



CapCass
Allied Health Service

NDIS Manual for CAPCASS ALLIED HEALTH SERVICES

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Table of Content

Table of Content.....	2
A. General Information	13
1. Managing Director Responsibilities	13
2. NDIS Manual Review	13
3. Organisational Chart	14
4. The NDIS Code of Conduct.....	14
B. Policies and Procedures.....	15
1- Person-Centered Support Policy & Procedure.....	15
1.1. Purpose.....	15
1.2. Scope	15
1.3. Definitions	15
1.4. Relevant Documents, Legislations, regulations, and standards	16
1.5. Policy & Procedure.....	16
2- Individual Values and Beliefs Policy & Procedure	17
2.1. Purpose.....	17
2.2. Scope	17
2.3. Definitions	18
2.4. Relevant Documents, Legislations, regulations, and standards	18
2.5. Policy & Procedure.....	18
3- Privacy and Dignity Policy & Procedure.....	20
3.1. Purpose.....	20
3.2. Scope	20
3.3. Definitions	21
3.4. Relevant Documents, Legislations, regulations, and standards	21
3.5. Policy & Procedure.....	21
4- Independence and Informed choices Policy & Procedure	24
4.1. Purpose.....	24
4.2. Scope	24

4.3.	Definitions	24
4.4.	Relevant Documents, Legislations, regulations, and standards	24
4.5.	Policy & Procedure.....	25
4.5.1.	Decision-Making Policy.....	25
4.5.2.	Independence and Informed Choices Management	25
4.5.3.	Right to Access an Advocate Policy	26
4.5.4.	Free Advocate Management	26
4.5.5.	Participant Consent Policy.....	27
5-	Violence, Abuse, Neglect, Exploitation Policy & Procedure.....	28
5.1.	Purpose.....	28
5.2.	Scope	28
5.3.	Definitions	28
5.4.	Relevant Documents, Legislations, regulations, and standards	29
5.5.	Policy & Procedure.....	30
5.5.1.	Violence, Abuse, Neglect, Exploitation Policy	30
5.5.2.	Violence, Abuse, Neglect, Exploitation Management.....	30
6-	Bullying, Harassment and Discrimination Policy & Procedure	31
6.1.	Scope	31
6.2.	Definitions	31
6.3.	Relevant Documents, Legislations, regulations, and standards	32
6.4.	Policy & Procedure.....	32
6.4.1.	Bullying, Harassment and Discrimination Policy	32
6.4.2.	Sexual Harassment.....	33
6.4.3.	Bullying	33
6.4.4.	Discrimination	33
6.4.5.	Preventive Responsibilities	34
6.4.6.	Staff and Workers Right.....	35
7-	Governance and Operations Policy & Procedure	35
7.1.	Purpose.....	35
7.2.	Scope	36
7.3.	Definitions	36
7.4.	Relevant Documents, Legislations, regulations, and standards	36
7.5.	Policy & Procedure.....	37

7.5.1.	General Information	37
7.5.2.	Management Responsibilities	37
7.5.3.	SWOT Analysis	38
7.5.4.	External Environment Analysis.....	38
7.5.5.	Internal Environment Analysis	40
7.5.6.	Developing Objective and Targets	40
7.5.7.	Business Insurance	41
7.5.8.	Compliance Management.....	41
7.5.9.	Delegation of Responsibility and Authority Policy	42
7.5.10.	Conflict of Interest Policy.....	43
7.5.11.	Management Review Meeting	44
7.5.12.	Use of Care for Travel and Transport arrangement	44
8-	Risk Management Policy & Procedure	45
8.1.	Purpose.....	45
8.2.	Scope	45
8.3.	Definitions	45
8.4.	c.....	45
8.5.	Policy & Procedure.....	46
8.5.1.	Occupational Health and Safety Policy	46
8.5.2.	Risk Assessment Process	46
8.5.3.	Identifying Risk to Participants, Workers and The Provider	47
8.5.4.	Assessing the Risk	48
8.5.5.	Treatment of the Risk or Control Measure	50
8.5.6.	Review and Monitor of Risk assessment	51
8.5.7.	Different types of Risk and Mitigation	52
9-	Quality Management Policy & Procedure	54
9.1.	Purpose.....	54
9.2.	Scope	54
9.3.	Definitions	54
9.4.	Relevant Documents, Legislations, regulations, and standards	55
9.5.	Policy & Procedure.....	55
9.5.1.	Quality Policy	55
9.5.2.	Internal Audit	56

9.5.3.	Regular Internal Activities	56
9.5.4.	Continuous Improvement.....	57
10-	Information Management Policy & Procedure.....	58
10.1.	Purpose.....	58
10.2.	Scope	58
10.3.	Definitions	58
10.4.	Relevant Documents, Legislations, regulations, and standards	58
10.5.	Policy & Procedure.....	59
10.5.1.	Information Management	59
10.5.2.	Passwords Policy:.....	60
10.5.3.	Participant Information Consent.....	61
11-	Feedback and Complaints Management Policy & Procedure	62
11.1.	Purpose.....	62
11.2.	Scope	62
11.3.	Definitions	62
11.4.	Relevant Documents, Legislations, regulations, and standards	63
11.5.	Policy & Procedure.....	63
11.5.1.	Feedback and Complaint Policy.....	63
11.5.2.	Complaint Handling (Easy-To-Read Version)	64
11.5.3.	Feedback and Complaint Management	65
11.5.4.	Feedback Management Process.....	66
11.5.5.	Complaints Management Process.....	66
11.5.6.	Communicate Resolution	69
11.5.7.	Monitoring and Review	70
11.5.8.	Complaints Escalation and Dispute Resolution	71
12-	Incident Management Policy & Procedure	72
12.1.	Purpose.....	72
12.2.	Scope	72
12.3.	Definitions	72
12.4.	Relevant Documents, Legislations, regulations, and standards	74
12.5.	Policy & Procedure.....	75
12.5.1.	Incident Management Process	75
13-	Human Resource Management Policy & Procedure	79

13.1.	Purpose.....	79
13.2.	Scope	79
13.3.	Definitions	80
13.4.	Relevant Documents, Legislations, regulations, and standards	80
13.5.	Policy & Procedure.....	81
13.5.1.	Organisational Charts and Position Description	81
13.5.2.	General Information	81
13.5.3.	Recruitment and Selection	81
13.5.4.	Mandatory Checks	82
1-	Provide 100 points of identification	82
2-	Make sure that personnel have the Right to Work in Australia	83
3-	Workers Screening.....	83
4-	Qualifications and/ or experience.....	85
5-	Worker orientation program.....	86
6-	Insurance (If applicable)	86
13.5.5.	Induction	86
13.5.6.	Training and Development	87
13.5.7.	Other Training and Development	87
13.5.8.	Performance Reviews and Management.....	88
13.5.9.	Termination of Employment	88
13.5.10.	Disciplinary Action	89
13.5.11.	Dismissal.....	89
13.5.12.	Workers management and retention	90
14-	Continuity of Supports Policy & Procedure	90
14.1.	Purpose.....	90
14.2.	Scope	90
14.3.	Relevant Documents, Legislations, regulations, and standards	91
14.4.	Definitions	91
14.5.	Policy & Procedure.....	91
15-	Access to Supports Policy & Procedure.....	93
15.1.	Purpose.....	93
15.2.	Scope	93
15.3.	Relevant Documents, Legislations, regulations, and standards	93

15.4.	Definitions	94
15.5.	Policy & Procedures	94
15.5.1.	Entry to Services.....	94
15.5.2.	Service Refusal	95
15.5.3.	Waiting List processes.....	95
15.5.4.	Service environment.....	96
15.5.5.	Cancellation Policy	96
15.5.6.	Service Withdrawal.....	96
15.5.7.	Service Termination (Exit from Services)	97
15.5.8.	Participant Requested Termination	97
15.5.9.	Service Re-entry	98
15.5.10.	Files and Documentation.....	98
16-	Support Planning Policy & Procedure	99
16.1.	Purpose.....	99
16.2.	Scope	99
16.3.	Relevant Documents, Legislations, regulations, and standards	99
16.4.	Definitions	100
16.5.	Policy & Procedures	100
16.5.1.	Managing Support Plan	100
16.5.2.	Risk assessment for Each Participant	101
16.5.3.	Communication.....	101
16.5.4.	Support Plan Delivery and Review	103
17-	Service Agreements with Participants Policy & Procedure.....	104
17.1.	Purpose.....	104
17.2.	Scope	104
17.3.	Definitions	104
17.4.	Relevant Documents, Legislations, regulations, and standards	105
17.5.	Policy & Procedure.....	105
17.5.1.	Service Agreements Requirements	105
17.5.3.	Ending the Service Agreement	106
17.5.4.	Cancellation Policy	107
17.5.5.	Accommodation	107
17.5.6.	Emergency or Disaster	107


18-	Responsive Support Provision Policy & Procedure	108
18.1.	Purpose.....	108
18.2.	Scope	108
18.3.	Definitions	108
18.4.	Relevant Documents, Legislations, regulations, and standards	108
18.5.	Policy & Procedures	109
18.5.1.	Responsive Support Provision Policy	109
18.5.2.	Support Planning.....	109
19-	Transitions to or from the Provider Policy & Procedure	110
19.1.	Purpose.....	110
19.2.	Scope	110
19.3.	Definitions	110
19.4.	Relevant Documents, Legislations, regulations, and standards	110
19.5.	Policy & Procedures	111
19.5.1.	Transitions to or from the Provider Management	111
20-	Safe Environment Policy & Procedure	112
20.1.	Purpose.....	112
20.2.	Scope	112
20.3.	Definitions	112
20.4.	Relevant Documents, Legislations, regulations, and standards	113
20.5.	Policy & Procedures	113
20.5.1.	Occupational Health and Safety Policy	113
20.5.2.	Management Team Responsibilities	115
20.5.3.	Staff and Worker's responsibilities	116
20.5.4.	Participants' responsibilities	116
20.5.5.	Emergency Response Plan	117
20.5.6.	Smoke-free environment.....	117
20.5.7.	Manual Handling.....	117
20.5.8.	Provision of service and support to participants subject to section 73G of NDIS Act ...	118
21-	Participant Money and Property Policy & Procedure	120
21.1.	Purpose.....	120
21.2.	Scope	120
21.3.	Definitions	120

21.4.	Relevant Documents, Legislations, regulations, and standards	120
21.5.	Policy & Procedures	120
21.5.1.	Participant Money and Property Policy	120
21.5.2.	Participant Accounts	121
21.5.3.	Unwanted or Incidental Payment or Withdrawal	121
21.5.4.	Roles and Responsibilities of Workers and Staff	122
22-	Medication Management Policy & Procedure.....	124
22.1.	Purpose.....	124
22.2.	Scope	124
22.3.	Definitions	124
22.4.	Relevant Documents, Legislations, regulations, and standards	124
22.5.	Policy and Procedure	124
22.5.1.	Management of Medication Policy	124
22.5.2.	Medication Administration	125
22.5.3.	Medication Records	126
22.5.4.	Storage of Medication	127
22.5.5.	Medication Disposal	127
22.5.6.	Administering Medication	127
22.5.7.	Reporting.....	128
22.5.8.	Medication Prompting.....	129
22.5.9.	Strictly Forbidden Practices	129
22.5.10.	Monitoring and Review	129
22.5.11.	Responsibility of Management Team Against Medication	130
23-	Infection Management Policy	131
23.1.	Purpose.....	131
23.2.	Scope	132
23.3.	Relevant Documents, Legislations, Regulations, and Standards.....	132
23.4.	Policy and Procedure	132
23.5.	Hand hygiene	132
23.6.	Respiratory Hygiene/Cough Etiquette.....	133
23.7.	Personal Protective Equipment -Gloves.....	133
23.8.	Medical devices handling	135
23.9.	Cleaning	135

23.10.	Managing Spills	136
23.11.	Food Handling.....	136
23.12.	Handling Linen	137
23.13.	Transporting Participant.....	137
24-	Mealtime Management Policy & Procedure	138
24.1.	Purpose.....	138
24.2.	Scope	138
24.3.	Definitions	138
24.4.	Relevant Documents, Legislations, regulations, and standards	138
24.5.	Policy & Procedures	139
24.5.1.	Our Commitment	139
24.5.2.	Nutritious Food Supports	141
24.5.3.	Meals Management.....	142
24.5.4.	Managing hydration and nutrition.....	146
24.5.5.	How detect under-nutrition?	146
24.5.6.	Hydration.....	147
24.5.7.	Posture and positioning Correct.....	149
24.5.8.	Managing risks of choking	150
24.5.9.	Standardised care process.....	150
24.5.10.	How to reduce risks of choking	154
24.5.11.	Food Safety.....	155
24.5.11.1.	Take special care with high-risk foods	155
24.5.11.2.	Storing food in the fridge.....	156
24.5.11.3.	Freezing food safely	156
24.5.11.4.	Storing cooked food safely	156
24.5.11.5.	Avoid refreezing thawed food.....	156
24.5.11.6.	Store raw food separately from cooked food.....	157
24.5.11.7.	Choose strong, non-toxic food storage containers.....	157
24.5.11.8.	If in doubt, throw it out!.....	157
24.5.12.	Food Handling	157
24.5.13.	Monitoring and Review	158
24.5.14.	Training of Staff (Health Practitioner and Workers)	158
25-	Waste Management Policy & Procedure	161

25.1.	Purpose.....	161
25.2.	Scope	161
25.3.	Definitions	161
25.4.	Relevant Documents, Legislations, regulations, and standards	161
25.5.	Policy & Procedures	161
25.5.1.	Type of Waste and Management	161
25.5.2.	Workers Responsibility	163
25.5.3.	Management Team Responsibility.....	163
25.5.4.	Waste Management Contractors	164
25.5.5.	Waste Management Plan	165
25.5.5.1.	Training and Waste Management.....	165
25.5.5.2.	Measuring Waste Management Performance	165
25.5.6.	Waste Handling	165
25.5.6.1.	Waste Segregation	165
25.5.7.	Incident Prevention and Management	166
25.5.8.	Standard Precautions.....	166
25.5.9.	Cough Etiquette	167
25.5.10.	Reporting incidents.....	167
25.5.11.	Chemical Incidents.....	168
25.5.12.	Continuous Improvement.....	168
26-	Financial Management Policy & Procedure	169
26.1.	Purpose.....	169
26.2.	Scope	169
26.3.	Definitions	169
26.4.	Relevant Documents, Legislations, regulations, and standards	169
26.5.	Policy & Procedures	169
26.5.1.	Superannuation.....	169
26.5.2.	Procedures	169
26.5.3.	Salary/Wages Date Entry Procedure.....	170
26.5.4.	Payment Through Bank	170
26.5.5.	NDIS Claiming.....	171
27-	Emergency and Disaster Management Policy & Procedure.....	171
27.1.	Purpose.....	171

27.2.	Scope	171
27.3.	Definitions	171
27.4.	Relevant Documents, Legislations, regulations, and standards	172
27.5.	Policy & Procedures	172
27.5.1.	Our Commitment	172
27.5.2.	. Type of Emergencies	173
27.5.3.	Planning for Emergencies	174
27.5.4.	Emergency Preparedness & Response	174
27.5.5.	Emergency Response Training.....	175
27.5.6.	Testing Emergency Plans	175
27.5.7.	Reviewing Emergency Plans	176
28-	Child Safety Policy and Procedure.....	176
28.1	PURPOSE.....	176
28.2	SCOPE	176
28.3	Relevant Documents, Legislations, Regulations and Standards	176
28.4	POLICY	177
28.5	PROCEDURE.....	178
29-	Assist Travel and Transport Policy and Procedure	180
29.1	Purpose.....	180
29.2	Scope	180
29.3	Policy	180
29.4	Transport in participant's private vehicle	181
29.5	Assessment and planning of transportation needs.....	181
29.6	Transporting Participants in a vehicle or bus	182
29.7	Relevant Documents, Legislations, Regulations, and Standards	183

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

A. General Information

1. Managing Director Responsibilities

- ✓ **Managing Director** responsibilities are as follows:
- Makes provision to ensure all applicable requirements of NDIS Management System are adopted and maintained
 - Ensures adequate resources are available to achieve objectives and support the development, implementation, maintenance and ongoing improvement of the NDIS System
 - Ensures the training needs of the workers are resourced, implemented and meet the requirements outlined
 - Ensures that all staff are informed of their regulatory responsibilities and are aware of their role in meeting the requirements of the NDIS System
 - Is fully committed to the implementation of this NDIS Manual
 - Provides human and financial resources required to implement and improve the processes of the NDIS System
 - Is always available to all departments responsible for monitoring compliance with NDIS requirements
 - Ensures that objectives and targets are established, documented, monitored and reviewed

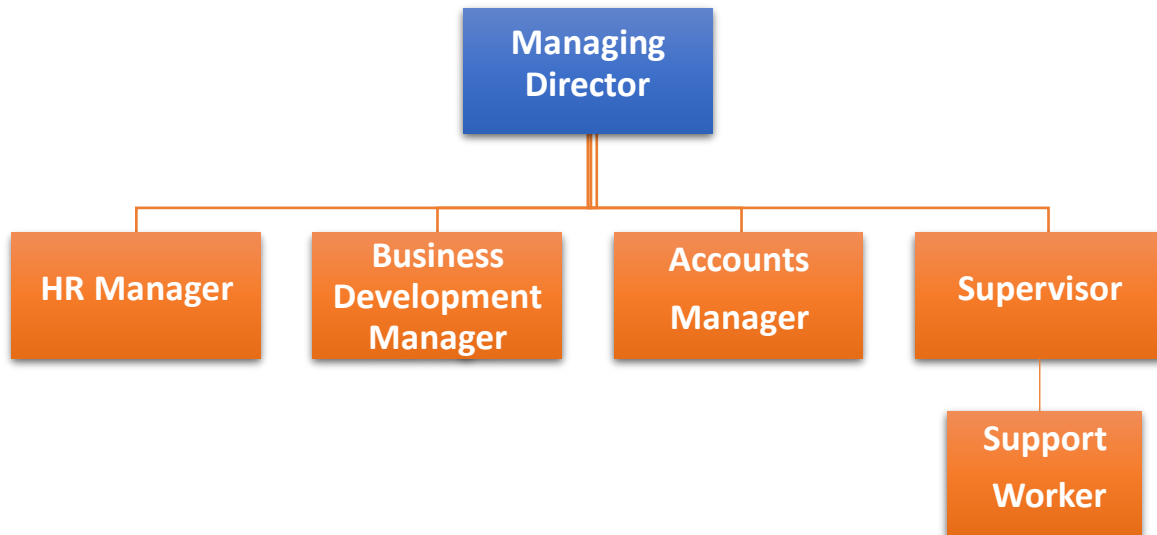
2. NDIS Manual Review

- ✓ The **Managing Director** ensures that the NDIS Manual is continually updated. To achieve this, the **Management Team** evaluates the NDIS Manual at planned intervals, at least annually. The team considers whether it is necessary to review the risk assessment. The updating activities are based on:
- Inputs from external and internal communications.
 - Inputs from other information concerning the suitability, adequacy, and effectiveness of the NDIS Manual.
 - Output from **Form15.Internal Audit Report** and **Form25.Management Review Meeting Minutes**



3. Organisational Chart

- ✓ The organisational structure is as below:



4. The NDIS Code of Conduct

- ✓ **CAP CASS ALLIED HEALTH SERVICES** and their workers are committed to following the NDIS Code of Conduct which is as per below:

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

B. Policies and Procedures

1- Person-Centered Support Policy & Procedure

1.1.Purpose


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

1.2.Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants and their family

1.3.Definitions

Word/Term	Definition
Worker	<ul style="list-style-type: none"> • A person employed or engaged by a registered NDIS provider. • A person who participates in services that involve direct contact with participants as a part of their normal duties.
Person-centred Approach	<p>The term person-centred approach refers to the following principles:</p> <ul style="list-style-type: none"> • A partnership is created between the staff and workers, participant, and their families. • Ensuring the participant is at the centre of decisions that relate to their life. A person-centred process involves listening, thinking together, coaching, sharing ideas, and seeking feedback to be able to provide them with the safest smoke-free services and supplies.


 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

1.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights

1.5. Policy & Procedure

- ✓ Each participant's legal and human rights are understood and incorporated into everyday practice.
- ✓ Communication with each participant, the provision of support that is responsive to their needs and is provided in the language, mode of communication and terms that the participant is most likely to understand. This is undertaken via **Participant Handbook** which was designed so it is easy to read and understand. An interpreter/translator is provided upon request.
- ✓ Each participant is supported to engage with their family, friends and chosen community as directed by the participant in **Form27. Initial Assessment and Support Plan, Form22.Service Agreement** and **Participant Handbook**.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** must ensure that the following practices are taken to support the participant and their family and/or carer:
 - Train, support and encourage all staff and workers to implement this policy & procedure in their practices reflected in their **Job description, Worker Handbook and Form08.Induction Checklist**.
 - Communicate the success factors individually with the participants to find out what it looks like through **Form27. Initial Assessment and Support Plan** and **Form26.Goal Plan for Participant**. Support and assistance (e.g., involvement of a support person, interpreter, or advocate) will be provided to the participant if required. Interpreters would be available as below:
 - The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs.
<https://www.tisnational.gov.au/>
- ✓ **CAP CASS ALLIED HEALTH SERVICES** ensures that participant's health and well-being is important for all staff and workers, therefore steps are taken to support this approach by

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

reviewing and understanding **Worker Handbook** and undergoing an induction using **Form08.Induction Checklist**.

- ✓ **CAP CASS ALLIED HEALTH SERVICES** ensure that staff and workers empower participants skills by knowing their goals and working towards those goals. These goals can be reviewed and updated during support plan review.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** ensure that participants' independence is supported by workers.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** ensure that staff and workers support participants' freedom and respect their beliefs and values by adhering to the policies and procedures.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** ensure that staff and workers understand that participants are treated equally even if they have a disability and should be supported at all times.

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

2- Individual Values and Beliefs Policy & Procedure

2.1.Purpose

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

2.2.Scope

- ✓ This document applies to:

- All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families

2.3. Definitions

Word/Term	Definition
Diversity	<p>The term diversity refers to staff and workers and participant's differences in the following areas but not limited to:</p> <ul style="list-style-type: none"> • Sexual orientation • Language • Ethnicity • Religious beliefs • Disability
Culturally and Linguistically Diverse (CALD)	<p>CALD is a broad term used to describe communities with diverse languages, ethnic backgrounds, nationalities and religions.</p>
LGBTQI+	<p>LGBTIQ+ is an acronym for lesbian, gay, bisexual, transgender, queer, and intersex</p>

2.4. Relevant Documents, Legislations, regulations, and standards


- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights

2.5. Policy & Procedure

2.5.1. Culture, diversity, values, and beliefs policy

- ✓ To provide a diverse and inclusive service to participants and their families **CAP CASS ALLIED HEALTH SERVICES** promotes the following:

- Support cultural diversity and promote the inclusive environment
- Support participants' to play an active role in the community

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

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

- ✓ At the direction of the participant, the culture, diversity, values and beliefs of that participant are identified and sensitively responded to.
- ✓ Each participant's right to practice their culture, values and beliefs while accessing support is supported. At **CAP CASS ALLIED HEALTH SERVICES**, during the initial assessment participants are encouraged to talk about their culture, diversity, values and beliefs by using **Form20. Participant Intake Form**.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** 's participants whose English is not their primary language will be provided with interpreter/translator support (if required) or in case of a meeting, these people would be able to bring a member of their family who speaks English.

2.5.2. Individual Values and Beliefs management

- ✓ **CAP CASS ALLIED HEALTH SERVICES** will:
 - Group people with different languages to foster respect for diversity in the organisation
 - Will find people cultural and linguistic needs to collaborate with other organisations to meet their needs
 - Identify and collaborate with LGBTQI+ mainstream support and advocacy programs
 - Actively prevent instances of violence, abuse, neglect, discrimination and exploitations as per our processes.
 - Ensure keeping personal information of participants confidentially to avoid any misuse from their sexual orientation and cultural information
 - Support Aboriginal and/or Torres Strait Islander heritage needs by working respectfully with their families and individuals
 - Enhance the cultural awareness of staff, workers and volunteers when providing services to those who are of an Aboriginal and/or Torres Strait Islander heritage, through Worker Handbook, induction, and regular training
 - Using respectful language when talking about people's sexual orientation



3- Privacy and Dignity Policy & Procedure

3.1. Purpose

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

3.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or

casual, contractors, volunteers, or business partners.

- All participants and their families

3.3. Definitions

Word/Term	Definition
Worker	<ul style="list-style-type: none"> • A person employed or engaged by a registered NDIS provider. • A person who participates in services that have direct contact with participants as part of their normal duties.
Personal information	<ul style="list-style-type: none"> • Personal information including name, date of birth, address, phone number etc.


3.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Privacy Act 1988
- Freedom of Information Act 1982
- Form18. Participant Information Consent Form
- Form19. Privacy & Confidentiality Agreement
- Form02. Complaint Report Form

3.5. Policy & Procedure

3.5.1. Privacy and Confidentiality Policy


- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to providing quality services and respecting participants' rights. Participants' right to privacy and confidentiality will be recognised, respected and protected in all aspects.
- ✓ At **CAP CASS ALLIED HEALTH SERVICES**, all information will be handled based on the NDIS Quality and Safeguarding Framework.
- ✓ Consistent processes and practices are in place that respects and protects the personal privacy and confidentiality of each participant.

 CapCass Allied Health Service	<h1>NDIS Manual</h1>	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

- ✓ **CAP CASS ALLIED HEALTH SERVICES** ensures that all confidential documents are handled safely in our operations.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** will not disclose any confidential information to any persons who are not employed by **CAP CASS ALLIED HEALTH SERVICES** or participant unless consent has been obtained.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** will not take any interest in the review of confidential and sensitive documents of the company.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to maintaining the confidentiality of medical results
- ✓ **CAP CASS ALLIED HEALTH SERVICES** will not disclose, copy, release, sell, alter, or destroy any confidential information, either electronic or paper-based unless there is management approval.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to protecting the privacy of participants and workers.

3.5.2. Worker's responsibilities

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

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

- f. Service specifications; and
- g. Any other information regarding company activities that can have a detrimental impact on the company.

3.5.3. Management team responsibilities

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

4- Independence and Informed choices Policy & Procedure

4.1. Purpose

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

4.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants and their families

4.3. Definitions

Word/Term	Definition
Worker	<ul style="list-style-type: none"> • A person employed or engaged by a registered NDIS provider. • A person who participates in services that are involved with direct contact with participants as a part of their normal duties.
Consent	<ul style="list-style-type: none"> • The permission provided by a participant or their carer/family is concerning the decisions made that affects the person's life.

4.4. Relevant Documents, Legislations, regulations, and standards

- Form18. Participant Information Consent Form
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Human Rights and Equal Opportunity Commission Act 1986
- Freedom of Information Act 1982

4.5. Policy & Procedure

4.5.1. Decision-Making Policy

- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to our participants having control over the services provided to them and the decisions that might affect their life.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that participants are satisfied with the services received
- ✓ **CAP CASS ALLIED HEALTH SERVICES** will find out about the participant's preferences and take appropriate measures to provide that participant with those preferred services.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to providing services to participants that are aligned with their needs and preferences.
- ✓ Active decision-making and individual choice are supported for each participant including the timely provision of information using the language, mode of communication and delivered in a manner that the participant is most likely to understand.
- ✓ Each participant's right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration.
- ✓ Each participant's autonomy is respected, including their right to intimacy and sexual expression.
- ✓ Each participant has sufficient time to consider, review and seek the advice of their options, at any stage of support provision, including assessment, planning, provision, review and exit.
- ✓ Each participant's right to access an advocate (including an independent advocate) of their choice is supported, as it is their right to have the advocate present.

4.5.2. Independence and Informed Choices Management

- ✓ It is everyone's right to choose their own personal, gender, sexual, cultural, and religious identity. It applies to people with disability too and they can make their decision regardless of their situation.
- ✓ Participants have the right to make their own decisions, to be free, live the life they choose and have the same rights and freedoms as any other member of the community.


- ✓ Participants and their carer will be advised by **CAP CASS ALLIED HEALTH SERVICES** about other services or agencies either in the organisation or outside the organisation to be able to make informed decisions.
- ✓ If the participant is assessed as not capable of making his or her decision, a substitute decision-maker will be required and **CAP CASS ALLIED HEALTH SERVICES** will support them either formally or informally.
- ✓ In the case that a participant is assessed as not being capable of decision making, different people would be able to be nominated as a substitute by their priority as below:
 - Any guardian who is appointed by an authority
 - Anyone who has a continuing relationship with the participant
 - An unpaid carer who has been arranged the care regularly
 - A close friend or relative

4.5.3. Right to Access an Advocate Policy

- ✓ New participants will be consulted about their right to use advocates via the **Participant Handbook**.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** will consult new participants about the roles of advocates and how to get an advocate.
- ✓ It is a participant's right to choose their advocates, change their advocates or withdraw their advocate's authority
- ✓ **CAP CASS ALLIED HEALTH SERVICES** participant's decision making and service planning will be coordinated with the participant's advocate
- ✓ Any assistance by an advocate should be registered and documented
- ✓ If a participant doesn't have anyone to accept their advocacy, **CAP CASS ALLIED HEALTH SERVICES** will introduce someone as an advocate.

4.5.4. Free Advocate Management

- ✓ Advocacy is the act of helping a vulnerable group of people to be heard in a decision that may affect their life.

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

- ✓ The participant can nominate an advocate if they need to via **Form13. Advocate Nomination Form.**
- ✓ There are different types of advocacies as follows:
 - **Individual advocacy:** is to prevent and address any discrimination or abuse a person with a disability
 - **Systematic advocacy:** is influencing and changing the systems to benefit people with a disability as a group within the society
 - **Family advocacy:** is the act of a family member advocating on behalf of a person with a disability
 - **Group advocacy:** is the act of advocating for people with disability in a group including people who are sharing an accommodation
 - **Citizen advocacy:** when people of a community advocate on behalf of a person with a disability
 - **Legal advocacy:** is the act of present advocacy by a lawyer including giving legal advice, positive changes to legislations to people with disability

4.5.5. Participant Consent Policy

- ✓ Participant's rights are as follows:
 - The participant should make an informed decision before giving the consent
 - If any participant requires additional time for any consent, enough time should be provided to make the best decision and have enough time for consultation
 - Withdrawal of consent is part of the participant's right at any time
 - Participants can evaluate the risks associated with their decision and take assessed risks
- ✓ **CAP CASS ALLIED HEALTH SERVICES's** responsibilities for participant consent are as follows:
 - A participant consent using **Form18. Participant Information Consent Form** will be obtained in case the decision is related to any medical or dental treatment, behaviour support and accommodation arrangements
 - Before disclosure of any personal information to other parties consent is required.
- ✓ Any personal information could be disclosed without consent only if there is one of the following:

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

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

5.1. Purpose

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

5.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants and their families

5.3. Definitions


Word/Term	Definition
Abuse	<ul style="list-style-type: none"> • Abuse has different types including: <ul style="list-style-type: none"> ○ Physical Abuse: can be any action that may cause pain in your body. Some examples of physical abuse are restraining, choking, tying, giving medicines to make you feel unwell, stopping you from taking medicine, slapping, kicking, hitting or slapping. ○ Sexual Abuse: any sexual contact with someone who is not capable of understanding, is younger than 16 years of age, has not given consent, is threatened, or forced to engage in sexual activities ○ Emotional Abuse: can be any activity that involves embarrassing you in the public, calling you names, do not involve in communication because of cultural, religious beliefs and/or sexual assault ○ Financial Abuse: Illegal use or mismanagement of a person's money or property including, stealing, unusual transfer of



	money or property to another person
Exploitation	<ul style="list-style-type: none">• Exploitation is referred to unfair use of someone's asset and/or fund to deprive them of the use and possession of those funds and assets.
Neglect	<ul style="list-style-type: none">• Neglect refers to the situation that the initial needs of someone are not met. There are different types of neglect as follows:<ul style="list-style-type: none">○ Physical neglect: failure in the provision of proper food, house, cloth, and protection.○ Emotional neglect: lack of support and protection for the emotional growth and wellbeing○ Passive neglect: lack of provision for initial requirements of a person including food, clothing, or medical care○ Supervisory neglect: failure in the provision of support in a way that involves a breach of standard and has the risk of death or major harm to a person

5.4. Relevant Documents, Legislations, regulations, and standards

- <https://www.legislation.gov.au/Details/C2019C00332> Incident Management Policy and Procedure
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Disability Discrimination Act 1986
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Age Discrimination Act 2004
- Crimes Act 1958

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

5.5. Policy & Procedure

5.5.1. Violence, Abuse, Neglect, Exploitation Policy

- ✓ It is the **CAP CASS ALLIED HEALTH SERVICES**'s commitment to ensure that everyone feels safe, treated fairly and the organisation is free of abuse, exploitation and neglect.
- ✓ Participants with a lack of communication should be well supported to detect and prevent abuse.
- ✓ The **Managing Director** deals with the abuse, exploitation, and neglect reports seriously and confidentially and takes the best measures to mitigate the issue and take actions accordingly.
- ✓ **Incident Management Policy and Procedure** are established to investigate and report the abuse, exploitation, and neglect related issues.
- ✓ Training is required for everyone in **CAP CASS ALLIED HEALTH SERVICES** about all policies and procedures and relevant rules, regulations, and guidelines to recognize, prevent and minimise abuse, exploitation, and neglect through the induction system.
- ✓ One trained Manager should be appointed to deal with any abuse related issues.
- ✓ Everyone has a responsibility about abuse, exploiting and neglect as follows:
 - The victim should be supported by all staff, workers and members of the organisation
 - If required, the responsible Manager should inform relevant authorities, carers of the victim including their family and guardians or their substitute decision-makers (if applicable)
 - If a participant doesn't have any guardian or an advocate, it is the provider's responsibility to organise an advocate or assist the other providers and support coordinators to organise and advocate. For more information refer to **Right to access an advocate**.
 - All staff, workers, and witnesses should cooperate with relevant authorities in the process of investigation.

5.5.2. Violence, Abuse, Neglect, Exploitation Management

- ✓ Following measures could be taken for responding to abuse, exploitation, and neglect:
 - **Incident Management Policy and Procedure** are established to investigate and report the abuse, exploitation, and neglect related issues.

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

6- Bullying, Harassment and Discrimination Policy & Procedure


- ✓ **CAP CASS ALLIED HEALTH SERVICES** ensures that everyone in the organisation including workers and participants are working in a workplace free of bullying, harassment, and discrimination. In this policy & procedure, the standards for having a better workplace for both workers and participants with a positive environment will be described.

6.1.Scope

- ✓ This document applies to:
- All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants and their families
 - It is also applicable when people are interacting in the public area and/or when providing services

6.2.Definitions

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

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>


6.3. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Disability Discrimination Act 1986
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Age Discrimination Act 2004

6.4. Policy & Procedure

6.4.1. Bullying, Harassment and Discrimination Policy

- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to promoting an environment free from bullying, harassment and discrimination for all employees and participant
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to implementing training and awareness-raising strategies to ensure that all workers and staff are aware of their rights and responsibilities regarding bullying, harassment and discrimination
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to complying with all relevant legislation and industry standards
- ✓ All forms of discrimination, harassment and bullying by or toward workers, the participant is considered unacceptable and will not be tolerated under any circumstances.
- ✓ Everyone has the same right and responsibilities relating to sexual harassment.
- ✓ Any discrimination, bullying, harassment and/or discrimination should be discussed with the **Managing Director** or by submitting an incident through the **Incident Management Policy and Procedure**.
- ✓ Victimization includes threatening any of who has made a complaint or helped another person to make complaints including the ones who may be involved in the investigation process is subject to discrimination, harassment and/or bullying.
- ✓ Breach of this policy & procedure in any form may lead to termination of employment.

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

6.4.2. Sexual Harassment


- ✓ Sexual harassment can be any of the following activities:
 - Repeated unwilling requests of going out
 - Request for sex
 - Insult or taunt of sexual nature
 - Sending sexual text messages
 - Viewing offensive pictures and objects
 - Touching or hugging someone unwillingly
- ✓ **CAP CASS ALLIED HEALTH SERVICES** has zero tolerance for sexual harassment, meaning that just one attempt is enough
- ✓ At **CAP CASS ALLIED HEALTH SERVICES**, in the workplace or between colleagues and participants at work or outside the workplace, everyone is covered against sexual harassment.
- ✓ Everyone should be treated with respect in **CAP CASS ALLIED HEALTH SERVICES**.

6.4.3. Bullying

- ✓ Bullying can happen in various types of behaviour including:
 - Sarcasm
 - Isolation
 - Threat, abuse, or shout
 - Unconstructive criticism
 - Constant pressure on the workers
- ✓ Bullying is against Work Health and Safety Laws. There are different forms of bullying including face to face, on social media, in emails, on the phone and unfair work activities.

6.4.4. Discrimination

- ✓ Discrimination can happen either directly or indirectly. Direct discrimination happens when a person is treated more unfair than other people in a similar situation while indirect discrimination happens when a person is being disadvantaged by imposing a practice against a lawful characteristic.

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

✓ Lawful characteristics are as follows:

- Any types of disability or disease
- Having status of a carer or a parent
- Race, skin colour, nationality, culture, ethnic background
- Religion
- Pregnancy and breastfeeding
- Sexual orientation
- Political beliefs
- Marital status

✓ Treating a person unfair because they have lawful characteristics that you don't like, is against the law and could be a form of discrimination.

✓ Everyone should be recruited based on merits regardless of their characteristics. For example, they should be recruited based on their skills and abilities.

✓ Asking personal questions about their ethnicity, sexual orientation, disability or else, is against the law unless it is a requirement of the position.

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


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

✓ Victimization includes threatening any of who has made a complaint or helped another person to make complaints including the ones who may be involved in the investigation process is subject to discrimination, harassment and/or bullying.

6.4.5. Preventive Responsibilities

✓ Preventive responsibilities of **CAP CASS ALLIED HEALTH SERVICES**'s management team against bullying, harassment and discrimination are as follows:

- Train staff and workers in the policies & procedures and regulations to know their obligations via the **Worker Handbook** and **Form08.Induction Checklist**.
- Follow-up any harassment, bullying and discrimination complaints and investigate the incidents using the complaint and incident management procedures.
- Ensure that no discrimination takes place in the process of recruitment and it's

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

based-on merit points.

- Enhance the complaint resolution process by following complaint management procedures.
- Take quick steps if becoming aware of any inappropriate behaviour.

✓ Preventive responsibilities of **CAP CASS ALLIED HEALTH SERVICES** workers against bullying, harassment and discrimination are as follows:

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

6.4.6. Staff and Workers Right

✓ It is staff and workers' right to:

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

7- Governance and Operations Policy & Procedure

7.1.Purpose

✓ The aim of this policy & procedure is that each participant's support is overseen by robust governance and operational management systems relevant to the size, and scale of **CAP CASS**

ALLIED HEALTH SERVICES and the scope and complexity of supports delivered.

7.2.Scope

✓ This document applies to:

- All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants and their families

7.3.Definitions

Word/Term	Definition
subcontractor	The subcontractor will provide Incidental services like gardening and cleaning
Governance	Governance is the process by which organisations are directed, controlled, and held to account. It encompasses authority, accountability, stewardship, leadership, directions, and control exercised in the organisation.

7.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- Corporations Act 2001
- The Australian Consumer Law
- NDIS Terms of Business
- NDIS Guide to Suitability
- Australian Accounting Standards
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Quality Management Policy & Procedure
- Form05. Business Plan
- Form17.Legislative Compliance Register
- Form29.Conflict of Interest Register


7.5. Policy & Procedure

7.5.1. General Information

- ✓ An effective system is in place for **CAP CASS ALLIED HEALTH SERVICES** to manage and support the business accountability, effectiveness and supervision through Internal Audit, Management Review Meeting, and participant feedback system, which ensures that:
 - **CAP CASS ALLIED HEALTH SERVICES** is compliant with the regulation and legislation
 - Support and development of its staff and workers.
 - High quality and safer service delivery to the participant.

7.5.2. Management Responsibilities

- ✓ **CAP CASS ALLIED HEALTH SERVICES** is managed by the **Managing Director**, who has assigned a management team.
- ✓ **The Management Team** will ensure that the objectives and targets of the organisation are defined.
- ✓ It is the **management team's** responsibility to ensure that business operations are aligned with the objectives and targets using **Form05. Business Plan**.
- ✓ A Management Review Meeting will be held by the **management team** to ensure that a high quality of services will be provided by **CAP CASS ALLIED HEALTH SERVICES** to the participants, and there is an active communication channel in place.
- ✓ The responsibilities of the **Managing Director** are:
 - Human Resources & well-being of the staff and workers
 - Maintenance of the property
 - Service delivery to the participant
 - Strategic planning
 - Ensuring that the policies and procedures are reviewed and updated
 - Financial matters including payroll
- ✓ Staff and worker training remain the responsibility of the **management team**.
- ✓ Any issues related to the finance, IT and quality of service will be provided to the

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

management team by all staff and workers, including customer complaints.

- ✓ In the **management team** meeting, stakeholders will be engaged if required to improve the service outcome. Stakeholders include participant, their families and carers, advocates, workers, service providers and government representatives.

7.5.3. SWOT Analysis

There are two types of environmental factors:

- **External factors:** the “opportunities” and “Risk” presented by the environment external to the organisation
- **Internal factors:** the “strengths” and “weaknesses” of the organisation

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

7.5.4. External Environment Analysis


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

- Macro Environment
- Microenvironment

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

Macro Environment includes the following factors:

- **Legal/Political Factors:** Government regulations and legal factors are assessed in terms of their ability to affect the business environment and trade markets. The main issues addressed in this section include political stability, tax guidelines, trade regulations, safety regulations, and employment laws.
- **Economic:** Through this factor, businesses examine the economic issues that are bound to have an impact on the company. This would include factors like inflation, interest rates, economic growth, the unemployment rate and policies, and the business cycle followed in the country.
- **Social:** With the social factor, a business can analyse the socio-economic environment of its market via elements like customer demographics, cultural

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

limitations, lifestyle attitude, and education. With these, a business can understand how consumer needs are shaped and what brings them to the market for purchase.

- **Technological:** How technology can either positively or negatively impact the introduction of a product or service into a marketplace is assessed here. These factors include technological advancements, the lifecycle of technologies, the role of the Internet, and the spending on technology research by the government.

Microenvironment includes the following factors:

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

7.5.5. Internal Environment Analysis

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

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

Strengths


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

Weaknesses

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

7.5.6. Developing Objective and Targets

- ✓ The business objective and targets are developed in **Form05. Business Plan**.
- ✓ The objectives are defined and the target for each item is determined. The objectives are to be:
 - **Specific:** Target a specific area of improvement
 - **Measurable:** a progress indicator is to be defined or suggested
 - **Achievable:** Assuring that the objective is to be achieved
 - **Realistic:** objective should be defined realistically in a way that could be followed
- ✓ The **management team** is responsible for:
 - Ensuring **CAP CASS ALLIED HEALTH SERVICES** is following the organisational strategies
 - Ensuring that there is appropriate service delivery in place.
 - Ensuring that service integrity and quality is being assessed regularly.
 - Providing leadership and supervision to the staff and workers to create an environment of innovation and positive relationships.
 - Providing the services related to support and management of complex cases,

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

including emergencies.

- Providing a proper service to the participant to maintain their satisfaction

✓ **CAP CASS ALLIED HEALTH SERVICES's** staff and workers are responsible for:

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


7.5.7. Business Insurance

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

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

7.5.8. Compliance Management


✓ **CAP CASS ALLIED HEALTH SERVICES** has established, implemented and maintained a process to identify legislative requirements and have access to all legal and other requirements that apply to **CAP CASS ALLIED HEALTH SERVICES's** operations using **Form17. Legislative Compliance Register**.

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

- ✓ The register will be reviewed and updated once a year. The evaluation will be carried out by the **Management Team** and the results will be reported to **Managing Director**.
- ✓ If there are any changes/ updates in the legislative requirements, relevant policies and procedures will be reviewed and revised accordingly.
- ✓ All Workers are responsible for managing compliance within their areas of influence by following the current policies and procedures. The changes and updates will be communicated to the workers and staff through meetings or receiving email updates.
- ✓ Legislative compliance is maintained and updated through:
 - Reviewing NDIS Commission Website
 - Ongoing consultation and communication with Industry Specialists/Legal representatives
 - Legal updates provided by government publishing
 - External third-party audit

7.5.9. Delegation of Responsibility and Authority Policy

- ✓ This policy identifies the requirements for delegated responsibility and authority to another suitable person in the absence of a usual position holder in place.
- ✓ Workers with the same qualifications and experience will be assigned as a delegate to ensure the same level of support is provided to the participants and adequate training will be provided to them.
- ✓ Delegation of Responsibility and Authority Policy within **CAP CASS ALLIED HEALTH SERVICES** is intended to achieve the following objectives:
 - Ensure supports are provided based on the least intrusive options.
 - Ensure the efficiency and effectiveness of support.
 - Ensure that workers have been provided with the level of authority necessary to discharge their responsibilities.
 - Better understanding of supervision and delegation responsibilities.
 - Feel confident in working safely with the participant.
- ✓ All delegates shall act in good faith using all reasonable skills when exercising delegated authority.
- ✓ The requirements set out in this policy apply to all workers. Delegation is managed through **Form28.Delegations of Authority Register** and **Form86. Delegation of Authority**

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

declaration form.

7.5.10. Conflict of Interest Policy

- ✓ Staff and workers should avoid any conflict of interest in their duties and personal interests.
- ✓ All employees will act in the best interests of participants and other customers, ensuring that participants are informed, empowered and able to maximise choices and controls. Staff members will not (by act or omission) constrain, influence or direct decision-making by a person with a disability and/or their family to limit that person's access to information, opportunities, and choices and controls.
- ✓ None of the staff and Workers shall misuse the position that ends to any personal benefit for themselves or anyone associated with them.
- ✓ The priority of all staff and workers shall be the advantage of the **CAP CASS ALLIED HEALTH SERVICES**.
- ✓ Workers and staff should not misuse **CAP CASS ALLIED HEALTH SERVICES** property, information, and data for their personal use.
- ✓ Any conflict of interest should be reported to the **management team** to avoid any possible conflict. If any conflict is recorded in **Form29.Conflict of Interest Register**, a **Form34.Conflict of Interest Declaration Form** must be completed.
- ✓ Everyone in **CAP CASS ALLIED HEALTH SERVICES** including workers, staff, **management team** and contractors shall have considered their actions as follows:
 - What kind of conflict with my duties will be perceived?
 - Is there any personal benefit involved in their action of duties?
 - Is my involvement in any of the actions reasonable?
- ✓ Neither we nor our worker will accept any offer of money, gifts, services, or benefits that would cause any one of us to act in a manner contrary to the interests of an NDIS participant. Further, staff and workers will not have any financial or personal interest that could directly or indirectly influence or compromise the choice of provider or provisions of support to a participant. This includes the obtaining or offering of any form of commission by staff and workers or us.

7.5.11. Management Review Meeting

- ✓ In the annual management review meeting using **Form25.Management Review Meeting Minutes**, the following agenda shall be included:
 - Any reported incidents in the incident management system and corrective actions,
 - Any reported complaints and the root cause of this complaint
 - The outcome of the internal and external audit
 - The status of the corrective actions shall be checked regularly until it is finalised and verified by the management.
- ✓ Following decisions shall be taken in the management review Meeting:
 - Any required changed
 - Any required additional resources
 - Any improvement opportunities to prevent incidents and complaints occurrence

7.5.12. Use of Care for Travel and Transport arrangement

It is Blissful4You's responsibility to ensure that all vehicles being used for travel and transport arrangements for participants is registered and also insured for business purposes.

8- Risk Management Policy & Procedure

8.1. Purpose

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

8.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants and their families

8.3. Definitions

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

8.4. c

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2020**
- **National Disability Insurance Scheme Act 2013**

- National Disability Strategy 2010-2020
- Corporations Act 2001
- The Australian Consumer Law
- NDIS Terms of Business
- NDIS Guide to Suitability
- Form01.Risk Register
- Form14. Hazard identification report

8.5. Policy & Procedure

8.5.1. Occupational Health and Safety Policy

CAP CASS ALLIED HEALTH SERVICES is committed to supporting the health, safety, and welfare of all people we employ and to the people affected by our undertakings.

CAP CASS ALLIED HEALTH SERVICES continuously supports improvements in workplace health and safety by adopting a planned systematic approach to Occupational Health and Safety. This approach includes risk management and consultation.

As part of our overall commitment **CAP CASS ALLIED HEALTH SERVICES** is committed to:

- Complying with all relevant OH&S legislation, regulations, codes of practice, and guidelines.
- Documenting, implementing, and communicating OH&S policy to all employees.
- Regularly monitoring and revising our policy by legislative and organisational changes or as appropriate.
- Establishing measurable objectives and targets aimed at eliminating work-related injury and illnesses.
- Provide adequate training, information, instruction and supervision to all employees and visitors to ensure work is carried out safely
- Ensure all accidents, hazards and near misses are recorded and reported and an investigation is carried out to determine possible causes.
- Maintain a safe working environment by reporting hazards or unsafe work practices promptly to their manager or supervisor.
- Report all workplace injuries, near misses and illnesses caused by work immediately to your manager.

8.5.2. Risk Assessment Process

- ✓ **CAP CASS ALLIED HEALTH SERVICES** take its responsibility to identify and manage all types of organisational risks - including compliance, financial, safety, health, environmental and



operational risks - very seriously.

- ✓ **CAP CASS ALLIED HEALTH SERVICES** will engage with staff and workers and relevant stakeholders to identify risks to operations and to communicate risk management strategies.
- ✓ Risk management shall:
 - Be embedded within its operations, processes, and systems
 - Have clear accountability, ownership, and governance
 - Be systematic, transparent, and consistently applied
 - Include effective consultation and communication
 - Support evidence-based decision-making; and
 - Facilitate continual improvement.
- ✓ To manage and control risks and opportunities, the company uses Risk Management Model shown below:



- ✓ Where relevant, the risk management system includes measures for the prevention and control of infection and outbreaks.
- ✓ Supports and services are provided in a way that is consistent with the risk management system.
- ✓ Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.

8.5.3. Identifying Risk to Participants, Workers and The Provider

- ✓ A list of organisational risks including compliance, financial, safety and health, environmental, and operational risks (risks to participants, financial and work health and safety risks, and risks associated with the provision of supports) is identified in **Form01.Risk**

Register.

- ✓ All areas of the organisations will be addressed, and can be grouped according to the following broad categories:
 - Strategic
 - Compliance
 - Financial
 - Operational
 - Participant
 - Staff and Workers
- ✓ Specific risks to each participant are identified using **Form27. Initial Assessment and Support Plan.**
- ✓ It is all staff and workers s' responsibility to report any risk to participants, workers and the provider to their relevant supervisor or manager.
- ✓ New hazards can be identified using **Form14. Hazard identification report.**

8.5.4. Assessing the Risk

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

Risk Calculation Process

		Business	Safety
5	Major	Failure would create noncompliance with regulations or Failure could injure the participants, Workers, and the provider	Major material damage, hospital treatment, extensive rehabilitation, months /years lost, death, permanent major disability

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

Steps 1 – Estimate the consequences

Step 2 – Estimate the likelihood

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

Step 3 – Determine the risk rating


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

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

8.5.5. Treatment of the Risk or Control Measure

- ✓ All identified risks are to be assessed, and treatment shall be taken for them as a part of the relevant person responsibility. Management or treatment options for risks expected to have positive outcomes include:
 - Starting or continuing an activity likely to create or maintain this positive outcome
 - Modifying the likelihood of the risk, to increase possible beneficial outcomes
 - Trying to manipulate possible consequences, to increase the expected gains
 - Sharing the risk with other parties that may contribute by providing additional resources which could increase the likelihood of the opportunity or the expected gains
 - Retaining the residual risk.

- ✓ Management options for risks having negative outcomes look similar to those for risks with

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

positive ones, although their interpretation and implications are completely different. Such options or alternatives might be:

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

8.5.6. Review and Monitor of Risk assessment

- ✓ The **management team** ensures that the risk assessment register (**Form 01**) is regularly reviewed to check their effectiveness and, as necessary, revised.
- ✓ Support delivery is linked to a risk management system which includes:
 - Incident Management
 - Complaints Management
 - Work Health and Safety
 - Human Resource Management
 - Financial Management
 - Information Management
 - Governance
- ✓ The effectiveness of risk assessment shall be checked on an ongoing basis and should be revised if required. The revision could take place in the following circumstances but is not limited to these:
 - Current control measure is not effective
 - A change has happened in the risks or hazard
 - An extreme incident occurs
 - If the consultant or auditor believes that a revision is required
- ✓ Provide regular reports and updates to assure that risks are being appropriately managed

and treated.

8.5.7. Different types of Risk and Mitigation

Type	Risk	Risk Mitigation
Participant Risk Management	Participants Risk identification and a regular revision of those risks shall be an ongoing process.	<ul style="list-style-type: none"> A risk assessment shall be conducted for new participants At least a consistent 12 monthly risk assessment shall be conducted for existing participants Participant's risk assessment should be reviewed regularly
Compliance Risk Management	<p>Ensure a compliance risk assessment is carried out under the risk management framework if the organisation operations comply with laws and regulations. Compliance risks include but are not limited to:</p> <ul style="list-style-type: none"> Out of registration or insurance company vehicle Creating reports compliant with the legislation and agreements Key personnel operating outside of their authority area Activities outside of key organisational vision and mission 	<ul style="list-style-type: none"> A sturdy compliance cultures Internal audit in compliance areas Internal control measures in areas of compliance
Work Health and Safety	<p>It is the management team's responsibility to eliminate WHS risk; meaning that WHS risks need to be considered in the risk management plan. Hazards identification involves any situation or action which may cause harm to people or property. Some of the common hazards include:</p> <ul style="list-style-type: none"> Manual handling: in the case of moving or lifting people and objects Slips and trips of people and falling objects Electricity including shock, fire, burn, electrocution 	<p>There are different risk mitigation methods, including:</p> <ul style="list-style-type: none"> Elimination Substitution Isolation Engineering Admin controls (procedures and policies)

Type	Risk	Risk Mitigation
	<ul style="list-style-type: none"> • Machinery and equipment, e.g., having an accident with any moving vehicle or caught by a moving part of a plant machinery • Hazardous chemicals • Heat, stroke, burns, fatigue, hypothermia • Noise, e.g., permanent, or temporary hearing loss • Biological infection or allergies • Stress, bullying, violence and fatigue. 	<ul style="list-style-type: none"> • PPE (Personal Protective Equipment)
Human Resource Risk Management	<p>The risk management plan should address risks related to human resources. These risks include:</p> <ul style="list-style-type: none"> • Unplanned resignation or retirement of management personnel • Lack of knowledge and skills among staff and workers • Lack of racial, ability, gender etc. diversity • staff and workers recruitment and retention 	<p>Human resource risk mitigation plan requires:</p> <ul style="list-style-type: none"> • Strict leadership, a positive culture • An ongoing plan for key roles • A proper documentation plan for critical information so that a new team can run the services • Complimentary training program for staff and workers • Training more than one person in each area so that they can perform the task in case of absence for one position • Supervision and mentoring of staff and workers
Financial Risk Management	<p>There are different financial risks, including:</p> <ul style="list-style-type: none"> • Liquidity risk • Interest rate • Cash Flow • Credit risk • Competitor's risk • Market or economy risk • An unexpected change in owners or shareholders 	<p>Risk management strategies include:</p> <ul style="list-style-type: none"> • Having the right insurance • Supportive plans for the worst-case scenario • Tracking research trends

Type	Risk	Risk Mitigation
Emergency and Disaster Management	<p>There are different risks, including:</p> <ul style="list-style-type: none"> • Fire • Hazardous Substances • Gas Leak • Bomb Threat • Medical Emergency • Flooding Emergency • Storming Emergency • AGGRESSIVE BEHAVIOUR 	<p>Risk management strategies include:</p> <ul style="list-style-type: none"> • Having emergency response plan • Conduct an emergency drill • Training of employees

9- Quality Management Policy & Procedure

9.1.Purpose


- ✓ This policy & procedure aims to provide participants with benefits from a quality Management system that provides continuous improvement involving:
 - Conducting participant survey and valuing their feedback
 - Understanding strengths and weaknesses
 - Finding the requirements of the participants and addressing them

9.2.Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants and their families

9.3.Definitions

N/A

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

9.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Corporations Act 2001
- The Australian Consumer Law
- NDIS Terms of Business
- NDIS Guide to Suitability
- Form16. Internal Audit Schedule
- Form15. Internal Audit report
- Form03.Improvement Report Form
- Form25. Management Review Meeting Minutes

9.5. Policy & Procedure

9.5.1. Quality Policy

- ✓ It is **CAP CASS ALLIED HEALTH SERVICES**'s commitment to incorporate the requirements of the standard into the business with a continuous improvement system. These commitments are as follows:
 - Ongoing improvement and revision of the policies & procedures, processes, and services
 - Ensuring that all policies & procedures comply with the relevant legislation, obligations, and standards
 - Maintaining, monitoring, and improving the stakeholder's satisfaction and creating a close relationship with staff and workers
 - Conduct regular internal audits to find and resolve any nonconformities and prevent the recurrence
 - Train the staff and workers on an ongoing basis to meet the requirements
- ✓ **The Management Team** have responsibilities against the continuous improvement as follows:
 - Provide the atmosphere of involvement for staff and workers to improve company objective & Target

- Ensure that services and supports provided to the participants comply with the requirement of NDIS standards and guidelines.
 - Reviewing and implementing a risk management plan
 - Reviewing organisational objectives and targets to ensure that **CAP CASS ALLIED HEALTH SERVICES** operations are aligned with them
 - Train staff and workers to implement policies & procedures in the **CAP CASS ALLIED HEALTH SERVICES**'s operations
 - Identify organisation's objectives and targets
 - Review complaints and corrective actions to prevent a recurrence
 - Review incidents and corrective actions to prevent a recurrence
- ✓ Staff and workers have responsibilities against the continuous improvement as follows:
- Report any improvement opportunities to the **management team**
 - Participate in the internal audits if required
 - Ensure that customer feedback and complaints are reported to the **management team**
 - Ensure that incidents are reported to the **management team**

9.5.2. Internal Audit

- ✓ Internal Audits will be conducted to determine whether business operations and processes are compliant with the NDIS standards, guidelines, and relevant legislation. The internal Auditor should be trained and shall be independent of the process that they are auditing.
- ✓ The Internal Audit should be conducted every year to determine the compliance of the organisation with NDIS standards using **Form16. Internal Audit Schedule**. Any non-conformities in the management system of **CAP CASS ALLIED HEALTH SERVICES** should be recorded in **Form15. Internal Audit report** and **Form03.Improvement Report Form**. Then, this record should be reported to **CAP CASS ALLIED HEALTH SERVICES**'s **management team** for implementing corrective actions. In the management review meeting, the outcome of the audit should be reviewed, and corrective actions shall be checked.

9.5.3. Regular Internal Activities

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

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

9.5.4. Continuous Improvement

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



10- Information Management Policy & Procedure

10.1. Purpose

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

10.2. Scope


- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants and their families

10.3. Definitions

Word/Term	Definition
Information	Refers to the communication of knowledge in a way that is an added value to the knowledge of the receiver.
Information Management	Effective handling of the information and will check to retain, create, organize, store, and retrieve the information resources either from internal or external sources

10.4. Relevant Documents, Legislations, regulations, and standards

- Form18. Participant Information Consent Form
- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights

10.5. Policy & Procedure


10.5.1. Information Management

- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to protecting the security of its information and information systems.
- ✓ Documents are stored with appropriate use, access, transfer, storage, security, retrieval, retention, destruction, and disposal processes. This is addressed by having passwords and antivirus in place for electronic devices. For hard copies (if applicable), the files will be stored in secured cabinets and access will be provided to the relevant workers.
- ✓ According to the above direction all staff and workers are committed to:
 - Use of all reasonable, appropriate, practical, and effective security measures to protect our important processes and assets to achieve our security objectives.
 - Protecting and managing information assets to enable us to meet our contractual, legislative, privacy and ethical responsibilities and satisfy applicable IS requirements and legal requirements
 - Protect the system against unauthorized access.
 - Report and investigate information security breaches.
 - Record keeping processes underpin day-to-day actions and **CAP CASS ALLIED HEALTH SERVICES** has an ongoing commitment to continuous improvement in this area.
- ✓ A confidentiality agreement has been signed by all workers using **Form19.Privacy & Confidentiality Agreement**.
- ✓ Records including all completed forms and templates either in hard copy or electronically are maintained for 7 years. For instance, complaint records and incident records shall be kept for 7 years.
- ✓ Information Management system should be in a way that:
 - limit the access to the information
 - the computer should be always password locked

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

10.5.2. Passwords Policy:

- ✓ Always strong password shall be used. It means, it should be at least 8 characters including
 - Lower case letter (abcdefghi....)
 - Uppercase letter (ABCDEFGHI...)
 - Numbers (1234567890)
 - Symbols (! @#\$%^&*()_)
- ✓ The following password elements are prohibited:
 - Common elements (i.e., words, names, sports, movies & shows, groups, songs, etc.)

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

- Elements relating to the user (i.e., user id, graduation, birthdays, phone numbers, pets, etc.)
- Keyboard patterns (i.e., 1q2w3e4r)
- Repeating patterns (i.e., ah*fJDS1, ah*fJDS2, etc.)
- ✓ The following practices are prohibited:
 - Recording user IDs or passwords on paper stored in a secure environment
 - Group accounts or shared passwords (passwords provide accountability, user to the system)
 - Distribution of passwords by e-mail or other insecure methods (i.e., fax)
 - Use of the same password on multiple systems
- ✓ Passwords should be regularly changed, for example, every 6 month
- ✓ Passwords should not be kept on a piece of paper lying around

10.5.3. Participant Information Consent

- ✓ Each participant's consent is obtained to collect, use, and retain their information or to disclose their information (including assessments) to other parties, including details of the purpose of collection, use and disclosure. **Form18. Participant Information Consent Form** will be used for this purpose.
- ✓ Each participant is informed in what circumstances the information could be disclosed, including that the information could be provided without their consent if required or authorised by law.
- ✓ Participant's consent rights are as follows:
 - The participant should make an informed decision before giving the consent
 - If any participant requires additional time for any consent, enough time should be provided to make the best decision and have enough time for consultation
 - Withdrawal of consent is a part of the participants right at any time
 - Participants can evaluate the risks associated with their decision and take assessed risks



11- Feedback and Complaints Management Policy & Procedure

11.1. Purpose

- ✓ The purpose of this policy & Procedure is to set out how a person can provide feedback and make complaints about any aspect of **CAP CASS ALLIED HEALTH SERVICES**'s operations and the process that **CAP CASS ALLIED HEALTH SERVICES** will take to acknowledge, assess and resolve the complaint in a fair, efficient and timely manner.
- ✓ This document outlines the policy & Procedure of making complaints and providing feedback to CAP CASS ALLIED HEALTH SERVICES about their operations and the processes.
- ✓ The responsibility of effective implementation of complaint management procedure is with the **Managing Director** of their delegate.

11.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants and their families

11.3. Definitions

Word/Term	Definition
Compliment	An expression of praise, encouragement or gratitude about an individual worker, a team, or a service.
Complaint	Broadly speaking, a complaint is an expression of dissatisfaction with an NDIS support or service, including how a previous complaint was handled, for which a response or resolution is explicitly or implicitly expected. A complaint is someone letting you know that your service is not 'hitting the mark'.

Word/Term	Definition
Feedback	<p>Information provided in response to service delivery, such as reactions to a service provided or a person's performance of a task, is used as a basis for improvement. Includes compliments, complaints, concerns, comments, or suggestions.</p> <p>Any concerns, compliments, complaints, comments or suggestions about the service delivery methods, quality of services, the performance of a task are used as an improvement baseline for the organisation.</p>
Complainant	This means a person who makes a complaint

11.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- Effective Complaint Handling Guidelines for NDIS Providers
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Form02.Complaint Report Form
- Form03.Improvement Report Form

11.5. Policy & Procedure

11.5.1.Feedback and Complaint Policy


- ✓ The Best practices and continuous improvements that are promoted by the **management team** create a supportive and respectful culture in CAP CASS ALLIED HEALTH SERVICES that supports the workers, stakeholders, and participants to be open to make complaints and feedback and report any issues. In the performance assessment of the **management team**, this will be assessed and reviewed.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to handling all complaints and feedback until it is resolved completely.



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

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

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


 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

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

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

11.5.3. Feedback and Complaint Management

- ✓ In the worker's induction, all workers will be trained in this policy & procedure to provide the stakeholders with the information related to the feedback, complaints, and compliments. For this purpose, the **Worker handbook** is also used.
- ✓ Continuous improvement is an important part of the team meeting agenda covering workers and participant feedback and complaints. Complaints management is also on the management review meeting Agenda.
- ✓ If requested by workers, this information will be provided to them and will be displayed in **CAP CASS ALLIED HEALTH SERVICES** 's premises at all times.
- ✓ A variety of formats including an easy English version as well as translated versions of the information related to the feedback and complaints will be provided to stakeholders including workers and participants. Interpreters and referrals are available, too.
- ✓ Workers will provide all participants, their families, and carers with information when they first access the service and, throughout service delivery, remind them of the policy and their right to make a complaint without fear of affecting their service.
- ✓ All participants, their families and carers will be provided with the relevant policies & Procedures and their right to make complaints in the commencement of service as well as throughout the service delivery by **CAP CASS ALLIED HEALTH SERVICES** workers. For this purpose, the **Participant handbook** is also used.
- ✓ The roles and responsibilities of the workers when a complaint is received as well as their awareness of the policy & Procedure will be assessed in the performance reviews. If required, additional in-house training, on the job training and formal training will be provided. Managers and supervisors will be monitoring this.
- ✓ The general principles guiding actions under the NDIS Act also describe the rights of people with disability to:
 - Realise their potential for physical, social, emotional, and intellectual development.

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

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

11.5.4. Feedback Management Process


- ✓ Any stakeholder will be able to provide feedback at any time through:
 - Workers
 - Management team
 - Public email address
 - Mail
 - Phone contact
- ✓ A **Form03. Improvement Report** will be completed by the receiving worker or the **management team** if the feedback is provided verbally.
- ✓ Support and assistance (e.g., involvement of a support person, interpreter, or advocate) will be provided to people who should participate in the feedback mechanism if required.

11.5.5. Complaints Management Process

11.5.5.1. Receive and Record

- ✓ For an easy resolution without recourse to the Procedure of complaint management, individuals are encouraged to contact **CAP CASS ALLIED HEALTH SERVICES** to lodge a complaint.

- ✓ **CAP CASS ALLIED HEALTH SERVICES** will handle all complaints until it is resolved completely.
- ✓ The complaint could be made by individuals at any time to the NDIS Commission, the Health and Community Services Commissioner.
- ✓ Individuals could use an advocate of their choice if they like to act on their behalf. The advocate could be a family member or friend or sourced from the National Disability Advocacy Program.
- ✓ Workers will:
 - **Listen** – openly and nicely to the complaint and the raised issue.
 - **Ask** – what is the outcome that the complainant is seeking.
 - **Inform** – the complainant about the complaint process, timing, and realistic expectations.
 - **Be accountable** – show empathy toward the complainant or affected person and ensure that all commitments are made.
 - **Assess** – the situations that cause any danger or require any specialised response.
- ✓ As the first step of complaint resolution, the **management team** will discuss the complaints with the other party involved in the complaint.
- ✓ The complaint will be treated as a formal complaint if it cannot be resolved promptly within a proper timeframe. If the individuals are not aware of their rights, the workers should advise them on how to lodge a complaint and assist them properly if they wish.
- ✓ A complainant needs to lodge a complaint using **Form02. Complaint Report Form**.
- ✓ Formal complaints can be lodged:
 - either verbally or by sending a completed **Form02.Complaint Report Form**, in direct contact with a worker
 - by email
 - Face to face with workers or **management team**
 - by phone
 - in writing
- ✓ Individuals could use an advocate of their choice if they like to act on their behalf. The advocate could be a family member or friend or sourced from the National Disability


 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

Advocacy Program.

- ✓ The complaint will be referred to the **Managing Director** if it alleges an actual or possible criminal activity, abuse, or neglect. As per this policy & Procedure, the Managing **Director** will report the complaint to the NDIS and any other relevant authority for further investigation.
- ✓ The **management team** will:
 - **Record** – all information that is relevant to the compliment or complaint, in its original and simplest form. Complaint records shall be kept for seven years from the day the record is made. Complaints are confidential.
 - **Store and protect** – for more security, the complaint reports would only be accessible to relevant people.
- ✓ The management **team** will:
 - **Acknowledge** – complaints are received within two business days to create a confident and trustworthy relationship with the complainant.
 - **Provide anonymity** – If someone requested to be anonymous in their complaint application, their contact might not be accessible.
 - **Seek desired outcomes** – It is important to be realistic in handling complaints. It means if required, the case should be referred to a suitable organisation to handle.
 - **Avoid conflict of interest** – An independent investigator to the matter should be assigned, if necessary.
 - **Provide timeframes and expectations** to the complainant where possible.

11.5.5.2. Resolve

- ✓ In resolving a complaint, **CAP CASS ALLIED HEALTH SERVICES** will:
 - **Involve the complainant** –Informing them about the status of their complaint and discussing any miscommunicated information with them using **Form03. Improvement Report Form**
 - **Request additional information** – if required and limit the timing by applying a time frame.
 - **Consider extensions** – Only if there is any additional time required, with the provision of the explanation, communicate it to the complainant.
 - **Record** – all actions and feedbacks regarding the complaint investigation in


 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

Form03.Improvement Report Form

- **Focus** – on the identified complaint matters only. A complaint is not an opportunity to review a whole case.
- ✓ For investigation and resolution, the **management team** will refer the complaint to the **Managing Director**, if they cannot resolve it.
- ✓ Investigation of complaints will not be conducted by a person about whom a complaint has been made. If required, the **management team** will determine the appropriate person to undertake the investigation.
- ✓ The **management team** will determine the appropriate person for the complaint investigation.

11.5.6. Communicate Resolution

- ✓ All complaints should be responded to by **CAP CASS ALLIED HEALTH SERVICES** as soon as possible within 28 days from acknowledgment.
- ✓ An update to the complainant is required within 28 days if the complaint cannot be resolved in full. The date by which full response can be expected should be provided to the complainant. The response could be provided verbally in the first instance, but it shall be confirmed in writing.
- ✓ Any misunderstanding regarding the complaint could be supported by someone from **CAP CASS ALLIED HEALTH SERVICES** if required. (e.g., interpreters, referral to advocates, etc.).
- ✓ Complaint resolution should include:
 - **Acknowledgement** – of how the person is affected by the situation and what is their expectation of quality service
 - **Apology** – In some cases can be a proper resolution or partial resolution to what people have suffered
 - **Answers** – The information needed for addressing people's concern or an explanation of what is happened; and
 - **Action** – Agreement on actions that will make the concerns and service improvements
- ✓ Options for actions responding to a complaint include but are not limited to:
 - explaining processes

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

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

✓ Also, the below actions can be done:

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

11.5.7. Monitoring and Review

- ✓ Complaint and Feedback monitoring and review are on the Management Review Meeting Agenda, which will be discussed in detail. **Form25.Management Review Meeting Minutes** is used for this purpose.
- ✓ Following mechanisms would be followed by CAP CASS ALLIED HEALTH SERVICES for measuring participants and stakeholders' satisfaction:
 - to receive suggestions for improvement and assess whether the participants are aware of their rights, regular participant's feedback will be obtained.
 - **Management team** meetings may involve participants and other stakeholder representatives
- ✓ The feedback, compliment and complaint system will be used to ensure continuous learning and accountability is in place by:
 - Identification of opportunities for improvement as a result of a complaint
 - Feedback analysis to monitor the service performance trends evaluation and identify improvement opportunities; and

- Continuous improvement plan assists in how the outcome of feedback is communicated with stakeholders. Positive feedback will be recorded for well-done activities.

- ✓ The risk assessment will be reviewed after any complaints.
- ✓ Complaint records will be kept for 7 years from the day the record is made.
- ✓ This Policy & Procedure will be reviewed annually.

11.5.8. Complaints Escalation and Dispute Resolution

- ✓ In case, if **CAP CASS ALLIED HEALTH SERVICES** could not satisfy the complainant, details of another agency will be provided to assist them in achieving the resolution.
- ✓ All complaints, including the escalated complaints, will be tracked from the same kind of report and the same method of communication will be applied.
- ✓ The participant can be made directly a complaint or feedback and send it to the NDIS Commission.
- ✓ A complaint can be made to the NDIS Commission by:
 - Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.
 - National Relay Service and ask for 1800 035 544.
 - Completing a complaint contact form.



12- Incident Management Policy & Procedure

12.1. Purpose

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

12.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants, their families, and stakeholders in connection with the provision of NDIS supports or services.

12.3. Definitions

Word/Term	Definition
Impacted person	A person with a disability who has been affected by an incident that has occurred during the provision of NDIS supports and services.
Incident	An incident is defined as an act, omission, event, or circumstance. It may mean any of the following:



Word/Term	Definition
	<ul style="list-style-type: none">• Acts, omissions, events, or circumstances that occur in connection with providing NDIS supports or services to a person with a disability and have, or could have, caused harm to the person with a disability• Acts by a person with a disability that occur in connection with providing NDIS supports or services to the person with a disability and which have caused serious harm, or a risk of serious harm, to another person• Reportable incidents that have or are alleged to have occurred in connection with providing NDIS supports or services to a person with a disability
Key personnel	Key personnel means individuals who hold key executive, management, or operational positions in an organisation, such as directors, managers, board members, chief executive officer or chairperson. The person has authority or responsibility for (or significant influence over) planning, directing, or controlling the activities of the registered NDIS provider.
NDIS (Incident Management and Reportable Incident) Rules 2018	The Rules require registered NDIS providers to establish an incident management system that meets minimum requirements and that is appropriate for the size of a registered NDIS provider and the supports or services they provide. The rules also set out the obligations on registered NDIS providers to notify, investigate and respond to reportable incidents.
Reportable incidents	<p>Reportable incidents are serious incidents or alleged incidents which result in harm to an NDIS participant and occur in connection with NDIS supports and services. Specific types of reportable incidents include:</p> <ul style="list-style-type: none">• The death of a person with a disability.• Serious injury of a person with a disability.• Abuse or neglect of a person with a disability.• Unlawful sexual or physical contact with, or assault of, a person with a disability.• Sexual misconduct committed against, or in the presence of,



Word/Term	Definition
	<p>a person with a disability, including grooming of the person for sexual activity.</p> <ul style="list-style-type: none">The use of restrictive practice about a person with a disability, other than where the use is by an authorisation (however described) of a State or Territory about the person or a behaviour support plan for the person. <p>The incident is not reportable if:</p> <p>(a) the Act is a lawful physical contact with a person with a disability; and</p> <p>(b) the contact with, and impact on, the person with a disability is negligible.</p>
Workers	Includes workers, contractors and people otherwise engaged, for example, on a volunteer basis, by an NDIS provider.
Near Miss	An unplanned event that does not cause harm to people, property, or the environment which, under different circumstances, had a clear potential to do so.

12.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.
- Incident Management System Guidance
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Form04.Incident Report Form.



12.5. Policy & Procedure

12.5.1. Incident Management Process

Step	Who
1. Incident occurrence <ul style="list-style-type: none">✓ Any incident needs to be reported to the manager or supervisor, including near misses.✓ In the event of an incident, injury, or illness, where it is safe to do so CAP CASS ALLIED HEALTH SERVICES will take appropriate immediate action to minimise the risk of further injury or damage.✓ Preventive actions from further harm or injury will be taken, where appropriate. As a part of the investigation, until its end, the incident scene and evidence need to be preserved. (Due to assisting an how to person, making the area safer, streamlining the police investigation, or removing the deceased person, the site may be disturbed.)✓ Inspecting and confirming that no new hazards have been created whilst securing the area✓ If any medical treatment is needed beyond first aid, the Safety representative will be informed by the relevant person immediately by phone or email.	All workers and Participant
2. Determine whether the incident is work-related <ul style="list-style-type: none">✓ Any incident that happened by the contribution of an event in the work environment, will be determined as work-related. In addition, any pre-existing injury or illness aggravated by an event in the workplace will be determined as work-related too. Also, if the incident is in connection with the provision of NDIS supports or services by the provider.	Safety representative
3. Severity Determination <ul style="list-style-type: none">✓ According to the severity of the incidents' consequences, those will be classified as follows:<ul style="list-style-type: none">• fatality• permanent injury• lost time• restricted work• medical treatment beyond first aid	Safety representative



Step	Who
<ul style="list-style-type: none">• first aid treatment• hurt• near miss <p>✓ The accident will be classified as the most severe if there is more than one consequence applicable to that incident.</p>	
4. Injury or illness determination <ul style="list-style-type: none">✓ If there is a wound or damage to the body resulting in an incident.✓ If any illness is caused by an incident in an abnormal health condition that impairs physiological function.	Safety representative
5. Recording the incident <ul style="list-style-type: none">✓ Form04. Incident Report Form should be completed for all incidents and near misses if:<ul style="list-style-type: none">• the injured person is within the scope of provider or participant, and• the incident is related to the service or support provided <p>Incident records shall be kept for 7 years from the day the record is made.</p>	Safety representative
6. Incident Investigation <ul style="list-style-type: none">✓ The incident needs to be investigated as soon as possible or within 24 hours if its severity is a medical treatment (beyond first aid) or higher like work restriction, permanent injury, or fatality.✓ As a minimum, any first aider, witness and injured person should be involved in the investigation.✓ Investigation reports should be recorded in Form04. Incident Report Form.	Safety representative
7. Corrective actions Revision <ul style="list-style-type: none">✓ The corrective actions shall be checked whether those are appropriate and will be preventive or not.✓ In case those actions are not appropriate, should be discussed with the relevant people.	Safety representative



Step	Who
8. Effectiveness Evaluation <ul style="list-style-type: none">✓ The corrective actions should be evaluated to ensure that they are addressing the root cause of the incident and will prevent a recurrence.✓ This evaluation should be recorded in Form04. Incident Report Form.	Safety representative
9. Revision of data for continuous improvement <ul style="list-style-type: none">✓ Look for further opportunities in the improvement of information and trends at least every 12 months.✓ The incident management policies and procedures, the causes, handling, and outcomes of incidents, seeking of participant and workers views, and incorporation of feedback will be reviewed annually.	Safety representative
10. Report Notifiable Incident <p>The incident notification process consists of 3 steps. These steps are as follows:</p> <p>Step 1: Notify the NDIS Commission:</p> <ul style="list-style-type: none">✓ The safety representative is responsible for reporting incidents that are reportable incidents to the Commissioner. In addition, any key personnel can notify the Commissioner of reportable incidents.✓ A notifiable incident shall be reported as soon as possible. The following information is required to be registered in the incident report form:<ul style="list-style-type: none">• the name and contact details of the registered NDIS provider.• a description of the reportable incident (a description of the impact on, or harm caused to, the person with disability)• the immediate actions taken in response to the reportable incident, including actions taken to ensure the health, safety, and wellbeing of persons with disability affected by the incident and whether the incident has been reported to police or any other body• the name and contact details of the person making the notification• the time, date, and place at which the reportable incident occurred (if known)• the names and contact details of the persons involved in the reportable incident	Safety representative



Step	Who
<ul style="list-style-type: none">✓ For an incident to be reportable a certain act or event needs to have happened (or alleged to have happened) in connection with the provision of supports or services by the registered NDIS provider. This includes:<ul style="list-style-type: none">• The death of a person with a disability• Serious injury of a person with a disability• Abuse or neglect of a person with a disability• Unlawful sexual or physical contact with, or assault of, a person with a disability• Sexual misconduct, committed against, or in the presence of, a person with a disability, including grooming of the person with a disability for sexual activity✓ CAP CASS ALLIED HEALTH SERVICES will submit a notification form via the NDIS commission portal within 24 hours, if any above incidents occur.✓ Commissioner shall be provided with the following information within 5 business days after the provider became aware that the incident occurred:<ul style="list-style-type: none">• the names and contact details of any witnesses to the reportable incident• any further actions proposed to be taken in response to the reportable incident✓ If an unauthorised restrictive practice is used, NDIS should be notified in 5 business days of being notified of the incident. However, the incident should be reported in 24 hours if the incident has resulted in injury to a disabled person.✓ In cases where there is a need for police intervention, even after consideration of the incident, it should be reported as soon as possible. If there is any uncertainty about whether the incident needs to be reported or not, the notifier or approver should contact the NDIS Commission to seek further advice.✓ CAP CASS ALLIED HEALTH SERVICES will also inform:<ul style="list-style-type: none">• Authorities for notifiable work-related injuries, fatalities, or dangerous occurrences• Police if the incident relates to the death of a person	



Step	Who
<ul style="list-style-type: none">✓ Where an incident is referred to as NDIS, the NDIS investigation takes precedence over any organisational process.✓ The progress of the incidents, accidents and near misses will be tracked in incident report form.✓ Step 2: Submit a 5-business day form: this form should be submitted via the “My Reportable Incidents” portal in 5 business days after key management personnel are notified. Some additional information, including the corrective actions, is recorded in this form. any unauthorised use of restrictive practises is recorded by this form.✓ Step 3: If required, the final report should be submitted: If this is required, the NDIS Commission will contact the provider and advise the due date for this matter. The final report field will be accessible on the NDIS Commission portal if the provider requires to submit a final report.	

13- Human Resource Management Policy & Procedure

13.1. Purpose

- ✓ Worker’s selection, recruitment and management, is the purpose of this policy & Procedure to demonstrate **CAP CASS ALLIED HEALTH SERVICES** ’s practices of effective, transparent and fair human resource management.

13.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants receiving services and support

13.3. Definitions

Word/Term	Definition
Act	This means the <i>National Disability Insurance Scheme Act 2013</i>
Engaged	A person is engaged, including volunteers, by an NDIS provider when both the involved person and the organisation have agreed that the person will provide supports or services for people with disability who receives funding under the NDIS or the Commonwealth Continuity of Support Programme relating to Specialist Disability Services for Older People.
NDIA	National Disability Insurance Agency, whose role is to implement the National Disability Insurance Scheme (NDIS).
NDIS	National Disability Insurance Scheme, which is a new way to support a better life for hundreds of thousands of Australians with a significant and permanent disability and their families and carers.
NDIS Commission	Means the National Disability Insurance Scheme Quality and Safeguards Commission.
NDIS provider	<p>A person (other than the NDIA) who receives:</p> <ul style="list-style-type: none"> • funding under the arrangements set out in Chapter 2 of the Act; or • NDIS amounts (other than as a participant); or <p>a person or entity who provides supports or services to people with a disability other than under the NDIS; and who are prescribed by the NDIS rules as an NDIS provider. See s 9 of the Act.</p>
Participant	A person with a disability receives support or services from an NDIS provider. In this guide, we generally refer to NDIS participants.

13.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Fair Work Act 2009
- Disability Discrimination Act 1992

- **Racial Discrimination Act 1975**
- **Sex Discrimination Act 1984**
- **Age Discrimination Act 2004**
- **Workplace Gender Equality Act 2012**
- **Australian Human Rights Commission Act 1986**
- **Australian Privacy Act**
- **Form06.Worker Information Form**
- **Form07.Job Description**
- **Form08.Induction checklist**
- **Form09.Training Matrix**
- **Form10.Worker Performance Assessment**
- **Form19.Privacy & Confidentiality Agreement**

13.5. Policy & Procedure

13.5.1. Organisational Charts and Position Description

- ✓ **the Managing Director** is responsible for ensuring that the Organisational charts and **Form07. Job Description** is developed, updated, and available for all positions which outline:
 - Required skills and knowledge for the role
 - Each role's responsibilities
 - Limitations and scope of work
 - Any required training for the role

13.5.2. General Information

- ✓ In **CAP CASS ALLIED HEALTH SERVICES**, is committed to delivering high-quality services to its participants that support building and promoting a diverse and talented workforce.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to employing sufficient numbers of workers to meet legislative, policy & procedure and service standards requirements by considering qualifications and experience.

13.5.3. Recruitment and Selection

- ✓ **CAP CASS ALLIED HEALTH SERVICES** workers will meet the minimum qualification requirements in place for the delivery of services to NDIS participants.

- ✓ All staff are selected based upon their initial education or training, their experience, specific areas of expertise, general demeanour, and work ethic. Personnel employed, demonstrate that they have the competencies required for the position, as defined in the job description.
- ✓ Workers shall be requested to complete a **Form06. Worker Information Form** and sign relevant **Job Description** and **Workers Handbook**.
- ✓ **Form19.Privacy & Confidentiality Agreement** shall be signed by all workers to protect **CAP CASS ALLIED HEALTH SERVICES**'s confidential information and practices.

13.5.4. Mandatory Checks

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

1- Provide 100 points of identification

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

2- Make sure that personnel have the Right to Work in Australia

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

3- Workers Screening

Who needs to be screened?

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

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

Identifying Risk Assessed Role:

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

- is a key personnel role of a person or an entity as defined in s 11A of the *National Disability Insurance Scheme Act 2013* (for example, a CEO or a Board Member)
- involves the direct delivery of specified supports or services to a person with a disability

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

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

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

Record-Keeping Requirements:

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

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


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

- full name, date of birth and address
- risk assessed role or roles in which the person engages

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

4- Qualifications and/ or experience

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

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

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

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

5- Worker orientation program

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

6- Insurance (If applicable)

- ✓ Personal accident insurance or worker's compensation insurance where a provider has staff. A certificate of currency for current insurance that meets the minimum level of cover commensurate to the scope of the provider.
- ✓ The **management team** are responsible for:
 - Ensuring that a before engagement screening is done for all relevant workers, volunteers, agents, contractors
 - tracking all screening clearances status of workers.
- ✓ In addition to the Mandatory Checks, the identity (through photo identification) and qualification (through sighting a copy) of all prospective workers will be confirmed by the **management team**.

13.5.5. Induction

- ✓ All workers will undertake a comprehensive induction process using **Form08. Induction** checklist before engaging with participants.
- ✓ For each worker, the following details are recorded and kept up to date:
 - (a) their contact details.
 - (b) details of their secondary employment (if any).

13.5.6. Training and Development

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

13.5.7. Other Training and Development

- ✓ An ongoing opportunity for training and development of workers will be provided by **CAP CASS ALLIED HEALTH SERVICES** that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.
- ✓ Every worker and **management team** member would be able to have the opportunity to participate in training and development activities.
- ✓ On-the-job training, internal or external courses, support for research and fieldwork, conference and seminar attendance, networking and mentoring programs are available to

workers as a part of training and development methods.

- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager.
- ✓ If a manager decides that any skill and/or qualification is needed for a worker to carry out their duties, the **management team** in consultation with the workers will decide about the costs incurred. If a worker believes that they need a particular skill set for performing their routine duties, they should discuss this with their manager or supervisor. In this case, the **management team** will decide, in consultation with the worker, whether the worker needs any training and who will pay the cost.
- ✓ By considering the needs and skills of workers, **CAP CASS ALLIED HEALTH SERVICES** will provide fair access to development and training opportunities for all workers

13.5.8. Performance Reviews and Management

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

13.5.9. Termination of Employment

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

13.5.10. Disciplinary Action

- ✓ Workers may face disciplinary action if they do not have satisfactory performance, engage in misconduct or do not abide by **CAP CASS ALLIED HEALTH SERVICES** 's policies and procedures.
- ✓ As soon as a problem arises, the supervisory and **management team** are responsible for identifying it and taking immediate action. Any records related to the advisory and performance-related discussions shall be kept on workers records.
- ✓ The principles of natural justice shall be followed in all processes. This means the workers' point of view shall be stated before taking any action and managers should not act biased.
- ✓ If any misconduct happened by any worker, they shall be dismissed immediately. Misconduct can include theft, assault, and fraud. A high level of evidence shall support such actions.
- ✓ Some other misconducts that may result in disciplinary action are:
 - Not complying with **CAP CASS ALLIED HEALTH SERVICES** 's policies and procedures,
 - Preventing other workers from doing their duties.
- ✓ The worker shall be advised if any misconduct or unsatisfactory performance is identified by the supervisor.
- ✓ Standard of the worker's performance is required to improve by training. Within a reasonable timeframe, the worker should be provided with an opportunity to improve their performance.
- ✓ The **Form03. Improvement Report Form** shall be submitted to the **Managing Director** by the supervisor. The worker should be notified before writing the report and provided with a copy.

13.5.11. Dismissal

- ✓ **CAP CASS ALLIED HEALTH SERVICES** shall comply with all State and Federal legislation and the worker's Employment Contract about disciplinary action and employment termination
- ✓ **CAP CASS ALLIED HEALTH SERVICES** shall ensure:
 - dismissal is not for an unfair reason



- Workers have an opportunity to respond to the reasons for dismissal
 - compensation and appropriate workers notice will be given to the workers.
- ✓ Workers may be dismissed based on:
- their conduct, capacity, or performance
 - operational requirements, e.g., the position is no longer required; or
 - other reasons sufficient to justify termination

13.5.12. Workers management and retention

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


14- Continuity of Supports Policy & Procedure

14.1. Purpose

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

14.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants receiving services and supports

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

14.3. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Form28.Delegations of Authority Register
- Form27.Initial Assessment and Support Plan
- Form60. Rostering Schedule.
- Form26.Goal Plan for Participant
- Form20.Participant Intake Form


14.4. Definitions

N/A

14.5. Policy & Procedure

- ✓ **CAP CASS ALLIED HEALTH SERVICES** 's services and supports are tailored for every participant.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** 's day-to-day operations are managed efficiently and effectively to avoid disruption and ensure continuity of support. **Form27.Initial Assessment and Support Plan** is used for this purpose to identify daily activities and the supports required. The Operations Manager will ensure to provide all staff with their rosters through **Form60. Rostering Schedule**.
- ✓ In case of any changes to the scheduled service, the participant would be notified to seek approval.
- ✓ During the period of service agreement, **CAP CASS ALLIED HEALTH SERVICES** will ensure that there is no interruption in the provided services by using **Form60. Rostering Schedule**. Where changes or interruptions are unavoidable, alternative arrangements are explained and agreed upon with the participant. The Operations Manager will Manager contacts the participant to:
 - Seek participant's agreement and ensure that they are entirely aware of the changes
 - Explain alternative arrangements to the participant.

- ✓ When a Support worker is absent, or a vacancy becomes available then Operations Manager will:
 - Contact a Support Partner with a suitable replacement such as a Support Partner with the relevant qualifications or language requirement.
 - Where possible, provide a Support Partners who has worked with the participant previously and is aware of the participant's preferences and needs.
 - Where possible, advise the participants of replacement person and gather feedback on the replacement Support Partners.
 - Replacement Support Partners will be sensitive to participants' requirements and ensure that care is consistent with the participant's expressed preferences.
 - **Form28.Delegations of Responsibility and Authority Register** and **Form86. Delegation of Authority Declaration form** is used for this purpose.
- ✓ Support workers who are unable to work are required to contact the Manager. If there is an intended absence (such as vacation or appointment), then the Support workers must inform the Manager at the earliest opportunity, to allow time to prepare the participant.
- ✓ All workers will be provided with the participant's preferences before the support initiation.
- ✓ A commitment to managing daily operations efficiently will be provided to ensure continuous support and minimum disruptions.
- ✓ Where applicable, disaster preparedness and planning measures are in place to enable the continuation of critical supports before, during and after a disaster. In case of a critical situation, if any of the workers are not available, the management will assign some other workers with the same qualification according to **Form28.Delegations of Responsibility and Authority Register**.
- ✓ Once in a month back up of the information of such computing devices needs is taken
- ✓ Our website is available to the general public. Before modification or updating of matters on our website, all updating is reviewed and approved by **Managing Director**. Also, the website is protected by passwords and integrity is ensured.
- ✓ Precautions are taken to prevent and detect the introduction of malicious software and information processing facilities that are vulnerable due to computer viruses, network worms etc. We are using the latest version of anti-virus software and all the latest definitions are updated timely on all the machines and necessary settings are done to update the same.
- ✓ It is the **management team's** responsibility to ensure that the Emergency response plan is

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

reviewed and updated every year.

- ✓ Support workers will receive a copy of **Form27. Initial Assessment and Support Plan**, **Form26.Goal Plan for Participant** and **Form20.Participant Intake Form** upon receiving consent from participant to know about each client's preferences.
- ✓ Alternative arrangements for the continuity of support for each participant, where changes or interruptions are unavoidable, are:
 - ✓ (a)explained and agreed with them; and
 - ✓ (b)delivered in a way that is appropriate to their needs, preferences, and goals.

15- Access to Supports Policy & Procedure

15.1. Purpose


The purpose of this document is to ensure that each participant accesses the most appropriate support that meets their needs, goals, and preferences. In addition, exit and entry requirements are described in this policy to define the rights and responsibilities of both participants and providers.

15.2. Scope

- ✓ This document applies to:
 - All participants and their families
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.

15.3. Relevant Documents, Legislations, regulations, and standards

- **National Disability Insurance Scheme (Quality Indicators) Guidelines 2020**
- **National Disability Insurance Scheme Act 2013**
- **National Disability Strategy 2010-2020**
- **United Nations Convention on the Rights of Persons with Disabilities**

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

- United Nations Universal Declaration of Human Rights
- Form20. Participant Intake Form
- Form22. Service Agreement
- Form 13. Advocate Nomination Form (if applicable)
- Form23. Transition Plan (if applicable)
- Participant Handbook
- Form21.Participant Exit Form.


15.4. Definitions

N/A

15.5. Policy & Procedures

15.5.1. Entry to Services

- ✓ Eligibility criteria apply to the participants who wish to select **CAP CASS ALLIED HEALTH SERVICES** as their service provider:
 - **An NDIS Approved Plan is required:** Requirements of the provider will be discussed, and available skills of workers will be assessed; then the service will be started upon participants approval
 - Participants who wish to stop their services, can either inform us verbally or in writing. **CAP CASS ALLIED HEALTH SERVICES** will be so flexible with the service provision.
 - All following information will be provided to the participant in a way that the participant understands like in another language, easy English, or detailed explanation:
 - Phone Contact
 - Intake Process
 - Initial assessment and support plan
 - Risk assessment
 - Participants' consent and acceptance
- ✓ Participants may be interviewed, and information included in the participant's NDIS plan will be considered in the interview.
- ✓ After a reasonable timeframe of the intake interview, the **management team** will inform the

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

participant about the outcome of their interview

- ✓ If the participant is accepted, the process of intake will be started.
- ✓ Before starting, the participant shall complete and sign the below documents:
 - **Form20. Participant Intake Form**
 - **Form22. Service Agreement**
 - **Form 13. Advocate Nomination Form** (if applicable)
 - **Form23. Transition Plan** (if applicable)
 - **Participant Handbook**
- ✓ An initial assessment will be done by the **management team** using **Form 27. Initial Assessment and Support Plan** and **Form 26. Goal Plan for Participant** to identify participant's needs and associated risks. In collaboration with each participant, a risk assessment is completed and documented for each participant's support plan, then appropriate strategies to treat known risks are planned and implemented. Also, periodic reviews of the effectiveness of risk management strategies are undertaken with each participant to ensure risks are being adequately addressed, and changes are made when required.

15.5.2. Service Refusal

- ✓ **The management team** will provide the participant with a clear reason based on their skills, resources, or capacity.
- ✓ There may be reasons for refusing the service provider as follows:
 - Capacity of **CAP CASS ALLIED HEALTH SERVICES** doesn't allow to receive a new participant
 - There are not enough resources to provide the support service.

15.5.3. Waiting List processes

- ✓ **CAP CASS ALLIED HEALTH SERVICES's** staff and workers will provide an update on the person's status in the waiting list as follows:
 - An estimation of the wait time will be provided
 - Double check if they are still planning to wait in the list
 - Provide them with an update on their status on the waiting list

15.5.4. Service environment

- ✓ It is the participant's right to receive services in a clean, hygienic, safe and secure environment with the implementation of the following measure by **CAP CASS ALLIED HEALTH SERVICES**:
 - Risk management policy & procedure
 - Incident management policy & procedure
 - Feedback and Complaint management policy & procedure
 - Quality Management policy & procedure
- ✓ Reasonable adjustments to the support delivery environment are made and monitored to ensure it is fit for purpose and each participant's health, privacy, dignity, quality of life and independence is supported.

15.5.5. Cancellation Policy

- ✓ **CAP CASS ALLIED HEALTH SERVICES** will make all the efforts to provide the agreed services to the participants. **CAP CASS ALLIED HEALTH SERVICES** will help participants to get the services that support them in the path to achieve their goals and targets.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** will try to minimise the cancellation of scheduled services.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** shall be notified of cancellation 48 hours before the scheduled service.
- ✓ If a service is cancelled after trading hours on the day before the service delivery day, or if the participant is not present on the service day, a fee will be claimed from your NDIS plan.
- ✓ The participant will be charged up to 100% in case of cancellation of scheduled service and this can happen unlimited time.
- ✓ A service could be cancelled by a call or email to the office.

15.5.6. Service Withdrawal

- ✓ Participants shall contact **CAP CASS ALLIED HEALTH SERVICES** in the case they have changed their mind but if there is not any capacity left, they will be placed on the waiting list.
- ✓ Matters that may lead to the withdrawal of the service will be reviewed regularly to prevent any recurrence.

15.5.7. Service Termination (Exit from Services)

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

15.5.8. Participant Requested Termination

- ✓ Exit planning will be defined in collaboration with other service providers to meet people's needs and expectations
- ✓ It is the participant's right to end services at any time
- ✓ A fair and transparent procedure will be followed to protect participants' rights as well as the safety and integrity of **CAP CASS ALLIED HEALTH SERVICES** services.
- ✓ The **management team** will ensure that all staff and workers have the knowledge about the requirements of this Policy & procedure and have enough skills, knowledge, and ability to

meet the requirements.


- ✓ Participants may end service with **CAP CASS ALLIED HEALTH SERVICES** under the following reasons:
 - Participant has moved to an area outside of **CAP CASS ALLIED HEALTH SERVICES** service area
 - They wish to transfer to another service provider
 - The participant death during the service provision period
- ✓ **CAP CASS ALLIED HEALTH SERVICES** will accept and learn from the participant who wishes to end the service
- ✓ Participants might accept to be interviewed upon their exit
- ✓ participants have this right to cancel their services at all times and they would be able to use the **CAP CASS ALLIED HEALTH SERVICES**'s services in future.

15.5.9. Service Re-entry

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

15.5.10. Files and Documentation

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

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

16- Support Planning Policy & Procedure

16.1. Purpose

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

16.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants and their families

16.3. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Form 27. Initial Assessment and Support Plan

- **Form60. Rostering Schedule**
- **Form36. Client Money and Property consent**
- **Form76. Table of Event**
- **Form26. Goal Plan for Participant**

16.4. Definitions

N/A

16.5. Policy & Procedures

16.5.1. Managing Support Plan

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

- ✓ Where progress is different from expected outcomes and goals, work is done with the participant to change and update the support plan.
- ✓ Any change in the goals and expectations of the participant that is outside of service scope will be assessed based on the resources of **CAP CASS ALLIED HEALTH SERVICES** and the participant will be notified of the outcome of the assessment.
- ✓ For maintaining and strengthening the connection of Aboriginal and Torres Strait Islanders, as well as people with CALD backgrounds to their community, CAP CASS ALLIED HEALTH SERVICES, will commit to supporting them by linking them to their local communities, if possible.

16.5.2. Risk assessment for Each Participant


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

16.5.3. Communication

- ✓ Where appropriate, and with the consent of the participant, information on the support plan is communicated to family members, carers, other providers, and relevant government agencies using **Form 18. Participant Information Consent Form** and **Form 36. Client Money and Property consent** where clients are deemed incapable of managing their money and property.

The communication can be undertaken via meetings or emails.

- ✓ **CAP CASS ALLIED HEALTH SERVICES** has defined some principles for communication between Managers, staff and workers, participants and their families as follows:
 - Provide reasons for activities, changes, and any modifications
 - Listen to people and consult them
 - Communicate openly and directly with people
 - Seek feedback regularly and provide feedback if required
 - People should be trained to ask for more clarification if required
 - People should be responsible for their activities
 - Everyone should act respectfully with staff, workers, and participants as well as their family
 - Define what kind of information shall be kept confidential or private and under which circumstances they could be shared.
- ✓ Feedback mechanisms and complaint management system of **CAP CASS ALLIED HEALTH SERVICES** will enhance the process of identification and improvement of communication practices problems.
- ✓ Internal communication between workers and staff are undertaken via emails and meetings.
- ✓ Relevant information regarding policies and procedures will be communicated to the participants via the Participant Handbook.
- ✓ An effective communication method between **CAP CASS ALLIED HEALTH SERVICES** and the participant is required for the provision of a high-quality service, so that requires **CAP CASS ALLIED HEALTH SERVICES** to organise interpreter services that meet the participants' needs upon their request. This request is indicated on **Form20. Participant Intake Form**.
- ✓ An accredited interpreter will be arranged by **CAP CASS ALLIED HEALTH SERVICES** if the participant is not able to communicate in English to make the communication related to the services easier for the participant.
- ✓ At each new support provision appointment, the worker will ask the participant whether everything is communicated and confirm the necessity to have an interpreter in place.
- ✓ If there is a matter to be dealt with in a restricted period, the participants' families will assist with the communication. However, the providers shall make the best efforts to provide the

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

participants with interpreters as soon as possible.

- ✓ Everyone acting as an interpreter shall be over 18 years of age.
- ✓ In the following areas the participants need to have access to the information related to them in their language:
 - Rights and responsibilities of the participants
 - Making decisions that may affect participants life
 - Giving consent for treatment, the release of information and guardianship matters
- ✓ Participants may request their preferred interpreters however if the interpreter is not a professional qualified interpreter, they can interpret basic information.
- ✓ Each participant's support plan is:
 - (a) provided to them in the language, mode of communication and terms they are most likely to understand; and
 - (b) readily accessible by them and by workers providing support to them.
- ✓ Each participant's support plan is communicated, where appropriate and with their consent, to their support network, other providers, and relevant government agencies.
- ✓ Each participant's support plan includes arrangements, where required, for proactive support for preventative health measures, including support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services.
- ✓ Each participant's support plan:
 - (a) anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health, and wellbeing; and
 - (b) is understood by each worker supporting them.

16.5.4. Support Plan Delivery and Review

- Negotiate the specific days for services or support and document these in the Support plan.
- (Where possible) agree upon time ranges for the services to build a level of flexibility into the service roster. (e.g., Start time of between 1 and 1:30 pm and 1hr of Domestic assistance).

- (If not yet finalised) negotiate service fees and record these in the participant Service Agreement and on the Support Plan.
- Ask the participant to sign the Support Plan to acknowledge their agreement with it.
- Agree on the criteria to evaluate the effectiveness of **CAP CASS ALLIED HEALTH SERVICES** responses and document this in the Support Plan.
- Ensure all involved stakeholders have copies of the agreed Support Plan.
- Explain to the participant that the Manager will monitor the progress of the Support Plan, but the participant may also request a review of the Plan at any time.
- Provide a copy of **Form76. Table of Events** to the staff and display it in a communal area at the start of every week.

17- Service Agreements with Participants Policy & Procedure

17.1. Purpose

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

17.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants receiving services and support

17.3. Definitions

- N/A

17.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Form22. Service Agreement

17.5. Policy & Procedure

17.5.1. Service Agreements Requirements

- ✓ The service agreement using **Form22. Service Agreement** is to be completed individually by the participant relating to the person's NDIS plan.
- ✓ A service agreement will be developed with participants' collaboration outlining the following items:
 - What kind of support will be provided to the participant?
 - What is the support duration?
 - How the upcoming problems will be dealt and how the participant will be included
 - What are the responsibilities of both parties?
 - What kind of notice is required to be provided by both parties for changing and ending this agreement
 - The location and time of the service provision
 - How the services will be provided
 - How much is the service fee for support provision?
 - Participants who are subject to section 73G of the NDIS Act will be registered on **Form56. High-Risk Participant Register** and some Specific support workers will be delegated to them who are registered on this form. The level of risk for each participant will be determined using the consequence rating table from the participant risk assessment. The plan to communicate with each participant who is either identified as a low, medium or high risk is as of the following table:

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

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

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

17.5.2. Change in Service Agreement

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

17.5.3. Ending the Service Agreement

- ✓ Service agreement may be ended if either of the parties wishes to end it and they will notify the other party at least one month before the ending date.
- ✓ In any case, if **CAP CASS ALLIED HEALTH SERVICES** or the participant breach the agreement seriously, the one-month notice will be waived.

17.5.4. Cancellation Policy

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

17.5.5. Accommodation

- ✓ Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, documented arrangements will be in place with each participant and each specialist disability accommodation provider. In this case, the arrangements recorded, and roles and responsibilities of both parties will be mentioned in the service agreement. This information could be as follows:
 - How participant's concerns about the dwelling will be communicated and addressed
 - How potential conflicts involving participant(s) will be managed
 - How changes to participant circumstances and/or support needs will be agreed upon and communicated
 - In shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation taken into account
 - How behaviours of concern that may put tenancies at risk will be managed, if this is a relevant issue for the participant.

17.5.6. Emergency or Disaster

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

18- Responsive Support Provision Policy & Procedure

18.1. Purpose

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

18.2. Scope


- ✓ This document applies to:
 - Supports and service provided to the participants
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.

18.3. Definitions

- N/A

18.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

- **National Disability Strategy 2010-2020**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**


18.5. Policy & Procedures

18.5.1. Responsive Support Provision Policy

- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to providing:
 - Person-Centred Services and support
 - Services in a way that all participant's values and beliefs are respected
 - Services that participants privacy is respected
 - A free from violence, abuse, neglect, discrimination, and exploitation environment
 - A safe and free from hazard environment
 - A safe and secure money and property handling
 - Error-free medication handling
 - Services that meet participant's goals, needs and preferences
- ✓ Supports are provided through service agreement based on the least intrusive options, by contemporary evidence-informed practices that meet participant needs and help achieve desired outcomes.
- ✓ Where agreed in the service agreement, and with the participant's consent or direction, links are developed and maintained through collaboration with other providers to share information and meet participant needs.
- ✓ Reasonable efforts are made to involve the participant in selecting their workers, including the preferred gender of workers providing personal care supports.
- ✓ Where a participant has specific needs, which require monitoring and/or daily support, workers are appropriately trained and understand the participant's needs and preferences.

18.5.2. Support Planning

- ✓ **CAP CASS ALLIED HEALTH SERVICES** will check and review the support regularly to ensure a goal-oriented service is provided to meet the needs of participants by reviewing **Form26.Goal Plan for Participant** and **Form27.Initial Assessment and Support Plan**.
- ✓ When the support plan is not in the right pathway toward goals and work, participants will be

 CapCass Allied Health Service	<h1 style="text-align: center;">NDIS Manual</h1>	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

involved to change or update the support plan.

- ✓ All participants' independence, quality of life as well as dignity and privacy are supported in **CAP CASS ALLIED HEALTH SERVICES**.
- ✓ Other service providers will be linked to the participant to enhance service provision toward the goals and needs of the participant if agreed in the service agreement.
- ✓ Participants should be able to identify their support worker(s), including the preferred gender of workers providing personal care supports. This can be identified on the support plan.
- ✓ Where a participant has specific needs, which require monitoring and/or daily support, workers are appropriately trained and understand the participant's needs and preferences.
- ✓ For each participant (with their consent or direction and as agreed in their service agreement) links are developed and maintained by the **CAP CASS ALLIED HEALTH SERVICES** through collaboration with other providers, including health care and allied health providers, to share their information, manage risks to them and meet their needs.

19- Transitions to or from the Provider Policy & Procedure

19.1. Purpose

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

19.2. Scope


- ✓ This document applies to:
 - Participant who enquires a transition to and from **CAP CASS ALLIED HEALTH SERVICES**.
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.

19.3. Definitions

N/A

19.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Form23. Transition Plan

19.5. Policy& Procedures

19.5.1. Transitions to or from the Provider Management

- ✓ A planned transition to or from the provider is facilitated in collaboration with each participant when possible, and this is documented, communicated, and effectively managed using **Form23. Transition Plan**.
- ✓ Risks associated with each transition to or from the provider are identified, documented, and responded to.
- ✓ Processes for transitioning to or from the provider are developed, applied, reviewed, and communicated.
- ✓ In the case of transitioning a participant, the **management team** will work with the participant and their supporters to identify the alternative solutions and referrals which meets the requirements of the participant.
- ✓ For enhancing the transition process, **CAP CASS ALLIED HEALTH SERVICES** will share the participant's information with the new service provider upon getting consent from the participant. If required, the participant will be introduced to the staff and workers of the new service provider to enhance the transition process.
- ✓ Thorough guidance will be provided to the participant before exiting to:
 - Provide them with the information related to their decision's consequences
 - Discuss the options of re-entry to the provider if the circumstances changed
 - Discuss any alternatives options or services for the participant
 - A transition plan will be created outlining information regarding the date and time of the transition to plan and implement actions required for transition. The **management team** and participant will agree on the plan and required actions.
- ✓ Any risk associated with the participant transition will be discussed with the participant and the informed family member and will be documented on the transition plan using **Form23. Transition Plan**.

- ✓ Risks associated with each transition to or from the provider are identified, documented, and responded to, including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a health care risk requiring hospitalisation.
- ✓ Processes for transitioning to or from the provider (including temporary transitions referred to are developed, applied, reviewed, and communicated.
- ✓ Before the transition, feedback from the participant or their family members may be obtained for continuous improvement and change management process of **CAP CASS ALLIED HEALTH SERVICES**.

20- Safe Environment Policy & Procedure

20.1. Purpose


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

20.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants and their families

20.3. Definitions

N/A

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022


20.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights

20.5. Policy & Procedures


20.5.1. Occupational Health and Safety Policy

- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to supporting the health, safety, and welfare of all people we employ and to the participant and people affected by our undertakings.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** continuously supports improvements in workplace health and safety by adopting a planned systematic approach to Occupational Health and Safety. This approach includes risk management and consultation.
- ✓ One of our primary commitments is to ensure that everyone in the organization receives appropriate workplace health and safety support.
- ✓ Business requires a safe work environment to have long-term success and comply with requirements and standards.
- ✓ None of the workers shall undertake unsafe works and participants should not tolerate any unsafe workplace. Every task that staff and workers are not trained for it shall be reported to the **CAP CASS ALLIED HEALTH SERVICES**.
- ✓ To have a safe environment in **CAP CASS ALLIED HEALTH SERVICES**, all workers shall receive adequate WHS training. In addition, workers need to know about the new roles and responsibilities.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** management will ensure that everyone in the organization including participants, their families as well as workers and staff are in a safe environment.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to ensuring that each participant can easily identify workers engaged to provide the agreed support. Identification could be in the form of a uniform or identification tags or badges. Staff must introduce themselves at the beginning

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

of each service delivery.


- ✓ Where supports are provided in the participant's home, work is undertaken with the participant to ensure a safe support delivery environment.
- ✓ Where relevant, work is undertaken with other providers and services to identify and treat risks, ensure safe environments, and prevent and manage injuries.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to reporting all workplace injuries, near misses and illnesses caused by work immediately to the manager and also ensuring that all accidents, hazards and near misses are recorded and reported, and an investigation is carried out to determine possible causes in line with Incident Management Policy and Procedure.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** shall do a WHS inspection at least once a year for the office using **Form63. HSE Inspection Checklist**.
- ✓ Will do a risk assessment during the onboarding process for the client and their home to prevent any damage to their property and themselves using **Form33. Participant Disaster and Risk Assessment** and **Form32. Home Risk Assessment**. This will be reviewed once a year at least or upon any changes to their home.
- ✓ Each participant can easily identify workers who provide support to them.
- ✓ Work is undertaken with each participant, and others, in settings where supports are provided (including their home), to ensure a safe support delivery environment for them.
- ✓ Where relevant, work is undertaken with other providers (including health care and allied health providers and providers of other services) to identify and manage risks to participants and to correctly interpret their needs and preferences.
- ✓ For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to understand their communication needs and how they express emerging health concerns.
- ✓ To avoid delays in treatments for participants:
 - (a) protocols are in place for each participant about how to respond to medical emergencies for them; and
 - (b) each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

health situations).

20.5.2. Management Team Responsibilities

- ✓ Risk assessment has been done and safety risks have been identified and managed using **Form01.Risk Register**. If there is any chemical kept on the premises, Form35. Hazardous Chemical Register must be completed.
- ✓ It is the **management team's** responsibility to:
 - Ensure that all incidents and hazards are reported to the **management team**
 - Ensure that **CAP CASS ALLIED HEALTH SERVICES's** operations comply with WHS legislation
 - Ensure that any issues affecting participants, workers as well as any other stakeholder identified and described to them
 - Review WHS functions and activities
 - Ensure that there are emergency plans and drills in place.
 - Create a safe workplace for all workers and participants
 - Provide Personal Protective Equipment to workers if required
 - Ensure substances are handled safely
 - Ensure that there is a list of hazardous chemicals in place and Safety Datasheets are accessible
 - Ensure that all workers are insured under workers compensation insurance
 - Ensure that all workers are trained in emergency response plans and drills.
 - Ensure that there is a risk assessment is conducted to identify and mitigate hazards in the workplace.
 - Communicate this document to the staff and workers including volunteers, full-time, part-time etc.
 - Ensure that the Emergency evacuation plan is reviewed every year and define assembly area in the case of evacuation
 - Ensure that Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.
 - Ensure that each worker who provides support directly to participants is trained, and has refresher training, in the use of PPE.
 - Ensure that Systems for escalation are established for each participant in urgent health situations.
 - Ensure that Infection prevention and control standard precautions are implemented

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

throughout all settings in which supports are provided to participants.

- Ensure that Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently-touched surfaces.
- Ensure that PPE is available to each worker, and each participant, who requires it.

20.5.3. Staff and Worker's responsibilities

✓ It is staff and worker's responsibility to:


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

20.5.4. Participants' responsibilities

✓ It is the participants' responsibility to:

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

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

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

20.5.5. Emergency Response Plan

- ✓ The emergency response plan covers the following items:
 - Contact details for staff and workers who have a responsibility under emergency plan including first aiders and fire wardens
 - Contact details for nearest hospital and medical service centre
 - An alarm system to inform people of a fire emergency including an airhorn or fire alarm
 - Methods of test emergency procedures/ drills which to be conducted annually
- ✓ It is the **management team's** responsibility to ensure that the Emergency response plan is reviewed every year and assembly area(s) are defined in case of evacuation.
- ✓ All of **CAP CASS ALLIED HEALTH SERVICES** staff will be trained in supporting the participant and their family to utilise non-verbal expressions of pain to express concern or discomfort in the easiest manner possible.
- ✓ If a participant is non-verbal, the participants support worker will be trained on how to deal with that participant. If there is a change in the participant's situation, support workers should get approval from the operations manager or their supervisor before taking any action (this may change if it is an emergency, and the participant is unable to consent.)

20.5.6. Smoke-free environment

- ✓ Providing a smoke-free environment for participants and workers is a primary commitment of the **CAP CASS ALLIED HEALTH SERVICES**. We will ensure that:
 - The public areas are free from smoke. Smoking in those places will not be tolerated by **CAP CASS ALLIED HEALTH SERVICES**.
 - Smoking in company cars as well as in meetings is prohibited.
 - Everyone should know about this policy and guideline related to a smoke-free environment and follow it
 - Smoking is only allowed in a designated area and should be away from participants

20.5.7. Manual Handling

- ✓ Manual handling covers a wide range of activities including lifting, pushing, pulling, holding, throwing, and carrying. It includes repetitive tasks such as packing, typing, assembling,

cleaning, sorting, using hand tools, and operating machinery and equipment.

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

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

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

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

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



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

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

21- Participant Money and Property Policy & Procedure

21.1. Purpose

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

21.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants receiving services and support.

21.3. Definitions

N/A


21.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Form37.Money reconciliation record
- Form36. Client Money and Property consent

21.5. Policy & Procedures

21.5.1. Participant Money and Property Policy

- ✓ Where the provider has access to a participant's money or other property, processes to ensure that it is managed, protected, and accounted for are developed, applied, reviewed, and communicated. Participants' money or other property is only used with the consent of the participant and for the purposes intended by the participant.
- ✓ Participants are not given financial advice or information other than that which would

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

reasonably be required under the participant's plan.


- ✓ Participants funds and property can only be used by a person who:
 - Has been assigned by the participant to manage their money and property by completing **Form36. Client Money and Property consent**
 - Court, tribunal, or guardianship board has ordered the worker to do so
 - The person has been assigned as a Centrelink nominee to manage and receive the social security payments on behalf of the participant
- ✓ The management of **CAP CASS ALLIED HEALTH SERVICES** shall approve or consult the worker about the informal management of the participant's fund if the participant is deemed as incapable of managing their fund. For every payment **Form37. Money reconciliation records** must be completed by the support worker.
- ✓ A secure space shall be assigned to the onsite participant.
- ✓ It is the workers' responsibility to ensure that participants have received the purchased items.
- ✓ In case of making decisions about expenditures or investments, legal guardians or family members shall be involved.
- ✓ If required, each participant is supported to access and spend their own money as the participant determines.

21.5.2. Participant Accounts

- ✓ The participants who are over 18, shall have an account in a bank under their name. All incomes and payments should be through this account, if applicable.
- ✓ The participant's account that is managed by a staff and workers member shall have at least two approved signatures for any withdrawal and receipts for each transaction should be available for further checks.
- ✓ It is always recommended to implement direct debit for transactions, if possible.

21.5.3. Unwanted or Incidental Payment or Withdrawal

- ✓ Participants' amount of money kept on-premises should be the minimum.

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

- ✓ Signatories shall be able to identify whether the transaction is genuine or not and is for benefit of participants.
- ✓ Signatories are encouraged not to sign any blank withdrawal forms under any circumstances.

21.5.4.Roles and Responsibilities of Workers and Staff

- ✓ If workers are directly involved in participant's fund management, they must follow the following guidelines at all times:
 - ✓ Support Partners are at NO TIME allowed access to a participant's identification number (PIN) or use an ATM on the participant's behalf.
 - ✓ Financial assistance may only be offered if it is documented in the participant's care plan.
 - ✓ If a participant requests financial assistance, and it is not documented in their care plan, staff must contact the Manager for approval.
 - ✓ Transaction receipts must be obtained and given to the participant for the following:
 - Money received.
 - Money spent.
 - Money returned.
 - ✓ The staff member must be sure to count the money in front of the participant on receipt and return.
 - ✓ Staff must record all financial transactions carried out for participants in **Form37.Money reconciliation record** (if in use). Records must be documented clearly, accurately, and immediately.
 - ✓ Staff must not accept money or gifts from participants.
 - Assisting participants with their money handling as well their purchases in a way that doesn't involve any advantages for themselves and is all for participant's benefit
 - Money withdrawal: in emergency cases, money withdrawal should be requested, and all receipts shall be available for further information and check
 - Ensuring that money withdrawal is within the stated limit if they are a signatory
 - Ensuring that funds are kept safely in a safe area to be accessible at all time
 - Any discrepancy in the participant's account shall be reported to the relevant manager
 - Creating a report on participants funds and presenting it to the relevant managers using **Form37. Money reconciliation record**, regularly.
- ✓ If workers are in any role that is related to monitoring participants funds, are responsible for:



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

22- Medication Management Policy & Procedure

22.1. Purpose

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

22.2. Scope

- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants receiving services and support.

22.3. Definitions

N/A

22.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Form24.Medication Management Form
- Form04.Incident Report.
- Form09.Training Matrix
- Form33. Participant Disaster and Risk Assessment

22.5. Policy and Procedure


22.5.1. Management of Medication Policy

- ✓ **CAP CASS ALLIED HEALTH SERVICES** shall undertake actions to ensure:

- Using **Form24.Medication Management Form** clearly identifies the medication dosage, how it is to be administered and stored for each participant requiring management of medication
- All workers responsible for administering medication understand the side effects of the medication and the steps to take in the event of an incident involving medication.
- All medications are stored safely and securely, can be easily identified, differentiated, and are only accessed by appropriately trained workers.
- The management and administration of medication to participants is important to **CAP CASS ALLIED HEALTH SERVICES** as this ensures to promote duty of care for participants from staff when administering medication
- Any staff participating in the prescription of medications will be suitably qualified and will adhere to all applicable laws and regulations. Prior to performing any medication function, staff involved in the storage, transportation, administration, or urging of medication will be taught and assessed as competent. All medications must be taken exactly as prescribed by the prescribing physician or according to the manufacturer's instructions.

22.5.2. Medication Administration

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

 <p>CapCass Allied Health Service</p>	<h1 style="text-align: center;">NDIS Manual</h1>	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

medication will need to be documented with a list of current medications on **Form24.Medication Management Form**, this also includes any medication prescribed by a Health Practitioner or over the counter medications.

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

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

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

- ✓ Staff who are required to provide medication administration will have the right training to ensure skills, knowledge and understanding is sufficient
- ✓ Unless the participant rejects assistance, staff members must provide whatever physical or other support is required and appropriate to enable the participant to take their own prescription.

Medicines associated with an increased risk of respiratory depression

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

22.5.3. Medication Records

- ✓ All medications should have and follow a prescription including the following information:
 - Name address and DOB
 - Medication's name
 - Prescribed dosage
 - Any directions for use

- Name and contact number of the prescribed doctor
- Medication's commencement date
- The period that medication shall be taken
- Date of medication review

- ✓ **CAP CASS ALLIED HEALTH SERVICES's** staff and workers shall ensure that there are detailed instructions of the medication by the prescribing doctor. All workers shall adhere to this information and no staff should be involved in a management of medication if it is outside of their skills and qualifications
- ✓ **CAP CASS ALLIED HEALTH SERVICES** staff and workers shall ensure that all of the participants have a copy of the medication sheet including all information related to their prescription
- ✓ In case if any of the participants have a history of **respiratory depression**, they should have current health and medical records that are ready to be taken to hospital should a participant require emergency treatment. This allows doctors and hospital staff to identify current medicines and potential medicine-related adverse events. The participant can obtain their medication history from their regular pharmacy and request a new copy when there is a medication change.

22.5.4. Storage of Medication

- ✓ All medications are stored based on the manufacturer's instructions.
- ✓ All medications shall be stored securely.
- ✓ Medications that require to be stored in the fridge shall be in a lockable container in the fridge.
- ✓ Medications shall not be opened if not necessary because they might become ineffective if they are exposed to air or light.

22.5.5. Medication Disposal

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

22.5.6. Administering Medication

When medication assistance is provided, staff will check medication script labels to ensure the following principles are adhered to:

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

22.5.7. Reporting

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

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

advice of emergency services and wait until they arrive if required.

22.5.8. Medication Prompting

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

22.5.9. Strictly Forbidden Practices

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

22.5.10. Monitoring and Review

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


22.5.11. Responsibility of Management Team Against Medication

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

23- Infection Management Policy

23.1. Purpose

- ✓ The purpose of this Policy and Procedure is to prevent, control or stop the spread of infections.
- ✓ Infections can spread in any environment. Infection prevention and control is an essential part of care and the responsibility of all workers to provide care to participants.
- ✓ Infection is a disease or illness caused when an organism inside a person multiplies to levels where it causes harm.
- ✓ Organisms that cause infections are called infectious agents and are sometimes referred to as germs. Most are microorganisms (bacteria, viruses, fungi, and parasites).
- ✓ Infection requires these fundamental items:
 - a source of the infectious agent
 - a mode of transmission and
 - a susceptible host.
- ✓ There are various kinds of infectious agents, but they are spread in several ways:
 - Contact Infectious agents are transferred directly (e.g., contact with infected blood or body fluids) or indirectly (e.g., touching a contaminated surface and then another person without performing hand hygiene in between).
 - Droplets made by coughs or sneezes transfer to someone's eyes, nose, or mouth.
 - Airborne tiny particles containing infectious agents travel through air currents (e.g., air conditioning) and are breathed in.
- ✓ Standard precautions are practices applicable to all people which include:
 - Hand Hygiene
 - Respiratory Hygiene/Cough Etiquette
 - Personal Protective Equipment
 - Handling of Medical Devices
 - Cleaning and Managing Spills
 - Handling of Food, Waste and Linen.

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

23.2. Scope

✓ This document applies to:

- All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- All participants receiving services and support.

23.3. Relevant Documents, Legislations, Regulations, and Standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Form04.Incident Report.
- Form09.Training Matrix
- COVID-19 Response Plan
- Workers Handbook

23.4. Policy and Procedure

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

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

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

In times a participant is COVID-19 positive, it will need to be reported to NDIS as a reportable incident and **CAP CASS ALLIED HEALTH SERVICES** will follow the procedure from the COVID-19 Response Plan

23.5. Hand hygiene

- ✓ Hand hygiene is the single most important factor in reducing the spread of infections. It must be done at the right time.
- ✓ When hand hygiene must be performed:
 - Before touching a participant or their surroundings

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

✓ In addition, you ought to do hand hygiene:

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

23.6. Respiratory Hygiene/Cough Etiquette

- ✓ Covering sneezes and coughs prevents people who are infected from dispersing droplets into the air where they can spread to others.
- ✓ You can assist participants by:
 - Encouraging them to use tissues when they sneeze or cough
 - Putting a plastic bag near them so used tissues can be disposed of straight away
 - Encouraging hand hygiene
 - Making sure alcohol-based hand rub is within reach

23.7. Personal Protective Equipment -Gloves

- ✓ In the below situations gloves shall be worn:
 - Changing a colostomy bag or urinary
 - Drainage bag

- Dressing wounds or touching broken skin
- Assisting with toileting
- Giving mouth or eye care
- Oral suctioning
- Touching equipment or surfaces that may come
- Contact blood or body substances
- Blood glucose monitoring
- You have broken skin
- Preparing food

✓ Applicable rules for using gloves:

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

23.3.1. Face Masks

✓ Face masks are used to protect a care worker's nose and mouth from exposure to infectious agents. They are used when there is a hazard/risk of:

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

✓ Applicable rules for using masks:

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

23.3.2. Protective Eyewear

- ✓ Protective eyewear is used to protect a care worker's eyes from exposure to infectious agents. It is used when there is a hazard/risk of:

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

- ✓ Applicable rules for using eyewear:

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

23.8. Medical devices handling

- Perform hand hygiene before any contact with the device or where the device enters the body.
- Select personal protective equipment (e.g., wear gloves, mask, and gown if there is a risk of exposure to blood or body fluids).
- Touch the device as little as possible.
- The longer the device is in place, the greater the risk of infection.
- Medical devices that are designed for single-use shall not be used multiple times and the manufacturer's instructions should be followed.

23.9. Cleaning

- ✓ The level of cleaning required to eliminate the spread of infection depends on the objects involved and the risk of contamination.
- Most surfaces can be adequately cleaned with warm water and detergent as per the manufacturer's instructions.
 - Allow the cleaned surface to dry completely.
 - Detergent solution followed by disinfectant may be appropriate when an infection is known or suspected.

23.10. Managing Spills

- ✓ Promptly managing spills of blood or body substances (e.g., vomit or diarrhea) helps to stop infectious agents from spreading from the environment to people.
 - Select the appropriate personal protective equipment (e.g., gloves and other equipment, depending on the size of the spill).
 - Immediately wipe up spots and spills smaller than 10cm or cover larger spills with absorbent material.
 - Discard contaminated materials.
 - Clean with detergent solution. Consider following with disinfectant for infectious or larger spills.
 - Perform hand hygiene.

23.11. Food Handling

- ✓ Safe food handling is very important for some participants:
 - Tell your supervisor if you are suffering from diarrhoea, vomiting, fever, sore throat with fever or jaundice and seek medical advice.
 - Do not return to work until you are free of symptoms for 48 hours.
 - Tell your supervisor if you have any infected skin lesions (e.g., an infected skin sore, boil, acne, cut or abrasion, or any discharges from the ears, nose, or eyes) and seek medical advice.
 - Tell your supervisor if you know or think any food is unsafe to eat. Perform hand hygiene before handling food or putting on gloves.
 - Perform hand hygiene after using the toilet, smoking, coughing, sneezing, blowing nose, touching face, nose, ears or mouth, handling rubbish or after cleaning.
 - Avoid unnecessary contact with ready to eat meals.
 - Cover hair and tie back long hair.
 - Secure hair clips, hairpins, buttons on clothes, jewellery, bandages.
 - Make sure bandages or dressings on any exposed parts of the body are covered with a waterproof covering.
 - Do not sneeze, blow, cough over unprotected food or surfaces likely to come into contact with food.
 - Do not eat over unprotected food or surfaces likely to come in contact with food. Do not spit, smoke, or use tobacco or similar preparations in areas where food is handled.


- Do not touch food after touching earrings, body parts (hair, nose, ear, eye), skin lesions, saliva, mucus, sweat, blood, money without first performing hand hygiene.
- Do not wear gel, acrylic or false fingernails, or jewellery that will come into contact with food.
- Remember, Lanyards may also transmit bacteria.

23.12. Handling Linen

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

23.13. Transporting Participant

- ✓ If a resident is being transferred within or between facilities or a participant is being transported, care shall be taken to reduce the risk of spreading infection.
 - Perform hand hygiene before and after transfer/transport.
 - If the person has a respiratory illness, encourage them to wear a mask and to perform respiratory hygiene/cough etiquette.
 - Contain and cover any infected areas of the person's body

 <p>CapCass Allied Health Service</p>	NDIS Manual	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

24- Mealtime Management Policy & Procedure

24.1. Purpose

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

24.2. Scope


- ✓ This document applies to:
 - All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - All participants receiving services and support.

24.3. Definitions

N/A

24.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- *Australian Meals and Wheels Association (2016). National Meal Guidelines: A Guide for Service Providers, Caterers and Health Professionals Providing Home Delivered and Centre Based Meal Programs for Older Australians*
- *Beyondblue (2014). What works to promote emotional well-being in older people: A guide for aged care staff working in community or participant settings*
- *New South Wales Government, Eating Well – A nutrition resource for older people and their carers*
- *Victorian Government, Department of Health, well for life*
- *Tasmanian Government, Department of Health, Malnutrition in older people online training*
- *Well for Life Improving emotional wellbeing for older people in participants aged*

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

care (State of Victoria)


24.5. Policy & Procedures

24.5.1. Our Commitment

- ✓ Meals and the dining experience are a very significant part of day-to-day life. They play an important role in connecting participants socially and supporting a sense of belonging.
- ✓ Food can be a powerful social symbol for connecting participants with moods, emotions and rituals related to their identity. Mealtime habits built over time can inspire feelings of comfort and familiarity for the participants. Therefore, an organisation needs to consider a participant's preferences, religious and cultural backgrounds when providing food and drinks or hosting meals.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to identifying each participant requiring mealtime management.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that participants have enough nutrition and hydration to maintain life and good health and reduce the risks of malnutrition and dehydration.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that participants have enough to eat and drink to meet their nutrition and hydration needs and to provide the participants with the support they need to eat and drink.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:
 - (a) undertaking comprehensive assessments of their nutrition and swallowing; and
 - (b) assessing their seating and positioning requirements for eating and drinking; and
 - (c) providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating, and drinking; and
 - (d) reviewing assessments and plans annually or by the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** assesses needs of all participants and addresses:
 - what is needed to sustain life and support ongoing good health

- any dietary intolerances, allergies, or medication contraindications
- the level of support or help the participant needs
- participant's preferences, and religious and cultural considerations
- timing of meals.

- ✓ **CAP CASS ALLIED HEALTH SERVICES** monitors nutritional and hydration intake to prevent dehydration, weight loss or weight gain.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that participants can choose from suitable and healthy meals, snacks, and drinks. They can also take part in planning their menu.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that with their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that **CAP CASS ALLIED HEALTH SERVICES** consistently provides participants' meal and drink preferences and menu selections. They say the menu also meets their medical, cultural, religious, or other needs.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that participants feel their dining experience is comfortable and not rushed. They also feel that any help they need to eat, and drink is readily available and provided in a dignified way.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that participants are

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

satisfied that they receive, or are helped to prepare, a variety of well proportioned, quality meals. They say the dining experience supports their quality of life.

- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that if a participant is hungry or thirsty a member of the workforce will get them something to eat or drink.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that Observations that food and drink are put within the reach of the participants and given in a way that the participant can eat and drink. This may include finger food, cut up or modified meals or thickened drinks, where appropriate.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that effective planning is in place to develop menus with each participant requiring mealtime management to support them to:
 - (a) be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and
 - (b) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight)—proactively manage those risks.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that procedures are in place for workers to prepare and provide texture-modified foods and fluids by mealtime management plans for participants and to checking that meals for participants are of the correct texture, as identified in the plans.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that Meals that may be provided to participants requiring mealtime management are stored safely and by health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants.

24.5.2. Nutritious Food Supports

- ✓ Nutritious food supports healthy ageing and is essential for optimal participant treatment and recovery. Food also provides a sense of wellbeing and emotional comfort and is an important expression of cultural identity.
- ✓ Poor nutrition is common and significantly contributes to the burden of disease.

- ✓ The Better, Safer Care report identified nutrition standards as important to minimise harm and prevent complications, such as malnutrition and dehydration.
- ✓ Food is more than a vital component to supporting health. Providing food that meets preferences for taste and variety is particularly important for aged care participants.
- ✓ Sourcing of local and Victorian grown and produced food, where possible, will contribute to the provision of healthy and high-quality food and support local economies.
- ✓ The result of the annual review is expected to inform new standards to ensure procurement arrangements treat produce favourably, and that general hospital and aged care menus are nutritious, varied and culturally diverse.

24.5.3. Meals Management

- ✓ When a new participant joins, **CAP CASS ALLIED HEALTH SERVICES** gather information about their food and drink likes and dislikes and their dietary and hydration needs using **Form77. Mealtime Management Plan Form** and **Form78. Nutrition Assessment**. This includes any assistance they may require eating or drinking, food allergies and intolerances, medical or clinical requirements relating to food or drink, preferences in terms of when the participant would like their meals served and any religious or cultural needs.
- ✓ Assessments and plans for mealtime management for each participant must be reviewed annually or by the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** will not disclose any Confidential Information to any persons who are not employed by **CAP CASS ALLIED HEALTH SERVICES** or Participant unless consent has been obtained.
- ✓ With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.
- ✓ Staff collaborate with the participant and/or their representative/s to deliver great-tasting, great-quality meals.
- ✓ Participants' food and drink preferences are recorded and given or made easily accessible to staff and other relevant parties.
- ✓ Systems ensure that any alterations to a participant's dietary choices or needs are recorded and quickly passed on to staff.

- ✓ **Form77. Mealtime Management Plan Forms** are updated whenever there is any change in a participant's dietary requirements or requests. When a change arises, the staff member on shift will update the participant's care plan.
- ✓ Participants are invited to participate in planning lunch and dinner menus and **CAP CASS ALLIED HEALTH SERVICES** is flexible about the food **CAP CASS ALLIED HEALTH SERVICES** provides. For example, **CAP CASS ALLIED HEALTH SERVICES** can provide snacks and drinks in between mealtimes for the participants with dementia or other challenges.
- ✓ If required and with the participant's consent, an assessment will be conducted for each participant to develop a **Form77. Mealtime Management Plan Form** by a qualified health practitioner.
- ✓ A qualified health practitioner will assess the participants if they require meal management.
- ✓ A **Mealtime Management Plan** using **Form77. Mealtime Management Plan** will be developed by the health practitioner in consultation with the participant to guide and utilise the support provided by the **CAP CASS ALLIED HEALTH SERVICES**.
- ✓ Before healthcare professionals examine, treat or care for any participant, **CAP CASS ALLIED HEALTH SERVICES** must obtain their valid consent using **Form18. Participant Information Consent Form** through **Participant Information Consent** section of **Information Management Policy & Procedure**.
- ✓ An individualised **Form77. Mealtime Management Plan** for each participant enables **CAP CASS ALLIED HEALTH SERVICES** to manage the specific meal management.
- ✓ The participants will be provided with the support of required meal management by one of **CAP CASS ALLIED HEALTH SERVICES's** workers. In the **Form77. Mealtime Management Plan**, the requirements of meal management will be documented and checked qualified with a health practitioner.
- ✓ Any incident or emergency related to the meal including required actions for participant e.g., during meals, such as coughing or choking on food or fluids, is addressed in the **Form77. Mealtime Management Plan**. In addition, the escalation of any incident or emergency promptly will be identified in **Form77. Mealtime Management Plan**.
- ✓ The **Form77. Mealtime Management Plan** will include the identification of risks including actions and escalations. This will include both **CAP CASS ALLIED HEALTH SERVICES** internal reporting and identified reporting requirements within the service users' treating team.

- ✓ The health status of participants will be checked and reviewed regularly by a qualified health practitioner.
- ✓ All incidents will be recorded and reported as per **Incident Management Policy & Procedure**.
- ✓ All complaints will be recorded and reported as per **Feedback and Complaints Management Policy & Procedure**.
- ✓ It is **CAP CASS ALLIED HEALTH SERVICES**'s commitment to providing the required equipment as well as appropriate training to the relevant staff to know how to use it.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** works to increase the appetite of the participant by providing food that is attractively presented and smells and tastes great.
- ✓ Older adults are at an increased risk of malnutrition if they also live with one of the following:
 - Inflammation – associated with disease injury or illness.
 - Eating dependency – requiring assistance with eating, such as those with cognitive impairment.
 - Eating restrictions – a person is unable to consume sufficient amounts of food.
 - Food intake – food intake is limited for various reasons, such as a person having difficulty in obtaining ingredients and preparing meals.
- ✓ The following three methods are advised for preventing and treating malnutrition
 - **Dietary approaches:**
Ensure that sufficient energy and nutrient quality is met through meals and food between meals.
 - **Food fortification:**
Improves the nutritional density in meals.
Can be used as a vehicle for nutrients, for example adding Vitamin D to foods.
 - **Oral nutritional supplements (protein supplements):**
Found to be particularly effective in hospital settings.
Potentially less effective in aged care settings.
- ✓ Foods to Avoid
 - Limit consumption of salt-rich foods such as cured meats, snack foods, and

saucers such as soy sauce.

- Avoid or limit intake of foods containing saturated or trans fats, including pastries, chips, and chocolate.
 - Limit foods and drinks high in sugar, such as confectionery, sugar-sweetened soft drinks, cordials, and fruit drinks.
 - Limit consumption of alcohol to no more than two standard drinks per day.
 - Keep 'extras' such as lollies, cakes, biscuits, fried foods, and pizza to a minimum, they should not feature regularly and are not part of a healthy diet.
- ✓ To achieve this, **CAP CASS ALLIED HEALTH SERVICES** determines the participant's dietary needs and their preferences as soon as they join us. This information is then shared among staff and with relevant others to ensure the participant receives the appropriate food and drink.
- ✓ If necessary, the participant's hydration and dietary needs are discussed with other practitioners in a manner that always maintains the participant's privacy
- ✓ All information received from speech pathologists, dietitians, healthcare workers and others is promptly recorded and acted upon by staff.
- ✓ The system can accommodate all participants' meal requirements.
- ✓ Participants are encouraged to take their lunch and dinner in the dining rooms. However, this choice remains with the participant, and it is understood that they may wish to dine elsewhere.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** believes that the dining experience is important to the participant and their appetites, which is why dining rooms are designed to enrich a participant's dining experience socially and otherwise. Dining rooms are thus free from clutter and televisions are turned off during mealtimes.
- ✓ The medical indications, food allergies and dietary intolerances of each participant are recorded on **Form77. Mealtime Management Plan Form** and **Form78. Nutrition Assessment** and considered in the planning of all meals.
- ✓ Wherever necessary, **CAP CASS ALLIED HEALTH SERVICES** speedily refer to the participant's specialists for nutritional advice.
- ✓ Staff receive training about participants' food and drink needs when they begin with organisation and throughout their time with us.

- ✓ Finger food, thickened drinks and modified meals are all available should this type of meal be more suitable for a participant's needs.
- ✓ Food storage, preparation and ordering systems all operate in full compliance with food safety legislation.
- ✓ Menus are reviewed to ensure they offer meals of high nutritional value.
- ✓ When **CAP CASS ALLIED HEALTH SERVICES** first welcome a participant, **CAP CASS ALLIED HEALTH SERVICES** weigh them. **CAP CASS ALLIED HEALTH SERVICES** then weigh them once a month thereafter. Should a participant gain or lose 2% of their initial weight, a senior member of staff or registered nurse will take the necessary steps based on the participant's condition and requirements.
- ✓ Staff apply strategies to prevent malnutrition and dehydration and participant are continuously tested for these conditions.
- ✓ Staff always endeavour to provide the participant with a meal that is as close to their preferences as possible and work alongside participants to find a suitable solution wherever cultural or religious needs cannot be fully satisfied.
- ✓ As well as involving the individual participant in the development of their care plan, the plan must incorporate all cultural preferences if the participant is from a diverse background and/or has differing requirements/preferences to another participant, e.g., due to participant's cultural background, a participant may wish to be given a diet that is not on the standard menu: this should be recorded in the care plan and the staff and workers should be informed. It should then be checked that the participant receives their preferred diet at mealtimes.

24.5.4. Managing hydration and nutrition

- ✓ This is important for a participant's quality of life. It helps to minimise the risk of infections, pressure injuries, anaemia, hypotension, confusion, impaired cognition, decreased wound healing and fractures.

24.5.5. How detect under-nutrition?

- ✓ The onset of nutritional problems is often gradual and therefore hard to detect. However, features found in the history and examination may help identify those at risk. People can present with a variety of problems that may be vague or non-specific.

✓ A malnourished state is defined as any of the following:

- BMI < 18.5 kg/m²
- Unintentional weight loss > 10% within the last three to six months
- BMI < 20 kg/m² and unintentional weight loss > 5% within the last three to six months

✓ Implications of poor nutrition

- Weight loss
- Deficiency of vitamins and nutrients
- Poor wound healing and increased likelihood of pressure sores
- Lethargy and sluggishness
- Poor recovery from illness
- Muscle weakness and wastage
- Increased hospital admissions

24.5.6. Hydration

✓ Adults need an average of 6 to 8 cups (1.5 to 2.0 litres) of fluid per day.


✓ Implications of poor hydration

- Constipation
- Urinary tract infections
- Low BP
- Increased falls
- Worsened cognitive impairment
- Increased likelihood of pressure sores
- Frail, dry skin

✓ **CAP CASS ALLIED HEALTH SERVICES** can ensure the health and nourishment of their participant:

- Urge participants to eat regularly and in the right quantities
- Do not give them too much food, so they are not overwhelmed.
- Make sure your meals are pleasing to the eye as much as they are to the throat. Garnish your food, put some chilled ice in their glass of water, and a lemon slice on top.
- Use menus that are easy for anyone. Dementia participants may need pictures in their menus to help them make a choice.

- There should be no shortage of the accessories required, such as plate guards, cutlery, and two-handed cups. Make sure participants have these available at all times.
- Help participants with their posture so they can eat and drink with comfort.
- Dental health should be a priority. Ensure their dentures fit well and that they have good oral health, so they don't have difficulty eating.
- Track their eating habits and call their dietician if you notice any inconsistencies in their food intake.
- Pay attention to urinary problems. Participants might stop drinking enough water if they are having problems in the bathroom.
- Ensure that participants have fluids always on hand, especially for people who have lost their ability to feel thirsty.
- For participants who are growing lean due to low intake, feed them with food that is rich in nutrients, especially fats and oils.
- Make mealtimes fun for them. Create an environment where they feel good and want to socialise.
- For better health, older people need to eat food containing nutrients from the five food groups, especially fats and oils. Research shows that a low-fat diet is not ideal for older people - for people over the age of 70 with a BMI around 30, a diet rich in fat will significantly improve their health.
- Healthy nutrition and hydration are taken very seriously to prevent negative conditions like anaemia, hypotension, infections, fractures, etc.
- Some diet options for healthy weight are the following:
 - a. Highly nutritious food fortified with protein and high calories - especially in the early part of the evening.
 - b. If a participant has lost appetite, maintain an appropriate calorie level by giving small regular meals.
 - c. Add supplements like protein shakes and desserts like custard to their meals.
 - d. Urge participants to step outside, maybe walk around in the garden or have an afternoon drink to get the right amount of Vitamin D every day.
 - e. 25 micrograms or 1000 international units every day is the endorsed amount of Vitamin D needed by the older participants.
 - f. In any case, where a participant has a nutrition-related health risk, a qualified nutrition consultant will perform a short form Mini Nutritional Assessment (MNA SF) and a Malnutritional Screening Tool (MST). The Malnutritional Screening Tool and the Mini Nutritional

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

Assessment are the best ways to detect malnourishment among older people. The MST is known to give more accurate results.

✓ The following procedure is to be followed to make sure the Nutritional and Hydration needs of participants are met:

- Within 24 hours of admission, the Admission, Dietary/Nutrition Assessment should be completed. Nutritional and Hydration needs are established and recorded on admission documents using information from medical records, ACCR, hospital discharge documents, and doctor's health directions. All of this is done with input from the participant or representative.
- Dietary/Nutrition Assessment is printed and sent to the Head Chef at the catering department in the space of 24 hours.
- A list is printed by the Manager.
- **CAP CASS ALLIED HEALTH SERVICES** then formulate a Detailed Care Plan about 30 days after admission, which contains information on a participant's nutritional and hydration needs. The care plan should be studied every two months or even a little early on when needed to help staff with a particular participant's needs and preferences.
- In any case, where changes need to be made to a participant's nutrition, the Dietary Details Assessment is to be updated. A Nutrition and Hydration Changes Form is filled and sent to the Head Chef.
- Participant who needs their food in different texture because of some chewing or swallowing difficulty will need an assessment by a qualified health professional like a Speech Therapist.
- If any staff observe unusual behaviour from participants like a persistent cough or inability to ingest food or drink water, an RN will be needed to do a review. The affected participant will have to pause eating or drinking until the review is done.
- At least once a month, the participant is to be weighed, and their food intake is reviewed on applicable charts like Food Chart, Fluid Balance Chart, Observation Record.
- During the admission process, the Nutrition Risk Screening Tool is done, concluded, and evaluated later.
- In months where the weather is slightly hotter, participants' nutrition and hydration are closely examined. Participants will need more hydration except for people who have a special constraint.

24.5.7. Posture and positioning Correct

Positioning is one of the simplest yet most effective forms of management for people who have swallowing problems. Correct positioning helps to protect the airway from aspiration and helps improve swallowing and breathing efficiency. An Occupational Therapist or

Physiotherapist may be involved in helping a person achieve good positioning. Some general principles include:

- Ensure the person is sitting up as straight as possible with shoulders level.
- The person should be comfortable with their head tilted slightly forward when eating or drinking
- If food feels like it is sticking in the food passage/chest area, for even a short time, getting up and stretching may help the food to slip down into the stomach. Other changes to head position may be recommended as part of an individual management plan. For this reason, it is important to follow any professional guidelines provided.

24.5.8. Managing risks of choking

- ✓ Swallowing difficulties are common among participants. If a service doesn't manage
- ✓ Swallowing problems can lead to death from choking.
- ✓ Normal age-related changes place older people at risk of experiencing swallowing problems. The risk is increased by pathological changes such as dementia, stroke, functional decline, and the use of medicines. Choking is a medical emergency and can lead to death. Staff initiating appropriate responses to choking can improve outcomes for the participants.

24.5.9. Standardised care process

1. Recognition

- ✓ Establish choking risk for participants who have:
 - a swallowing disorder
 - a previous history of choking
 - impulsive behaviours. Identify participants who pre with acute airway obstruction.
- ✓ Symptoms in conscious participants include:
 - extreme anxiety
 - agitation
 - gasping sounds
 - coughing
 - loss of voice
 - clutching the neck.

2. Assessment

- ✓ Participants identified with a choking risk is referred for the specialist assessment using **Form79. Nutrition and Swallowing Risk Checklist** (for example, a speech pathologist, dietician, and dentist).
- ✓ Assessment findings and recommendations are documented, communicated across the care team, and implemented.
- ✓ When a participant presents with acute airway obstruction:
 - Assess the severity of the airway obstruction. The obstruction may be partial or complete and the participant may be conscious or unconscious.
 - Determine if the participant can cough effectively or if the cough is not effective.
 - Partial obstruction is indicated if:
 - breathing is laboured
 - breathing is noisy (stridor)
 - air can be felt from the mouth.
- ✓ The participant should be continually observed because the airway obstruction may progress to complete obstruction within a few seconds. A complete obstruction is indicated if:
 - the participant is attempting to breathe
 - there is no sound of breathing
 - no air can be felt coming from the mouth or nose
 - there is cyanosis due to lack of oxygen.

3. Interventions

- ✓ Respond immediately to the choking episode as per below order:
 - Immediate response to a choking episode and inform the RN.
 - If the participant is coughing (effective cough):
 - encourage the participant to keep coughing to force out the foreign body
 - provide reassurance.
 - If the obstruction is not relieved, call triple zero (000) and request an emergency ambulance.
 - If the participant is not coughing and is conscious:
 - Call triple zero (000) and request an emergency ambulance.
 - Position the participant in a sitting or standing position.
 - Give up to five blows in the centre of the back, between the shoulder blades, using the heel of the hand.

- After each blow check whether the obstruction has been relieved.
- If back blows are not effective, identify the CPR cardiac compression point and give up to five chest thrusts. Chest thrusts are like cardiac compressions but sharper and delivered at a slower rate.
- After each chest thrust check whether the obstruction has been relieved.
- If the obstruction is not relieved and the participant remains conscious, continue to alternate back blows and chest thrusts until the ambulance arrives.
- If chest thrusts cannot be applied, continue with back blows.

✓ Following a choking incident, the relevant Manager or the associated RN will:

- Inform the participant's GP.
- Inform the participant's family.
- Identify the possible cause and maintain a high awareness of the signs and symptoms of dysphagia.
- Refer to a speech pathologist, if available, for a swallowing assessment and recommendations.
- For participants on modified diet and fluids, monitor food and fluid intake to ascertain whether these are adequate (refer to a dietician if intake is not adequate).

✓ Implement an individualised risk reduction and prevention plan.

✓ Risk minimisation strategies for the participant at risk of choking may include:

- systems to ensure at-risk participants are identified to staff involved in food preparation, serving, feeding or supervision during mealtimes
- systems to ensure the right food reaches the right participant
 - a modified textured diet includes avoiding mixed-texture foods (for example, solid and liquid foods together such as vegetable soups, food with seeds, sticky foods, and dry, crumbly foods)
- supervision when eating and drinking
 - modify how assistance with meals is provided (for example, encourage coughing after swallowing, allowing adequate time for chewing and swallowing, ensure swallowing has occurred before offering more food and drink, alternate mouthfuls of food with fluid, check the mouth for residual food after each meal)
 - seating modification to help maintain an upright position
 - postural adjustments and positioning – the participant should be seated upright with their chin tucked or turned to facilitate safe and efficient swallowing

- swallow manoeuvre (such as supraglottic and super supraglottic swallow, effortful swallow, Mendelsohn manoeuvre)
- introduction of eating and feeding aids such as adapted cups, shallow spoons, non-slip table mats, angled utensils
- environmental modifications to minimise distractions
- regularly attend to dental hygiene and provide oral hygiene before and after each meal
- medication review to identify
 - drugs that can impair the cough reflex and swallow
 - drugs that dry up oral secretions
 - alternative forms of preparations and routes of administration.

Communicate changes related to:

- choking risk
- eating plans
- dietary and fluid requirements

4. Referral

- Ambulance services for emergency assistance
- GP for post-episode assessment and recommendations
- Speech pathologist for post-episode swallowing assessment and recommendations
- Physiotherapist for seating modification
- Dietitian
- Consume rial Medication Management Review if indicated
- Oral hygienist or dental review if professional oral care is indicated

5. Evaluation and reassessment

- Monitor the participants:
 - swallowing status
 - adequacy of food and fluid intake
 - chest for signs of chest infection.
- Evaluate choking risk every six months.

6. Participant involvement

- Education regarding risk factors
- Discussion regarding modified diets and safe swallowing methods
- Advance care planning

7. Staff knowledge and education

- b. Recognition and response to a choking incident
- c. Identification of participants at risk of choking

- d. Identification and reporting of swallowing difficulties
- e. Interventions to reduce the risk of choking once swallowing difficulties have been identified
- f. Food and fluid texture modification
- g. Supervision, safe feeding assistance and positioning techniques at mealtimes

8. These will also help reduce incidences of choking:

- Don't drink fluids while you're eating. People do this to make the food go down and it can lead to choking.
- Don't talk while you eat.
- Don't eat lying down.
- Don't drink alcohol while eating.
- Do learn to eat more slowly.
- Do put less on your plate so you can't eat too much too fast. Have a second helping afterwards instead.
- Do julienne the food.
- Do peel apples before serving or, better yet, serve applesauce

24.5.10. How to reduce risks of choking

- ✓ Always make sure the Mealtime management intervention plan recommended by a speech pathologist is used to guide older participants so they can eat, drink, and take their medicine without any risk.
- ✓ If you observe any unusual behaviour like coughing, choking, wet throat, or an inability to swallow, that participant must temporarily stop eating and drinking until a speech pathologist is consulted.
- ✓ Participants, their families, and all staff should be aware of any risks and interventions involved. Let them know about the type of diet prescribed for a participant and the reason behind it.
- ✓ Unless there is a medical reason not to give participants water with their food. Staying hydrated will help their recovery and will make it easier to swallow food.
- ✓ Urge participants to have their diet recommended by the speech pathologist or dietician.
- ✓ Make sure that every participant gets the right meal for them.
- ✓ Help participant to:

- a. Eat their food when it's time for them
 - b. Take food in small portions
 - c. takes in little sips of water to help in swallowing.
 - d. Sit up straight while they eat and continue sitting in that posture 30 minutes after meals
 - e. Minimise external distractions
- ✓ Work with families and carers and teach them how to assist participants during their meals to reduce complications when swallowing food.
 - ✓ Support participant who doesn't feel like eating to eat frequent small meals and urge them to stay healthy.
 - ✓ Taste is essential to the swallowing reflex. Inquire and find out if the participant is enjoying their food and whether they have lost taste in their mouths. If a participant has lost taste, they should still be encouraged to eat their food.

24.5.11. Food Safety

- ✓ Food poisoning is frequently caused by bacteria from foods that have been incorrectly stored, prepared, handled or cooked. Food contaminated with food poisoning bacteria may look, smell, and taste normal. If food is not stored properly, the bacteria in it can multiply to dangerous levels.
- ✓ Food poisoning bacteria grow and multiply fastest in the temperature danger zone between 5 °C and 60 °C. It is important to keep high-risk food out of this temperature zone.

24.5.11.1. Take special care with high-risk foods

- ✓ Food poisoning bacteria can grow and multiply on some types of food more easily than others. High-risk foods include:
 - raw and cooked meat - such as chicken and minced meat, and foods containing them, such as casseroles, curries, and lasagne
 - dairy products - such as custard and dairy-based desserts like custard tarts and cheesecake
 - eggs and egg products - such as mousse
 - smallgoods - such as ham and salami
 - seafood - such as seafood salad, patties, fish balls, stews containing seafood and fish stock
 - cooked rice and pasta
 - prepared salads - such as coleslaws, pasta salads and rice salads
 - prepared fruit salads

- ready-to-eat foods - such as sandwiches, rolls, and pizzas that contain any of the food above.

- ✓ Food that comes in packages, cans and jars can become high-risk foods once opened, and should be handled and stored correctly.

24.5.11.2. Storing food in the fridge

- ✓ Your fridge temperature should be at 5 °C or below. The freezer temperature should be below -15 °C. Use a thermometer to check the temperature in your fridge.

24.5.11.3. Freezing food safely

- ✓ When shopping, buy chilled and frozen foods at the end of your trip and take them home to the store as quickly as possible. On hot days or for trips longer than 30 minutes, try to take an insulated cooler bag or ice pack to keep frozen foods cold. Keep hot and cold foods separate while you take them home.

24.5.11.4. Storing cooked food safely

- ✓ When you arrive home, put chilled and frozen foods into the fridge or freezer immediately. Make sure foods stored in the freezer are frozen hard.
- ✓ When you have cooked food and want to cool it:
 - Put hot food into shallow dishes or separate into smaller portions to help cool the food as quickly as possible.
 - Don't put very hot food into the refrigerator. Wait until steam has stopped rising from the food before putting it in the fridge.

24.5.11.5. Avoid refreezing thawed food

- ✓ Food poisoning bacteria can grow in frozen food while it is thawing, so avoid thawing frozen food in the temperature danger zone. Keep defrosted food in the fridge until it is ready to be cooked. If using a microwave oven to defrost food, cook it immediately after defrosting.
- ✓ As a general rule, avoid refreezing thawed food. Food that is frozen a second time is likely to have higher levels of food poisoning bacteria. The risk depends on the condition of the food when frozen, and how the food is handled between thawing and refreezing. Raw food should never be refrozen once thawed.

24.5.11.6. Store raw food separately from cooked food

- ✓ Raw food and cooked food should be stored separately in the fridge. Bacteria from raw food can contaminate cold cooked food, and the bacteria can multiply to dangerous levels if the food is not cooked thoroughly again.
- ✓ Always store raw food in sealed or covered containers at the bottom of the fridge. Keep raw foods below cooked foods, to avoid liquid such as meat juices dripping down and contaminating the cooked food.

24.5.11.7. Choose strong, non-toxic food storage containers

- ✓ Make sure your food storage containers are clean and in good condition, and only use them for storing food. Cover them with tight-fitting lids, foil, or plastic film to minimise potential contamination. Transfer the contents of opened cans into suitable containers.

24.5.11.8. If in doubt, throw it out!

- ✓ Throw out high-risk food left in the temperature danger zone for more than 4 hours - don't put it in the fridge and don't keep it for later. Check the use-by dates on food products and discard out-of-date food. If you are uncertain of the use-by date, throw it out.

24.5.12. Food Handling

- ✓ Safe food handling is very important for some participants:
 9. Tell your supervisor if you are suffering from diarrhoea, vomiting, fever, sore throat with fever or jaundice and seek medical advice.
 10. Do not return to work until you are free of symptoms for 48 hours.
 11. Tell your supervisor if you have any infected skin lesions (e.g., an infected skin sore, boil, acne, cut or abrasion, or any discharges from the ears, nose, or eyes) and seek medical advice.
 12. Tell your supervisor if you know or think any food is unsafe to eat. Perform hand hygiene before handling food or putting on gloves.
 13. Perform hand hygiene after using the toilet, smoking, coughing, sneezing, blowing nose, touching face, nose, ears or mouth, handling rubbish or after cleaning.
 14. Avoid unnecessary contact with Ready Eat meals.
 15. Cover hair and tie back long hair.
 16. Secure hair clips, hairpins, buttons on clothes, jewellery, bandages.
 17. Make sure bandages or dressings on any exposed parts of the body are covered with a waterproof covering.


18. Do not sneeze, blow, cough over unprotected food or surfaces likely to come into contact with food.
19. Do not eat over unprotected food or surfaces likely to come in contact with food. Do not spit, smoke, or use tobacco or similar preparations in areas where food is handled.
20. Do not touch food after touching earrings, body parts (hair, nose, ear, eye), skin lesions, saliva, mucus, sweat, blood, money without first performing hand hygiene.
21. Do not wear gel, acrylic or false fingernails, or jewellery that will come into contact with food.
22. Remember, Lanyards may also transmit bacteria.

24.5.13. Monitoring and Review

- ✓ A health practitioner and workers will monitor, review update and oversee **Form77. Mealtime Management Plan** regularly. The health professional will decide about the regularity of **Form77. Mealtime Management Plan** revision and **CAP CASS ALLIED HEALTH SERVICES** will support it.
- ✓ **Form77. Mealtime Management Plan** will be reviewed if there is any change in the participants' needs like any incidents or emergencies.
- ✓ Reports will be provided about **Form77. Mealtime Management Plan** based on a regular monitor by the workers as the following:
 23. Track any changes in the meal habits of the participants with learning their usual meal habits
 24. If there are any changes in the participant's habits the workers will discuss them with the participant to address the variations and reasons for the changes, for example, new medication, different diet, or recent illness.
 25. Any changes will be reported to the health practitioner and the action plan will be agreed upon.
 26. If an ongoing concern is reported the workers will report it to the health practitioner for assessment of the changes.

24.5.14. Training of Staff (Health Practitioner and Workers)

- ✓ For the provision of **Mealtime Management Plan** services to the participants, stored safely

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

of food, **CAP CASS ALLIED HEALTH SERVICES** will provide all workers with the specifically required training.

- ✓ Training plans will be developed and delivered by an appropriately qualified health practitioner or person that meets the high-intensity support skills descriptor for meal management using **Form09. Training Matrix** and through **Human Resource Management Policy & Procedure**.
- ✓ A qualified trainer will train the support workers with all clients specific **Mealtime Management Plan management** training.
- ✓ The service users' needs and expectations, as well as the type of meal management, will be addressed in the training to cover any support requirements of the participant.
- ✓ Training and management support plans will detail how to manage any incidents or emergencies including the development of an emergency management plan covering emergencies such as constipation, rectal bleeding, perforation, infections or autonomic dysreflexia.
- ✓ Also, the training plan will include the identification of risks including actions and escalations such as coughing or choking on food or fluids or chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) —
- ✓ Records of induction, Mandatory Checks, training, and organisational and professional development provided to all workers will be kept on each worker's record and on **Form09. Training Matrix** or the **Worker's file**.
- ✓ The workers will be notified by the **Management Team** to complete their refresher training in these areas regularly and keep track of the workers training currency through **Form09. Training Matrix form**.
- ✓ **Meal management** training will be provided by the Annual Training Schedule, maintained by the **Management Team**.
- ✓ An ongoing opportunity for **meal management** training and development of workers will be provided by **CAP CASS ALLIED HEALTH SERVICES** that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.
- ✓ Every worker and **Management Team** member would be able to have the opportunity to participate in **meal management** training and development activities.

- ✓ On-the-job training, internal or external courses, support for research and fieldwork, conference and seminar attendance, networking, and mentoring programs relevant to **meal management** are available to workers as a part of training and development methods.
- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager using **Form10. Worker Performance Assessment**.
- ✓ A health practitioner who has been deemed competent will undertake the competency assessment for all workers.
- ✓ Training will relate specifically to the service users' needs, type of meal management and cover any specific support requirements the service user may require.
- ✓ All practitioners will have a working knowledge of relevant current legislation, national guidelines, organisational policies, and procedures via using the Participant Handbook.
- ✓ Communication with each participant and the provision of support that is responsive to their needs is provided in the language, mode of communication and terms that the participant is most likely to understand. Where necessary, staff members should provide participants with advocates or interpreters. Interpreters would be available as below:
 - ✓ The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. <https://www.tisnational.gov.au/>

25- Waste Management Policy & Procedure

25.1. Purpose

- ✓ The purpose of this policy & procedure is to ensure that each participant, worker, and any other person in the home is protected from harm as a result of exposure to the waste, infectious or hazardous substances generated during the delivery of supports.

25.2. Scope

- ✓ This document applies to:
 - 27. All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - 28. All participants receiving services and supports

25.3. Definitions

N/A

25.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights

25.5. Policy & Procedures

25.5.1. Type of Waste and Management

- ✓ Management of waste has several benefits as follows:
 - Enhancing organisation's reputation
 - Benefit the environment and society
 - Decrease infection or disease
 - Reduction in waste disposal cost



- ✓ **CAP CASS ALLIED HEALTH SERVICES** shall ensure to cut the waste and take measures to separate different types of wastes.
- ✓ Wastes could be divided into different types as follows:

Types of waste	Description
Clinical waste	<p>Any kind of waste that is stained by blood like bandages.</p> <ul style="list-style-type: none">➤ As these kinds of waste have the risk of infection shall be placed in a separate bin and be stored for collection by a service provider which handles clinical wastes.➤ This kind of waste should be emptied with specific PPE like eyewear and gloves.➤ The clinical waste bags should be filled with less than two-thirds of the bag.➤ The area dedicated to the clinical waste shall be restricted.
Sharps	<p>Sharps waste is classified as biohazardous waste and shall be carefully handled. Common medical materials treated as sharps waste are hypodermic needles, disposable scalpels and blades, contaminated glass and certain plastics, and guidewires used in surgery.</p> <ul style="list-style-type: none">➤ Incorrect disposing of sharp waste may put the workers at risk of injury.➤ The sharp wastes shall be disposed of in a specific container to be handled by a qualified service provider of sharp waste.➤ Sharp waste should never be disposed of in general waste or any other non-approved waste.➤ Sharp items should always be immediately disposed of.➤ Never use or retrieve any items from a sharp container.➤ Sharp containers shall be placed in a specific cupboard.
Pharmaceutical Waste	<p>Pharmaceutical waste is drugs, remedies or medicine that have expired or are no longer required to treat a patient.</p> <ul style="list-style-type: none">➤ Any pharmaceutical waste that is out of date.➤ These could be harmful to the environment.➤ May be returned to pharmacies for safe disposals.➤ Shall never be placed in general waste.
Recyclable	<p>Waste items that are usually recycled include:</p> <ul style="list-style-type: none">• Paper waste: Paper waste items include books, newspapers,



Types of waste	Description
	<p>magazines, cardboard boxes, and envelopes.</p> <ul style="list-style-type: none">• Plastic waste: Items include plastic bags, water bottles, rubber bags and plastic wrappers.• Glass waste: All glass products like bottles can be recycled.• Aluminum waste: Cans from soda drinks, tomatoes, fruit cans and all other cans can be recycled. <p>➤ Recyclable items shall be disposed of properly as follows:</p> <ul style="list-style-type: none">▪ Toners could be collected by toner collection services.▪ Supermarkets might recycle soft plastics.▪ Councils collect the recyclable items.
Sensitive Waste	<ul style="list-style-type: none">➤ Papers containing sensitive information shall be shredded.➤ Sensitive wastes should not be placed in a general waste bin.➤ Hard drives and USB disks should be placed in an area to be handled by an E-waste service provider.
E-waste	<ul style="list-style-type: none">➤ E-waste collection services could collect electronic wastes.➤ Shall not be placed in general waste or any other waste containers.
General Waste	<ul style="list-style-type: none">➤ Any other kind of waste apart from the abovementioned is general waste and should be collected by the local council or government.

25.5.2. Workers Responsibility

✓ Responsibility of Workers against Waste Management:

29. Ensure that wastes are disposed of correctly
30. Ensure that all guidelines provided by management and regulations are used in the waste disposal
31. Ensure that all wastes are separated correctly
32. Do not dispose of any of the sharp, clinical, or pharmaceutical wastes in general waste

25.5.3. Management Team Responsibility

✓ Responsibility of Management Team against Waste disposal:

33. All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated, and reviewed through **Form04.Incident Report**.
34. 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.

35. Workers involved in the management of waste and hazardous substances receive training to ensure safe and appropriate handling. This includes training on any protective equipment and clothing required when handling waste or hazardous substances. This training will be recorded on **Form09. Training Matrix** to ensure that everyone is trained in this area (if they are dealing with waste disposal). **CAP CASS ALLIED HEALTH SERVICES** will provide this training to the workers externally.
36. Provide staff and workers with training about waste disposal.
37. Ensure that wastes including sensitive information are not disposed of in general waste and are handled correctly (e.g., shredded or placed in a safe area).
38. Ensure that all workers abide by this policy & procedure.
39. Ensure that relevant waste management service providers will service all sites and offices regularly on a scheduled basis.
40. Ensure that all bins are signed correctly to avoid any mistake in waste disposal.
41. Review this Policy & procedure every year.
42. In the process of waste removal **Form58.Waste Removal Register** will be filled out.

25.5.4. Waste Management Contractors

Will manage the wastes by engaging contractors to provide storage containers, audit their waste management plan and transport waste safely for disposal.

Cleanaway Waste Management Limited, and Suez Company has been contracted by **CAP CASS ALLIED HEALTH SERVICES** as a licensed contractor for all medical and hazardous substances disposal. The contact details of these two companies are as of the following:

Cleanaway Waste Management:

- **Address:** Level 4, 441 St Kilda Road, Melbourne, VIC, 3004
- **Phone:** 1300 66 77 87
- **Emergency Spills Response:** 1800 774 557

Suez:

- **Address:** Level 4. 3 Rider Boulevard, Rhodes, NSW 2138
- **Phone:** 131335, 1300651116
- **Emergency Spills Response:** 1800 368737

25.5.5. Waste Management Plan

25.5.5.1. Training and Waste Management

CAP CASS ALLIED HEALTH SERVICES has strategies in place for training staff in Waste Management including clinical waste management. The training programs are as of the following:

- All areas of Waste Management Plan
- Waste Management Policy and Procedure
- Work Health and Safety Policy and Procedure
- Infection Control Policy and Procedure

25.5.5.2. Measuring Waste Management Performance

- Quarterly Waste Management Meeting
- Feedback from participants support workers, and other stakeholders
- Internal audit
- **Form58.Waste Removal Register**

25.5.6. Waste Handling

25.5.6.1. Waste Segregation

There are some waste separation processes in place for:

- Training all staff who are dealing with any types of waste
- Ensure that waste components are handled safely including storage and disposal through following Safety Data Sheets for hazardous wastes;
- Ensure that wastes are identifiable through colour coding and labelling
- All wastes are disposed of in a suitable container in an appropriate location, for example, a container for sharps
- Ensure that all waste is separated at once generated.

CAP CASS ALLIED HEALTH SERVICES will provide suitable bins for general and medical waste. **CAP CASS ALLIED HEALTH SERVICES** has contracted with the companies mentioned in section 23.5.4 to remove and dispose of wastes of all types from each site.

All sharps are placed in the sharp containers. When the sharps container reaches the manufacturers full capacity line, the lid is closed and secured. The full sharp container is removed and replaced by the cleaning contractor immediately. Cleanaway will remove sharps from this site.

The medical waste bin is lined with a biohazard bag, which is impervious to moisture and has strength sufficient to preclude ripping, tearing, or bursting under normal use and handling. The biohazard bags are removed when 2/3rd full by the cleaning contractor and each bag is tied and placed into the lockable biohazard bin located in the storage room.

25.5.7. Incident Prevention and Management

It is our commitment to provide a safe workplace for all staff, participants, and any other stakeholders. For this, we have established a formal process to report and investigate all workplace accidents, incidents and near misses. This includes providing corrective and preventive actions.

Any waste-related incidents will be handled immediately, and medical access will be provided to those involved in the incident. **CAP CASS ALLIED HEALTH SERVICES** will ensure to meet the WHS and incident management responsibilities including the following:

- Complying with all relevant OH&S legislation, regulations, codes of practice, and guidelines;
- Documenting, implementing, and communicating OH&S policy to all employees;
- Regularly monitoring and revising our policy per legislative and organisational changes or as appropriate.
- Establishing measurable objectives and targets aimed at eliminating work-related injury and illnesses;
- Provide adequate training, information, instruction and supervision to all employees and visitors to ensure work is carried out safely
- Ensure all accidents, hazards and near misses are recorded and reported and an investigation is carried out to determine possible causes.
- Maintain a safe working environment by reporting hazards or unsafe work practices promptly to their manager or supervisor.
- Report all workplace injuries, near misses and illnesses caused by work immediately to your manager.

25.5.8. Standard Precautions

- Staff must wear suitable gloves and other PPE appropriate for the task. Protective eyewear must be worn where there is the risk of splashing any hazardous chemical.
- To maintain a safe environment, Surfaces should be cleaned regularly using only cleaning procedures that minimise dispersal of micro-organisms into the air. Toilets, sinks, washbasins, baths, shower areas, and surrounding areas should be cleaned regularly or as required. Cleaning methods for these items should avoid the generation of aerosols.

- Floors should be cleaned daily or as necessary with a vacuum cleaner.
- Routine surface cleaning should be undertaken as follows:
 - clean and dry work surfaces before and after usage or when visibly soiled;
 - spills should be dealt with immediately.
 - use detergent and warm water for routine cleaning;
 - where surface disinfection is required, use by MSDS
 - before and after applying disinfectants, clean and dry surfaces;
 - empty buckets after use, wash with detergent and warm water and store dry; and
 - mops should be cleaned in detergent and warm water then stored dry.
- Standard precautions to protect against infectious diseases include:
 - wash hands for 30 seconds before and after contact with participants, eating, using gloves and after using the toilet, contact with used equipment and contact with body substances or equipment, materials (including linen) or contaminated surfaces;
 - wear disposable latex gloves when handling food or any item which may be contaminated by bodily fluids;
 - cover cuts or scratches with waterproof, breathable dressing;
 - wear personal protective equipment (PPE) such as protective eyewear, an apron, enclosed footwear and/or a face mask if splashing or direct contact with body fluids is likely.
 - use sharps containers at the point of use. Do not re-sheath sharps; and
 - clean up spills with water and bleach.


25.5.9. Cough Etiquette

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

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

25.5.10. Reporting incidents

Every staff must report any incident to the Director of the CAP CASS ALLIED HEALTH SERVICES using Form04.Incident Report in less than 24 hours. If there is any injury or death

 CapCass Allied Health Service	<h1>NDIS Manual</h1>	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

of staff involved in the incident, Director should report the Safe work/Work safe immediately.

All of the incidents should be recorded on Form11.Incident Register.

If there is any exposure to body fluids or blood due to an incident or injury, the report should be handled according to the “AUSTRALIAN NATIONAL GUIDELINES FOR THE MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH BLOODBORNE VIRUSES AND HEALTHCARE WORKERS WHO PERFORM EXPOSURE PRONE PROCEDURES AT RISK OF EXPOSURE TO BLOODBORNE VIRUSES”.

In any of the following circumstances, the Director should report the incident to the safety authorities (Safe work/ Work safe).

1. A worker who has been exposed to blood or body substances and
 - has never been vaccinated against hepatitis B; or
 - is a non-responder to previous hepatitis B vaccination courses; and,
 - following the exposure incident requires a:
 - hepatitis B vaccination; and
 - hepatitis B immunoglobulin.
2. A worker requires post-exposure prophylaxis against HIV infection.

25.5.11. Chemical Incidents


If an injury occurred due to exposure to hazardous chemicals the emergency response plan should be followed as well as the First Aid instructions on the Safety Data Sheets. A copy of the Safety Data Sheets must be available in any sites where there is a chance of exposure to a chemical.

25.5.12. Continuous Improvement

CAP CASS ALLIED HEALTH SERVICES 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 **CAP CASS ALLIED HEALTH SERVICES**’s operations.

CAP CASS ALLIED HEALTH SERVICES includes its staff, participants, and other relevant stakeholders in its continuous improvement activities to ensure services are of high quality and meet participants’ needs.

 CapCass Allied Health Service	<h1>NDIS Manual</h1>	
Doc No: NDIS Manual	Version No: 01	Version Date: 20/10/2022

26- Financial Management Policy & Procedure

26.1. Purpose

CAP CASS ALLIED HEALTH SERVICES pays staff salaries and wages by the National Employment Standards, the Modern Award, and the current Staff contracts.

26.2. Scope

✓ This document applies to:

- 43. All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
- 44. All participants receiving services and supports

26.3. Definitions

N/A

26.4. Relevant Documents, Legislations, regulations, and standards

- Fairwork.gov.au
- Superannuation Guarantee

26.5. Policy & Procedures

26.5.1. Superannuation

The Company's "Superannuation Guarantee Charge" contribution is currently in line with the legislative requirements of individual staff wages. The plan is available from the Accounts Clerk.

26.5.2. Procedures

- Wages are reviewed annually and may increase depending on any further educational qualifications beneficial to the staff's role in the company.
- Wages are paid weekly commencing on the first day (at present Monday) after the first week worked.

- Staff will continue to be paid each week for the hours worked. Staff timesheets must be completed by 3.00 pm each Sunday to be available for the Accounts Clerks to process Monday mornings. All timesheets have to be delivered to and approved by the office accounts manager. Timesheets delivered after 3.00 pm on Sunday will not be paid until the following pay week. Staff faxing their timesheets must mark them "Attention Accounts Manager".

26.5.3. Salary/Wages Date Entry Procedure

- Opens email containing subcontractors and any other staff who have emailed their timesheets and prints same. Emailed timesheets are saved to a folder in the email program under the heading "Staff", in a subfolder with the heading "Timesheet".
- Account clerk collects all staff members "Yearly Time and Pay Books". In each staff member, Yearly Time and Pay Books ensure that the following is completed.
- Date, Starting and Finishing times and Total Hours worked with employee signature.
- Payroll files are titled by the current financial year e.g., Payroll Jul 19 to Jun 20.
- Open the last file used (determined by date) and save it as the week ending for the payroll period to the Sunday date.
- Enter hours worked for each day for each staff member.
- Total amounts will be automatically adjusted by the program (formulas).
- Refer to the Australian Taxation Office "Weekly tax table" to calculate the tax payable (whole dollars only).

26.5.4. Payment Through Bank

- Log onto the internet and access the internet banking system
- Click on sign in and log in with username and password
- Click on Transfers
- Click on multiple transfers
- Enter amount for Employees only next to each employee name
- Click Transfer
- Print page once confirmed
- Repeat Process as above for Contractors only
- Then sign off/log off

26.5.5. NDIS Claiming

- Time Sheets to be filled out
- All data regarding timesheets to be loaded into the online claiming platform
- Spreadsheet will be generated for bulk billing
- Spreadsheet needs to be manually verified
- Spreadsheet needs to be uploaded in the PRODA portal bulk billing section and submitted
- Any rejected claims to be reviewed, corrected and resubmitted

27- Emergency and Disaster Management Policy & Procedure

27.1. Purpose


- ✓ The purpose of this policy & procedure is to ensure that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated and ensures the continuity of support critical to the health, safety, and wellbeing of participants in an emergency or disaster.

27.2. Scope

- ✓ This document applies to:
 - 45. All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - 46. All participants receiving services and support.

27.3. Definitions

Word/Term	Definition
Emergency	A sudden unexpected event or condition which has caused or is causing or has the potential to cause major property damage, and/or serious injury to personnel.
Emergency Plans	Documented procedures to control site operations in the event of all anticipated-on site and off-site emergencies affecting the organisation concerned.

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

27.4. Relevant Documents, Legislations, regulations, and standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020

27.5. Policy & Procedures

27.5.1. Our Commitment

- ✓ This Emergency Preparedness & Response Plan is provided to enable **CAP CASS ALLIED HEALTH SERVICES** Developments to manage most emergencies.
- ✓ An emergency i.e., an unexpected event of a serious nature, which demands immediate action, can arise as either an incident such as an accident or dangerous event in the workplace, the result of severe climatic conditions or natural disaster or as a security threat.
- ✓ The scope of this Emergency Preparedness & Response Plan covers such events as they may affect **CAP CASS ALLIED HEALTH SERVICES** employees, subcontractors, clients, and the public.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to complying with the NDIS Code of Conduct when providing support or services to participants with dysphagia or swallowing difficulties.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that identifying each participant requires severe dysphagia management.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** provides supports and services safely and competently with care and skill
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that with their consent, their individual severe dysphagia management needs are assessed by appropriately qualified health practitioners, including by practitioners conducting regular and timely reviews if needs change or difficulty is observed.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that measures are in place to enable continuity of supports that are critical to the safety, health, and wellbeing of each participant before, during and after an emergency or disaster.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that the measures include planning for each of the following:
 - (a)preparing for, and responding to, an emergency or disaster.
 - (b)making changes to participant supports.

(c)adapting, and rapidly responding, to changes to participant supports and other interruptions.

(d)communicating changes to participant supports to workers and participants and their support networks.


- ✓ **CAP CASS ALLIED HEALTH SERVICES** develops emergency and disaster management plans (the plans), consults with participants and their support networks about the plans and puts the plans in place.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that the plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that mechanisms are in place for the governing body to actively test the plans, and adjust them, in the context of a particular kind of emergency or disaster.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that the plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that the governing body regularly reviews the plans and consults with participants and their support networks about the reviews of the plans.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that the governing body communicates the plans to workers, participants, and their support networks.
- ✓ **CAP CASS ALLIED HEALTH SERVICES** is committed to making sure that each worker is trained in the implementation of the plans.

27.5.2. . Type of Emergencies

- ✓ The following, although not exhaustive, illustrates the type of emergencies that may confront **CAP CASS ALLIED HEALTH SERVICES** workers and participants:
- ✓ Accidents caused by a person or because of a person's actions causing injury which may be minor, major, or critical.

Dangerous events include:

- Collapse, overturning, failure or malfunction of or damage to car and equipment
- Implosion, explosion, or fire.
- Hazardous substances or dangerous goods.
- Severe climatic conditions or natural disasters e.g., floods.
- Aggressive behaviour; and

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

- Security threats e.g., criminal activity, vandalism, bomb threats etc.

27.5.3. Planning for Emergencies

- ✓ **CAP CASS ALLIED HEALTH SERVICES** must establish and maintain site-specific arrangements using the following guidelines.

- Prepare **Form82.Emergency Response Plan** including a site plan indicating assembly point and complete the Emergency Services Contacts and the Emergency Contacts; Site Map
- Include an effective method of ensuring that site visitors are accounted for. Include and maintain an up-to-date daily list(s) of all personnel in the office including visitors.
- Include an effective “Emergency Alert” system (air-horn, alarm, etc.).
- Establish and maintain a safe and effective evacuation route and assembly locations.
- Include appropriate and adequate firefighting equipment (extinguishers, alarms, signage).
- Establish a reliable communications system (radios, mobile phones, etc.).
- Appoint key personnel to take control during an emergency.
- Instruct workplace personnel in these procedures and ensure that they are fully aware of them.
- Maintain training records of all emergency training.
- Emergency escape drills must be conducted at least once per quarter and more frequently for higher-risk situations, for example in areas where hot works are ongoing. Where practicable, drills should be conducted in conjunction with local emergency services or a suitably qualified fire contractor.
- Establish and maintain appropriate first aid resources and training
- Identify local Doctors/Medical Centres
- Identify and liaise with the local emergency services.

27.5.4. Emergency Preparedness & Response

- ✓ The Manager or Supervisor develops an Emergency Response Plan **Form82. Emergency Response Plan**
- ✓ Each participant will have **Form33.Participant Disaster and Risk Assessment** completed during their onboarding process and will be updated yearly or when there are changes to a participant’s circumstances.
- ✓ An emergency shall be defined as any unplanned event that can cause:

- Deaths; or
- Significant injuries to employees or occupants; and/or
- Shut down the business; and/or
- Disruption to operations; and/or
- Physical or environmental damage.

For example:

- Fire or Explosion
- Chemical Release
- Medical Emergency
- Bomb Threat

- ✓ When developing the evacuation plan for each separate area, the Manager or Supervisor considers the following:
 - ✓ Contacting the local fire station officer for advice about evacuation
 - ✓ Available effective alarm facilities
- ✓ The Manager or Supervisor ensures that copies of the Emergency Plan are kept in adequate places and readily accessible.
- ✓ Emergency Plans for the office and site will be formally reviewed and updated to reflect status, the effectiveness of risk and to record. This will occur annually.

27.5.5. Emergency Response Training

- ✓ Designated emergency personnel (e.g., first aid personnel, emergency controller) and the worker shall be trained in emergency scenarios appropriate to their responsibilities and degree of risk to respond to site-specific emergencies, which may arise on or near the project as required.
- ✓ Training for emergency personnel shall be defined in **Form09.Training Matrix**.
- ✓ The **CAP CASS ALLIED HEALTH SERVICES** communicates the plans to workers, participants and their support networks during induction using the 2-Worker Handbook and 3-Participant Handbook and Form08.Induction Checklist

27.5.6. Testing Emergency Plans

- ✓ Emergency Plans (e.g., evacuations, chemical spill responses, etc.) is tested at least once per year. Everyone on the worksite should take part, (including all managers, contractors, visitors etc.).
- ✓ The manager records the result including issues; problems etc. on **Form81. Emergency Drill**

Reporting **form** and communicate with the employee at each test or rehearsal and reviews the emergency plan immediately to make improvements if required.

27.5.7. Reviewing Emergency Plans

- ✓ For emergency plans to remain current and effective they must be reviewed and revised (if necessary) annually or when:
 - When there are changes to the workplace such as re-location or refurbishments
 - When there are changes in the number or composition of staff including an increase in the use of temporary contractors
 - When new activities have been introduced, and
 - after the plan has been tested.

28- Child Safety Policy and Procedure

28.1 PURPOSE

- ✓ **CAP CASS ALLIED HEALTH SERVICES** understands that participants have the right to feel safe and live in an environment where they are protected from assault, neglect, exploitation and/or any other form of abuse.


This policy takes into consideration the requirements for child safety to those participants under the age of 18 years.

28.2 SCOPE

- ✓ This document applies to:
 - 47. All **CAP CASS ALLIED HEALTH SERVICES** staff and workers, whether permanent or casual, contractors, volunteers, or business partners.
 - 48. All participants receiving services and support under the age of 18 years.

28.3 Relevant Documents, Legislations, Regulations and Standards

- Commission for Children and Young People Act 2012
- Child Wellbeing and Safety Act 2005
- Child Wellbeing and Safety Regulations 2017
- Human Services (Complex Needs) Act 2009
- Children, Youth and Families Act 2005
- Working with Children
- Form04.Incident Report

 <p>CapCass Allied Health Service</p>	<h1>NDIS Manual</h1>	
<p>Doc No: NDIS Manual</p>	<p>Version No: 01</p>	<p>Version Date: 20/10/2022</p>

- **Form11.Incident Register**

28.4 POLICY

At **CAP CASS ALLIED HEALTH SERVICES** will energize and uphold any individual who has seen the maltreatment of a member or who thinks that misuse has happened to make a report and be sure of doing so without any fear of retaliation.

At **CAP CASS ALLIED HEALTH SERVICES**, it is compulsory to report any indicators, ensuring to be committed to child safety.

CAP CASS ALLIED HEALTH SERVICES recognises that avoidance is the best security from misuse and disregard and perceives their obligation of care commitments to execute anticipation methodologies.

All staff of **CAP CASS ALLIED HEALTH SERVICES** will undergo a "Risk Assessed Role" and recorded on **Form61. Risk Assessed Role Register** which must have the required state specific checks.

Staff must undergo and have a NDIS worker Screening clearance prior to employment. This is recorded in their staff folder.

CAP CASS ALLIED HEALTH SERVICES is committed to the safety, participation, and empowerment of all children.

Regardless of a child's disability diagnosis, they have the same rights and freedoms as all other children and **CAP CASS ALLIED HEALTH SERVICES** will take each child's best interests into account when providing services.

CAP CASS ALLIED HEALTH SERVICES has zero tolerance of child abuse, and all allegations and safety concerns receive priority response for the safety and protection of the child.

CAP CASS ALLIED HEALTH SERVICES has legal obligations to notify relevant authorities where concerns about a child's safety are identified.

CAP CASS ALLIED HEALTH SERVICES is focused on forestalling child abuse to identify risks early, to minimise and eliminate risks.

CAP CASS ALLIED HEALTH SERVICES is committed to regularly training and professional development of its staff and volunteers on child abuse risks.

At **CAP CASS ALLIED HEALTH SERVICES** we are focused on the social well-being of Aboriginal and Torres Straits Islander children, the social security of kids from socially and additionally etymologically different foundations and giving a protected climate to those children with a disability.

28.5 PROCEDURE

Abusive Situations: When to Report

It is critical to continuously rummage around for the cause of a alter in a participant's behaviour or unexplained physical side effects. On the off chance that a member appears one or more of the conceivable signs (as recorded underneath), it does not consequently mean the child is being abused, but it must be detailed. The Director will at that point report to Child Security Administrations (numbers recorded).

- A participant shows a change in behaviour or mood that may indicate they are being abused.
- You observe someone behaving towards a participant in a way that makes you feel uncomfortable.
- A participant tells you that they are being abused by another person.
- A person tells you that they are abusing a participant.
- A participant or visitor tells you that they have observed abusive acts.
- You observe an action or inaction that may be considered abusive.
- You suspect or have any reason to believe a participant is being abused

Failure to report an abusive situation may result in a Criminal Offence.

Who to report to:

The Director will use their professional understanding and knowledge of child protection to determine when to contact the required reporting body.

To make a report, the Director will contact the child protection intake service covering the local government area (LGA) where the child normally resides. Telephone numbers to make a report during business hours (8.45am-5.00pm), Monday to Friday are listed below:

- North Division intake: 1300 664 977
- South Division intake: 1300 655 795
- East Division intake: 1300 360 391
- West Division intake - metropolitan: 1300 664 977
- West Division intake - Rural and regional: 1800 075 599.

To report concerns about the immediate safety of a child outside of normal business hours, the service supervisor will contact the After-Hours Child Protection Emergency Service on 13 12 78.

Details to Provide

The Director will be required to provide the following information to the child abuse report line, including current information:

1. Child's name, age, date of birth, address
2. Description of injury, abuse and/or neglect (current and previous)
3. The child's current situation
4. The location of the child, parent or caregiver and alleged perpetrator
5. When and how did you find out about the abuse

Child Identification Details and Context

CAP CASS ALLIED HEALTH SERVICES will need to provide enough detail to identify the child or young person and give context to your report, including:

- The child's full name
- Date of birth or age
- Current address
- Contact number
- School/kindergarten/ childcare centre
- Ethnicity (i.e. cultural background, Aboriginal kinship group, non-English speaking)
- Parents and/or guardians
- Living situations: who do they live with, family members, siblings ect
- Alleged perpetrator's name, age, address, relationships to the child or children, and current whereabouts.
- Current whereabouts of the child or children of concern
- Details of when the next expected contact with the alleged perpetrator will occur
- Family court orders, apprehended violence orders and/or domestic violence orders, if in place.

Staff will be provided with training and professional development on child protection.

CAP CASS ALLIED HEALTH SERVICES will train its staff and volunteers to identify, assess, and minimise risks of child abuse and to detect potential signs of child abuse.

CAP CASS ALLIED HEALTH SERVICES will report inappropriate behaviour through appropriate channels and if required notify the regulatory authorities.

Everyone who interacts with children through work, including volunteers, will be required to hold a Working with Children Check or equivalent depending on the state in which they live in.

CAP CASS ALLIED HEALTH SERVICES will document any allegations of abuse and safety concerns as per its incident management policies and procedures.

CAP CASS ALLIED HEALTH SERVICES takes all allegations seriously and has practices in place to investigate thoroughly and quickly.

CAP CASS ALLIED HEALTH SERVICES staff and volunteers are trained to deal appropriately with allegations.

CAP CASS ALLIED HEALTH SERVICES works to ensure all children, families, staff and volunteers know what to do and who to tell if they observe abuse or are a victim and if they notice inappropriate behaviour. This can be reported to **CAP CASS ALLIED HEALTH SERVICES** by completing **Form04.Incident Report** and recorded on **Form11.Incident Register** from the company.

CAP CASS ALLIED HEALTH SERVICES has a responsibility to report any allegation of abuse if there is reasonable belief that an incident taken place.

29- Assist Travel and Transport Policy and Procedure

29.1 Purpose

For a participant who requires transportation, Wellness Australia Group will arrange or supply the best mode of transportation while taking into account their needs, safety, comfort, and any risks to Wellness Australia Group.

29.2 Scope

At Wellness Australia Group we ensure to help our participants maintain their connections to their communities by enabling them to take part in social activities and events and by helping them complete daily tasks.

Wellness Australia Group will be required to ensure all staff member present during any transportation activity, Wellness Australia Group staff always holds the primary responsibility of duty of care for the participant.

29.3 Policy

All vehicles used for the transportation of participants, whether owned by Wellness Australia Group or Wellness Australia Group staff, will be:

- Roadworthy
- Currently registered
- Insured
- Clean and safe

- Hold a current and valid driver's licence

As such, Wellness Australia Group will ensure to maintain information of employees' vehicles to ensure compliance with the travel and transport policy and procedure.

- Vehicle registration expiry date
- Insurance expiry date
- Driver's licence renewal date

This record will be tracked on **Form99.Travel and Transport Tracking Sheet**

29.4 Transport in participant's private vehicle

Prior to staff using the participant's vehicle to transport the participant, consent will be recorded on **Form18. Participant Information Consent Form** and the below details will be gathered and recorded. This provides the participants with an option should they wish to use their own private vehicle for transportation arrangement with Wellness Australia Group staff to drive it

- Vehicle registration papers, that include:
- Vehicle registration number
- Vehicle registration expiry date
- Type of vehicle
- Third-party insurance
- Comprehensive insurance

29.5 Assessment and planning of transportation needs

Wellness Australia Group will discuss the options with the participant for each activity involving transportation. The primary considerations for transport options should be:

- the specific goal of the activity
- participant safety and comfort
- participant's ability to travel
- skills required of staff to accompany the participant (if any)
- available resources.

Wellness Australia Group will ensure to cater to a range of different transport options, this may include but not limited to:

Wellness Australia Group transportation in our vehicles

- staff provide transportation in the staff member's private vehicle

- participant provided transportation in participant's private vehicle
- use of community-based transport, e.g. council buses, community services buses sponsored by local clubs or transportation from other community groups or services
- public transport including buses, trains or ferries
- transport sponsored by local hospitals or health services
- taxis.
- Uber
- Should a participant be eligible for a disabled parking permit or a subsidised taxi scheme, the participant or their guardian is encouraged to apply through the appropriate means.
- Should a participant require a wheelchair taxi, that can not be transported in a normal vehicle, a wheelchair taxi will be arranged. This will be arranged should transporting the participant in a regular vehicle be unsafe or pose a risk to themselves and those around.

To ensure that the participant can be transported safely, Wellness Australia Group will conduct a risk assessment for the transportation service event through **Form33.**

Participant Disaster and Risk Assessment, which will include an assessment of:

- the participant's capacity to enter and exit the vehicle
- parking conditions at the pickup and drop-off points
- risks at the destination
- weather conditions
- the participant's overall health, including any behaviour that could potentially cause risk to themselves, other participants, staff or volunteers.

When risks are identified, strategies to reduce them to acceptable levels will be incorporated into the participant's support plan.

29.6 Transporting Participants in a vehicle or bus

Wellness Australia Group will liaise with the participants and/or their guardians to agree on the travel and transport service, this will be reflected on **Form22.Service Agreement.**

- When completing **Form33. Participant Disaster and Risk Assessment**, incorporate the participants transfer aids if any when completing the assessment
- The participant is using seatbelt restraints or any other alternatives such as a highchair

- Child safety will always be in place to ensure doors are always locked and the driver can unlock these at anytime including from the outside, but the participant can not exist on their own
- Should the participant be required to be dropped off at a destination, ensure the participant is inside safety before leaving
- At no time should the driver or participant be smoking in the vehicle or bus
- Seating will be assigned to individual members as per their requirements and to amplify all travellers' security and solace
- 000 will be contacted in the event of an incident, accident or emergency, this will be done if it can be done (e.g. physically able)
- All vehicles will have a first aid kit

29.7 Relevant Documents, Legislations, Regulations, and Standards

- National Disability Insurance Scheme (Quality Indicators) Guidelines 2020
- National Disability Insurance Scheme Act 2013
- The Australian Consumer Law
- NDIS Guide to Suitability
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Code of Conduct) Rules 2018
- NDIS (Practice Standards - Worker Screening) Rules 2018
- Work Health and Safety Act 2011 (Commonwealth)
- Form99.Travel and Transport Tracking Sheet
- Form18. Participant Information Consent Form
- Form22.Service Agreement