviour Support Provider but is responsible for implementing behaviour support plans that have been developed for people by Registered Specialist Behaviour Support Providers.

## POLICY

Great Mates is committed to providing positive behaviour support for people that is appropriate to their needs, incorporates evidence-based practice and maintains the dignity and rights of the people. All positive behaviour support principles will be used with consideration of the people’s rights and ethical requirements, regardless of the existence of behaviours of concern.

Great Mates will ensure restrictive practices are only used when necessary and where the primary purpose of that intervention is to protect a person with a disability or others from harm. They will be used only as a last resort, in the least restrictive manner.

Great Mates will only use restrictive practices when there is legal authorisation granted from relevant authorities and legislations. Restrictive practices will be ceased at the end of the authorised period, or as soon as they are no longer required or approved.

Great Mates will ensure that each person is only subject to restricted practices that are reported to the NDIS Commission, authorised by the Queensland Government, and comply with the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* and *Disability Services Act 2006*.

Great Mates will ensure that each person who is subject to an emergency or unauthorised use of a restrictive practice has that practice recorded and reviewed.

## PROCEDURES

The team must talk to people who display behaviours of concern, and (with their consent), their support network and other service providers, about the need for restrictive practices and the risks associated with them. At all times, alternatives to using restrictive practices should be promoted in these discussions.

The team must provide information about restrictive practices to people and others in ways that suit their individual communication needs. Written information can be provided in Easy English or explained verbally by the team. The team can also help people access interpreters or advocates where required.

If people do not have a supporter or guardian and are unable to advocate for themselves, the team must ensure the person is supported to access an advocate (see Great Mates' *Decision Making and Choice Policy and Procedure*).

All evaluation, feedback and data collected by Great Mates in relation to people's behaviour support plans will be aimed at determining strategies for the ongoing reduction of restrictive practices. When positive change is reported through feedback and evaluation, this will be used as an opportunity to reduce restrictive practices.

Great Mates must help teams, people, families, and decision-makers understand the NDIS Commission's behaviour support function.

### Team Training, Development and Support

The lifestyle assistants implementing behaviour support plans must maintain up-to-date knowledge and understanding of positive behaviour support, restricted practices and regulated restrictive practices.

The team must not use restrictive practices without appropriate training in the safe use of the restriction, the legal framework and obligations that apply to its use, and the risks posed by the use of the restriction. The Team Leaders and Regional Lead must ensure the team have this training and is satisfied with their competence in the practice prior to its use of any restrictive practice.

See Great Mates' *Positive Behaviour Support Policy and Procedure* and *Human Resources Policy and Procedure* for further details on training and support to be provided to the team in this area.

## The Use of Restrictive Practices

Great Mates must take the following six steps to meet the legal requirements for the use of a restrictive practice:

**Step 1** - identify any restrictive practices in use;

**Step 2** - provide a statement about the use of restrictive practices to the adults and stakeholders;

**Step 3** - make a short-term approval application;

**Step 4** - contact relevant allied health professionals for the development of a positive behaviour support plan

**Step 5** - seek approval, implement, and review the plan; and

**Step 6** - record and report on the use of all restrictive practices.

### 1. Identify any Restrictive Practices in Use

The team should use resources on the Department of Communities, Disability Services and Seniors' [Centre of Excellence for Behaviour Support website](#) to determine if restrictive practices are being used to support an adult. If it is determined that restrictive practices are being used and/or are required, proceed to Step 2.

### 2. Provide a Statement About the Use of Restrictive Practices to the Adults and Stakeholders

When considering the use of a restrictive practice, Great Mates' Registered Specialist Behaviour Support Provider must give a statement about the use of restrictive practices to the adult (in a format they are most likely to understand) and other stakeholders such as their family.

The statement must explain:

- ☞ Why Great Mates is considering using restrictive practices in relation to the adult;
- ☞ How the adults and stakeholders can be involved and express their views in relation to the use of restrictive practices;
- ☞ Who decides whether restrictive practices will be used in relation to the adult; and
- ☞ How the adult and others can complain about, or seek review of, the use of restrictive practices.

### 3. Make a Short-Term Approval Application

Where there is an immediate and serious risk of harm to an adult or others, Great Mates' Registered Specialist Behaviour Support Provider can apply for short-term approval to use a restrictive practice for a limited time. This will allow the team time to assess the adult's longer-term needs, undertake a full assessment, consult with key stakeholders, and continue to develop the person's positive behaviour support plan.

Where containment and seclusion are being considered, the Public Guardian must decide whether to give short-term approval.

For all other restrictive practices, the Department of Communities, Disability Services and Seniors must decide whether to give short-term approval.

### 4. Contact Relevant Allied Health Professional for the Development of a Positive Behaviour Support Plan

Where a person's behaviours of concern require the team to take a positive behaviour support approach, but do not require the use of restrictive practices, a behaviour support plan **should** be developed. A positive behaviour support plan should also be developed before considering or applying for approval or consent to use restrictive practices.

Great Mates works alongside Specialist behaviour practitioners who have also received their NDIS registration to ensure our obligations when implementing behaviour support plans are also upheld.

Where people's behaviours of concern place themselves or others at risk of harm, and a regulated restrictive practice is required to help manage this, a behaviour support plan **must** be developed.

The decision to develop a Behaviour Support Plan for a person must be based on the recommendation by a behaviour support practitioner, psychologist, medical/allied health specialist or other behaviour support professional.

The Regional Lead must contact a Great Mates Registered Specialist Behaviour Support Provider chosen for the people. This can be done through the Support Coordinator. The Regional Lead must send through all relevant people documentation (such as incident notifications, and incident reports) as per the Registered Specialist Behaviour Support Provider's request. Once the Positive Behaviour Support Plan is provided by the Great Mates Registered Specialist Behaviour Support Provider and uploaded to the portal, the Regional Lead must ensure Great Mates' side of the portal information is completed.

Behaviour support plans should be informed by an assessment and:

- ☞ Outline strategies that respond to the person's needs and the causes of their challenging behaviour;
- ☞ Reduces or eliminates the use of restrictive practices; and
- ☞ Improves the person's quality of life.

Information and resources about behaviour support plan development are provided in the Publications and Resources section of the Department of Communities, Disability Services and Seniors' [Centre of Excellence for Behaviour Support website](#). These include:

- ☞ Guidelines and a model plan for positive behaviour support plans;
- ☞ Guidelines on the types of actions which require approval as a restrictive practice, with a number of scenarios and examples; and
- ☞ Specific educative resources about restrictive practices for family members, Lifestyle Assistants, and members of the person's support network.

### *Interim Behaviour Support Plans*

Where an immediate need for a behaviour support plan is identified, an Interim Behaviour Support plan must be produced by a behaviour support practitioner, psychologist, medical/allied health specialist or other behaviour support professional within one month, using the NDIS Commission's [Behaviour Support Practitioner – Interim Behaviour Support Plan](#). Should an Interim Behaviour Support Plan be required in response to an incident relating to the use of a restrictive practice, Great Mates must collaborate with relevant mainstream services such as the Police, other emergency services, mental health, and emergency departments, treating medical practitioners and other allied health clinicians to contribute to the plan's development.

### *Comprehensive Behaviour Support Plans*

A Comprehensive Behaviour Support plan must be developed within six months of the need for a plan being identified, using the NDIS Commission's [Behaviour Support Practitioner – Comprehensive Behaviour Support Plan](#).

Team implementing any type of plan developed by a Great Mates Registered Specialist Behaviour Support Provider must be included in and support the development of the plan. This includes agreeing upon clear responsibilities relating to its implementation and review. Team should also assist the behaviour support practitioner to gather the necessary information for the functional behavioural assessment and other assessments required to develop the plan.

All behaviour support plans that contain regulated restrictive practices must be registered with the NDIS Commission by the Registered Specialist Behaviour Support Provider responsible for developing the plan.

## 5. Seek Approval (Authorisation), Implement and Review the Plan

### *Authorisation*

Behaviour support plans that contain regulated restrictive practices must also be approved in accordance with Queensland's approval process.

Great Mates must have documentary evidence that behaviour support plans have been approved and registered with the NDIS Commission, prior to implementing them.

If approval is not provided, the behaviour support practitioner will need to review the plan with the people, their support network and implementing providers.

*Any use of a regulated restrictive practice that requires authorisation that has not been obtained constitutes a reportable incident.*

### *Implementation*

When implementing behaviour support plans, the behaviour support practitioner in charge of the plan must ensure the people, and (with their consent) their support network and other service providers, are provided with a rationale of the behaviour support plan's strategies and are trained in its effective implementation. This should include but is not limited to:

- ☞ Person-focused training;
- ☞ Coaching and mentoring; and
- ☞ On-going support for implementing the strategies.

The Team Leaders and Regional Lead will ensure that the people's consent, and any documentation relating to substitute decision-makers, guardians, or appointed Public Guardians are readily accessible to support team members in the implementation of the behaviour support plan.

When implementing Interim Behaviour Support Plans, Great Mates must evaluate all risks posed to the people and others, and ensure the Interim plan appropriately mitigates these risks.



Team implementing a behaviour support plan developed by a Great Mates Registered Specialist Behaviour Support Provider must:

- ☞ Actively work with the relevant behaviour support practitioner to implement the plan and align support delivery with evidence-informed practice and positive behaviour support; and
- ☞ Where necessary, collaborate with other providers that work with the people to implement strategies in their behaviour support plan.

The team involved in implementing positive behaviour strategies or restrictive practices must have received appropriate training. Great Mates will proactively support specialist behaviour support providers to train the team in the use and monitoring of behaviour support strategies in behaviour support plans, including positive behaviour support, to ensure effective implementation of peoples' plans.

Great Mates must notify the NDIS Commission of situations where effective engagement with other service providers implementing behaviour support plans is not possible, and if support provided to people is not implemented in accordance with their behaviour support plans.

#### *Use of Restrictive Practices under an Approved Plan*

Restrictive practices must not be used by the team unless Great Mates has detailed procedures in place that detail the specific application of the restriction (e.g. how physical restraint will be safely and legally applied in the relevant setting).

For a regulated restrictive practice to be used, it must:

- ☞ Be clearly identified in the people's behaviour support plan;
- ☞ Be approved in accordance with Queensland's approval requirements;
- ☞ Be registered with the NDIS Commission;
- ☞ Be used only as a last resort in response to the risk of harm to the person with disability or others, and after the team has explored and applied evidence-based, person-centred and proactive strategies;
- ☞ Be the least restrictive response possible in the circumstances to ensure the safety of the person or others;
- ☞ Reduce the risk of harm to the people or others;
- ☞ Be in proportion to the potential negative consequence or risk of harm; and
- ☞ Be used for the shortest possible time to ensure the safety of the person with disability or others.

#### Review

To support Great Mates' continuous improvement approach to support delivery, on an ongoing basis, the team must monitor and evaluate the progress and effectiveness of the strategies in behaviour support plans. They should do this by regularly engaging with people and their support networks and by monitoring the data provided by other service providers. This can occur through informal processes such as obtaining feedback from people or reviewing case notes, or formal meetings such as team meetings, supervision, and stakeholder meetings.

Comprehensive Behaviour Support Plans must be formally reviewed, at a minimum, every twelve months. More frequent reviews may be undertaken based on feedback from the people and through monitoring behaviour support data and changes in the people's behaviour. Reviews are also required if people move to or from Queensland or change service providers.

Further, there may be circumstances where a behaviour support plan is developed before suitable providers to implement the plan are found. In this situation, the plan will need to be reviewed when providers are found.

A behaviour support practitioner must undertake reviews, with contributions from the team involved in implementing the plan. The primary focus of reviews should be reducing or eliminating restrictive practices based on observed progress or positive changes in the people's situation.

Modifications to behaviour support plans should be based on feedback from people, their support networks, and other stakeholders, as well as evaluation of people's behaviour. Amended behaviour support plans must be registered with the NDIS Commission, authorised, and communicated to all parties involved in implementing the plan, as per the procedures set out above.

The NDIS Commission may also review behaviour support plans through random audits or based on complaints or other information it receives.

### Reporting

Great Mates team must provide information to the Registered Specialist Behaviour Support Providers it works with, to support their obligation to report to the NDIS Commission on the use of restrictive practices.

The requirement to report restrictive practices to the NDIS Commission and Department of Communities, Disability Services and Seniors does not replace existing obligations to report to other relevant authorities, including child protection agencies or Police.

Great Mates follows a strict process to ensure our reporting obligations around Restrictive Practices are aligned to the NDIS and Quality and safeguards commission. Team Leaders and Regional Leads note when unauthorised restrictive practice has occurred and the behaviour of concern may require further intervention. The team will begin the process of requesting a short term approval.

Team will then engage a specialist behaviour practitioner who is registered with the NDIS alongside the person receiving support with their guardians (if applicable) and stakeholders upholding choice and control. Team will request from the NDIS behaviour support to complete weekly reporting whilst the behaviour practitioner completes an interim behaviour support plan. The behaviour practitioner has a specific timeframe to upload the plan to allow for the implementing provider to report against the plan.

Once a plan has been authorised within the portal for the person receiving support, Great Mates then has to complete monthly reporting of the restrictive practice that has been implemented.

Victorian behaviour support implementation does require plans are also uploaded to the RIDS system where Great Mates has to add the behaviour practitioner. Monthly reporting is also required within RIDS alongside the Commission portal.

Similar to Victoria, New South Wales also hosts its own system to complete reporting outside of the commission obligations.

### *Reportable Incidents*

*Great Mates must report the unplanned or unapproved use of a restrictive practice to the NDIS Commission as a reportable incident.*

Reportable incidents involving restrictive practices must be managed and reported in accordance with the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018* and Great Mates' *People Incident Management Policy and Procedure*.

The Team Leaders and Regional Lead will ensure appropriate support is given to relevant stakeholders and the people when a reportable incident occurs while providing support through a behaviour support plan that includes restrictive practices. This includes ensuring people involved in reportable incidents are immediately referred to a medical practitioner for assessment where necessary.

Following a reportable incident, Great Mates will collaborate with relevant mainstream services such as the Police, other emergency services, mental health, and emergency departments, treating medical practitioners and other allied health clinicians to ensure the incident is effectively responded to.

When an unauthorised restrictive practice is used, the team involved in the use, along with Great Mates' Regional Lead and other relevant providers, must debrief to identify areas for improvement and to inform the proper use of future behaviour management strategies. The minutes and outcomes of these meetings must be documented.

All reportable incidents must also be reviewed (as per Great Mates' *People Incident Management Policy and Procedure*). Outcomes of reviews must inform a review of the relevant behaviour support plan and where required, the supports provided to the impacted people. If required, supports provided to the people must be adjusted.

If the people do not have a behaviour support plan, a behaviour support practitioner may need to develop one for them. If a behaviour support plan was in place, the behaviour support practitioner should review the people's behaviour support plan to ensure it is adequate. Should a new behaviour support plan be required, it must be subject to the same registration and authorisation processes as described above before being implemented.

As per Great Mates' *People Incident Management Policy and Procedure*, the people, and (with their consent) their support network, must be involved in the review of reportable incidents that impact them, including where they involve the use of an unauthorised restrictive practice.

### *Interim Behaviour Support Plans in response to a critical incident*

In exceptional circumstances, restrictive practices may need to be rapidly implemented in response to situations where there is a clear and immediate risk of harm linked to behaviours of concern, when there is no behaviour support plan in place. As with restrictive practices generally, these restrictive practices should involve the minimum amount of restriction or force necessary, the least intrusion and be implemented only for as long as is necessary to manage the risk.

In these circumstances, an Interim Behaviour Support Plan should be developed as soon as practicable and within one month.

A Comprehensive Behaviour Support Plan must be developed within six months.

### Record Keeping

Information and data collected and recorded by lifestyle assistants must comply with the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*, *Great Mates' Use of Restrictive Practices Policy and Procedure* and *Great Mates' Records and Information Management Policy and Procedure*.

Great Mates will keep a record of all people with a behaviour support plan, recording all uses of restrictive practices and reportable incidents in relation to the use of restrictive practices. This must be reviewed monthly at each HOD team meeting.

Information that must be recorded includes:

- ☞ A description of the use of the regulated restrictive practice, including:
- ☞ The impact on the person with a disability or another person;
- ☞ Any injury to the person with a disability or another person;
- ☞ Whether the use of the restrictive practice was a reportable incident; and
- ☞ Why the restrictive practice was used;
- ☞ A description of the behaviour of the person that leads to the use;
- ☞ The time, date and place at which the use of the practice started and ended;
- ☞ The names and contact details of the people involved in the use;
- ☞ The names and contact details of any witnesses;
- ☞ Actions taken in response to the use;
- ☞ Any less restrictive options considered or used before using the restrictive practice; and
- ☞ Any actions taken leading up to the use, including any strategies used to prevent the need for the use of the practice.

Records must be kept for seven years from the day the record is made.

## SUPPORTING DOCUMENTS

Documents relevant to this policy and procedure include:

- 🔒 Great Mates Charter
- 🔒 Decision-Making and Choice Policy and Procedure
- 🔒 Privacy and Confidentiality Policy and Procedure
- 🔒 Feedback and Complaints Policy and Procedure
- 🔒 Positive Behaviour Support Policy and Procedure
- 🔒 Records and Information Management Policy and Procedure
- 🔒 NDIS Commission Notice of Behaviour Support Practitioners Employed or Engaged by Specialist Behaviour Support Providers (s29) Form
- 🔒 NDIS Commission Behaviour Support Practitioner – Interim Behaviour Support Plan
- 🔒 NDIS Commission Behaviour Support Practitioner – Comprehensive Behaviour Support Plan
- 🔒 NDIS Commission Restrictive Practices Reporting form
- 🔒 Forms and resources available in the Publications and Resources section of the Department of Communities, Disability Services and Seniors' [Centre of Excellence for Behaviour Support website](#)

## MONITORING AND REVIEW

This policy and procedure will be reviewed at least annually, or following any significant incident within the weekly HOD meeting. Reviews will incorporate people and other stakeholder feedback. Great Mates will regularly review and monitor processes related to positive behaviour support and protecting people and other people from harm, based on its [Internal Review and External Audit Schedule](#).

Great Mates' feedback collection mechanisms, such as people satisfaction surveys, will assess:

- 🔒 People and other stakeholders are aware of their rights and the extent to which they feel able and supported to exercise them;
- 🔒 People and other stakeholders satisfaction with Great Mates' complaints processes; and
- 🔒 The extent to which people feel safe and protected in their dealings with Great Mates.
- 🔒 Great Mates' *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of Great Mates' service planning and delivery processes.

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
4	20/01/2024	HOD team (Regional Lead: NSW & VIC)
<a href="#">Version History</a>		
Version No.	Review Date	Revision Description
3	01/07/2023	HOD team
2	12/12/2022	HOD team (Marketing & Communication Lead)
1	01/07/2021	Implement new Policy and Procedure to meet National NDIS Standards