

The STEPS Quality Manual

USER MANUAL

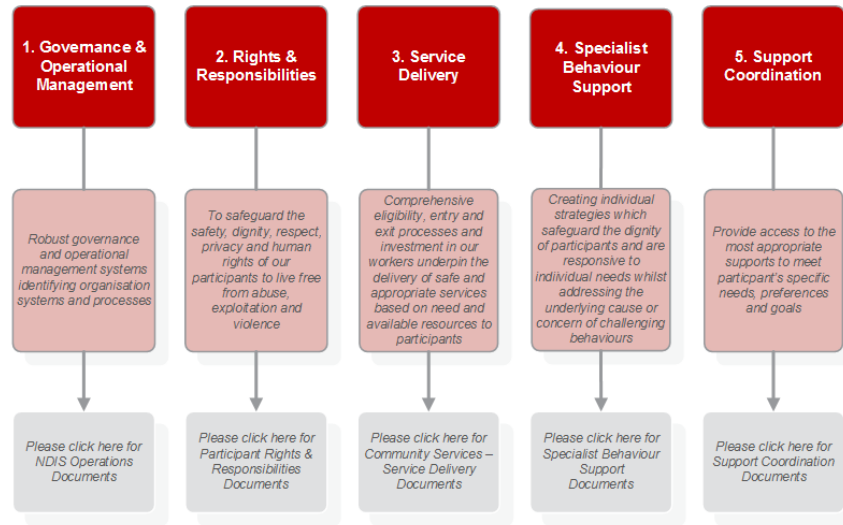
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1.	NDIS (National Disability Insurance Scheme)	4
1.1	NDIS Operations	5
1.1.1	Damage to Personal Vehicle	5
1.1.2	Rosters & Timesheets	7
1.1.3	Worker Induction & Orientation	9
1.2	Participants Rights & Responsibilities	11
1.2.1	Changes to Shift	11
1.2.2	Choice Control	12
1.2.3	Decision Making and Choice	15
1.2.4	Easy Read Advocacy	20
1.2.5	Easy Read Conflict of Interest Policy	21
1.2.6	Easy Read Consent Form	22
1.2.7	Easy Read Documents	23
1.2.8	Easy Read Rights	23
1.2.9	Financial Consent	23
1.2.10	Ongoing Supports and Services Statement	25
1.2.11	Participant Money and Property Statement	26
1.2.12	Participant Rights and Responsibilities Statement	27
1.2.13	Participant Safe Environment Statement	28
1.2.14	Person Centred Practice	29
1.3	NDIS Site Map	32
1.3.1	Employee Resources	38
1.4	NDIS Supports	40
1.4.1	Community Support - Service Delivery	40
1.4.1.1	Business Practices under NDIS	40
1.4.1.2	Cancellation of Service Delivery under NDIS	42
1.4.1.3	Community Visitor	45
1.4.1.4	Disability Services in Accommodation - Protecting Yourself and Others from Infectious Diseases	47
1.4.1.5	Hospital Admission	50
1.4.1.6	Infection Control	52
1.4.1.7	Medication	57
1.4.1.8	On-Call Support	62
1.4.1.9	Participant Absent from Shift	65
1.4.1.10	Participant Partaking in Alcohol and Other Drugs	66
1.4.1.11	Recreation Activities	68
1.4.1.12	Support Workers Office Security	70
1.4.1.13	Service Agreement Management	72
1.4.1.14	Service Entry	75
1.4.1.15	Service Exit	76
1.4.1.16	Supporting Documents	77
1.4.1.17	Transporting Participants	78

1.4.1.18	Waste Management	80
1.4.1.19	Working with Participant Support Networks	85
1.4.2	Specialist Behaviour Support	87
1.4.2.1	Behaviour Support Plans	87
1.4.2.2	Restrictive Practice	91
1.4.3	Support Coordination	98
1.4.3.1	Conducting Home Visits	98
1.4.3.2	NDIS Support Coordination	109
1.4.3.3	Psychosocial Recovery Coaching - Recovery Oriented Practice	115
1.4.3.4	Individual Risk Assessment	117
1.4.3.5	Emergency and Disaster Management Plan	118
1.5	Work Mates	118
1.5.1	Work Mates Index	118
1.6	Index - Policies, Procedures, Forms and Documents	121
Index		127

NDIS (National Disability Insurance Scheme)

1 NDIS (National Disability Insurance Scheme)



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1.1 NDIS Operations

Robust governance and operational management systems identifying organisation systems and processes.

1.1.1 Damage to Personal Vehicle

1.0 INTRODUCTION

STEPS Community Support (STEPS) under certain circumstances will ensure that employees are fairly and appropriately recompensed for out-of-pocket expenses incurred by their personal motor vehicle being damaged by a participant.

2.0 GENERAL

When assessing damages to an employee's vehicle the following must be considered:

- 2.1 STEPS does not receive funding to meet the costs of repairs to employees personal vehicles damaged in the course of the employees working day. The provisions of recompense for damage to a private vehicle is an act of good will and does not imply liability.

- 2.2 Employees are deemed responsible for all damages to their personal vehicles and each claim for recompense will therefore be assessed within this context and on a strictly individual basis only.
- 2.3 STEPS will pay up to the value of the insurance company's excess to a maximum of \$500.00 only. If excess exceeds this amount the employee will need to bear the additional cost.
- 2.4 In the event the employee does not have motor vehicle insurance, an amount of no more than \$500.00 will be offered as a contribution towards the cost of repairs. This amount will only be paid after the employee follows the processes that would reasonably be expected in the event of an insurance claim.

3.0 ON SHIFT

- 3.1 Where an employee is required to take their personal vehicle on shift, the employee is **not** to park their vehicle in the participant's driveway at any time.
- 3.2 Personal vehicles must be parked safely on the street out the front of a neighbour's residence. This will assist in minimising any damage to a personal vehicle if an incident were to arise.
- 3.3 No participants are to be transported in an employee's personal vehicle unless it is an emergency and prior approval using the Permission to Use Personal Vehicle (i051602), has been received from the COO.
- 3.4 STEPS Community Support does not pay mileage for travel to and from work. Employees should refer to the Transporting Participants Procedure (3111900) for further details around mileage.

4.0 DAMAGE TO PERSONAL VEHICLE

- 4.1 The employee will immediately contact their Manager to advise that their vehicle has been damaged by a participant whilst on shift.
- 4.2 The employee will follow the Incident Notification (i090200), Incident Investigations (i090300) and Incident Management (i090700) Procedures.
- 4.3 Employees should detail the damage to their personal vehicle on the Incident Report (i090701) and describe the specific circumstances that led up to the damaging act including providing diagrams of where damage occurred on the vehicle. Employee should also complete the Motor Vehicle Accident Claim Form (i050301) and forward it to the Asset Manager.
- 4.4 If the employee is not going through insurance, they must obtain three quotes for the cost of repairs to their personal vehicle.
- 4.5 If the employee is going through insurance, they will follow all processes as outlined by their insurer.

- 4.6 The employee must submit either the repair quotes or the insurance company's excess receipt to their Manager for approval.
- 4.7 The Manager will investigate and review the information received to assess whether the employee at any time has been irresponsible, complicit, failed to follow procedures or clear directives in the damage sustained.
- 4.8 The employee will not be recompensed if they are found to have breached procedural guidelines or failed to follow due process or to have acted in a way that has contributed to the opportunity for damage to be done to the vehicle. STEPS will immediately disqualify incidents of damage that were caused by use of the vehicle in any illegal or inappropriate way.
- 4.9 The Manager will forward their findings to the COO and seek ratification and request final approval to authorise the payment.
- 4.10 Once the Manager has received written approval from the COO, they will forward the approved receipt to the Finance Department for reimbursement to be issued to the employee.

5.0 RELATED DOCUMENTS

Document Name	Document Name
<u>Incident Investigations</u> (i090300)	<u>Incident Management</u> (i090700)
<u>Incident Notification</u> (i090200)	<u>Incident Report</u> (i090701)
<u>Motor Vehicle Accident Claim Form</u> (i050301)	<u>Permission to Use Personal Vehicle</u> (i051602)
<u>Transporting Participants Procedure</u> (3111900)	

6.0 GOVERNANCE

Document Name	Executive Manager – Community Support	Approval Date	25 October 2023
Date of Issue	25 October 2023	Document Number	3112400_v4_231122

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1.1.2 Rosters & Timesheets

PROCEDURE: ROSTERS AND TIMESHEETS

1.0 INTRODUCTION

To assist STEPS Community Support (STEPS) to operate an inclusive transparent service, all STEPS employees and participants have access to a fortnightly roster outlining participant name, the location and the duration of the shift where they will be attending.

STEPS Community Support manage the rostering of shifts, recording of participant notes and approval of timesheets through the software management system MYP.

2.0 ORIENTATION

- 2.1 All support workers will receive information around the rosters and timesheets during orientation.
- 2.2 The Operations Manager will advise new support workers that they will receive a buddy shift roster in the coming days and an overview of the purpose and importance of these shifts.

3.0 ROSTERS & TIMESHEETS

STEPS endeavour to provide all staff; casual part-time and full-time employees with a fortnightly rolling roster noting that changes are often required as per the participant’s needs.

STEPS Community Support manage the rostering of staff through MYP, staff are required to refer to the Community Support Rostering Workflow which outlines the following process:

- Where rostered shifts are available
- How to accept a rostered shift
- What to do if an employee is unable to accept rostered shifts
- What to do if an employee is sick or unable to attend a shift
- What happens when a participant cancels a shift
- Where to record shift start and finish times
- Where to complete participant notes
- Timesheet approval

4.0 RELATED DOCUMENTS

Document Name
Rostering Workflow (3110076)

5.0 GOVERNANCE

Document Owner	General Manager – Community Support	Approval Date	19 October 2021
Date of Issue	27 October 2021	Document Number	3112300_v3_211027

1.1.3 Worker Induction & Orientation

1.0 INTRODUCTION

STEPS Group Australia (STEPS) has a formal process to induct all new workers to provide critical information about STEPS including the expectations for performing their role enabling them to contribute to the STEPS team in a timely manner, whilst meeting legislative requirements.

To assist all STEPS workers to transition to their new working environment confidently and effortlessly, all workers will undertake program specific induction and orientation. These processes will clearly identify not only what the worker can expect in their role but also what is expected of them.

2.0 INDUCTION PROCESS

Supervisors will:

- Ensure that all on-boarding requirements have been completed prior to the worker commencing and that their work area is ready on their first day.
- Conduct corporate induction activities utilising the resources developed by Human Resources and locally on-site to ensure consistency and compliance must be completed and uploaded to ConnX within two weeks.
- The Community Support Induction Checklist (3110036) need to be completed within four (4) weeks and uploaded into ConnX.

3.0 WORKER INDUCTION & ORIENTATION

Orientation is a continuation of induction targeted specifically to the services STEPS provides. It is designed to complement the induction program and strengthen the worker's confidence prior to commencing rostered shifts.

- 3.1 The Manager or delegate will allow approximately half a day to conduct a thorough orientation and orientation with the new worker.
- 3.2 The Manager or delegate will contact the new worker to book a date and time to conduct orientation and confirm they have been online to complete the National Disability Insurance Scheme (NDIS) Worker Orientation Module 'Quality, Safety and You'.
- 3.3 The Manager or delegate will greet the new worker and take them on a tour of the premises highlighting work health and safety diagrams and requirements, introducing them to colleagues and participants who are present and record on the Induction Checklist – Employee (i070101)
- 3.4 The Manager or delegate will work through the Community Support Induction Checklist (3110036) with the new workers.
- 3.5 The Manager or Delegate will expand on the above-mentioned topics and address particular procedures targeted to our participants and relevant to the NDIS (Quality Indicator) Guidelines and NDIS and NSMHS.
- 3.6 The Manager or delegate will discuss with the workers their duty of care to the participants and the importance of treating all participants with dignity and respect. They will reiterate that restrictive practices are to be avoided unless the participant is on an endorsed restrictive practice plan and refer the worker to the Restrictive Practices Procedure (3112700). New workers will be referred to the [United Nations Declaration of Human](#)

[Rights, 1948](#) and instructed to familiarise themselves with the content as part of their professional development.

- 3.7 The Manager or delegate will provide the worker with relevant participant files and team meeting minutes to review.
- 3.8 The worker will review the participants completed NDIS Individual Support Plan (3110004) to obtain a better understanding of the participants needs and familiarise themselves with the participants goals.
- 3.9 The worker will complete the [Community Support Induction Checklist](#) (3110036) during the induction and orientation and return it to the Manager or delegate.
- 3.10 The Manager or delegate will upload the completed [Community Support Induction Checklist](#) (3110036) and to the new workers personnel file on ConnX.
- 3.11 Within a few days of completion of the orientation, the Manager or delegate will email the worker a buddy shift roster, along with a copy of the [Buddy Shift Checklist](#) (3110035).

4.0 BUDDY SHIFTS

To assist both the participant and new worker with the transition into the new working arrangement, STEPS endeavours where possible to always provide the new worker with a buddy shift with an experienced worker.

- 4.1 Within a few days of completion of orientation, the worker will receive a buddy shift roster, along with a copy of the [Buddy Shift Checklist](#) (3110035).
- 4.2 The Manager or delegate will advise the new worker that the [Buddy Shift Checklist](#) (3110035) must be completed at the conclusion of each buddy shift, signed off and returned to the Manager or delegate.
- 4.3 The Manager or delegate will instruct the new worker to meet the experienced worker either on site at the participant’s residence or at the office and travel together.
- 4.4 The experienced worker will introduce the new worker to the participant and discreetly work through the [Buddy Shift Checklist](#) (3110035) together as to not impact on the participant’s needs.
- 4.5 The new worker will return the completed [Buddy Shift Checklist](#) (3110035) to the Manager or delegate at the conclusion of the shift.
- 4.6 The Manager or delegate will contact both the experienced worker and the new worker to discuss how they felt the buddy shift went with the participant.
- 4.7 The Manager or delegate will upload the completed [Buddy Shift Checklist](#) (3110035) to the new workers personnel file on ConnX.

5.0 RELATED DOCUMENTS

Document Name	Document Name
Buddy Shift Checklist (3110035)	Community Support Induction Checklist (3110036)
Employee Handbook (3110038)	Induction Checklist – Employee (i070101)
NDIS Individual Support Plan (3110004)	Person Centred Plan (3110004)

<u>Restrictive Practices Procedure</u> (3112700)	<i>United Nations Declaration of Human Rights 1948</i>
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6.0 GOVERNANCE

Document Owner	Executive Manager – Community Support Services	Approval Date	1 December 2023
Effective Date	29 January 2024	Document Number	3111400_v6_240129

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1.2 Participants Rights & Responsibilities

To safeguard the safety, dignity, respect, privacy and human rights of our participants to live free from abuse, exploitation and violence.

1.2.1 Changes to Shift

PROCEDURE: CHANGES TO SHIFT

1.0 INTRODUCTION

STEPS Community Support (STEPS) acknowledges that the dynamics between a participant and an employee can alter and change. STEPS respects both the participant’s and employee’s decision to request changes to shifts scheduled on an ongoing basis due to a breakdown in the working relationship between a participant and employee.

2.0 REQUESTING SHIFT CHANGES

When a participant or employee advises the Team Leader that they wish to discontinue a shift on an ongoing basis, the following must be adhered to:

- 2.1 The Manager – Disability or Team Leader will discuss with the participant or employee the reason for their request.
- 2.2 Where the last shift between the participant and employee has ended poorly, the Team Leader will encourage both parties to have one final shift together prior to the changes being implemented, to allow the opportunity for the relationship/service to end on a positive note.
- 2.3 The Team Leader will advise that the request to have an employee or participant permanently removed from the roster must be received in writing two weeks prior to the next roster being issued. Request where possible will be actioned prior to the next rostered shift.
- 2.4 The Team Leader will email the rostering team to amend the master roster in MYP and make the necessary adjustments to remove the applicable employee or participant from the permanent and live roster.
- 2.5 An employee requests Part Time Hours - Contract Variation (e210014) may need to be completed if a replacement shift is not an option.

3.0 RELATED DOCUMENTS

Document Name
<u>Part Time Hours - Contract Variation</u> (e210014)

4.0 GOVERNANCE

Document Owner	Executive Manager – Community Support	Approval Date	15 July 2022
Date of Issue	18 July 2022	Document Number	3110300_v3_220718

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1.2.2 Choice Control

1.0 INTRODUCTION

STEPS promote and protects individual rights including freedom of expression, self-determination and decision-making. This procedure guides employees to support participants to exercise their rights and have choice and control over their services.

This procedure should be read in conjunction with the *Public Guardian Act 2014*.

1.1 DEFINITIONS

Dignity of risk	Dignity of risk refers to the autonomy and self-determination used by a person when making decisions, including the choice to take some risks in life.
Informed consent	Informed consent refers to the voluntary agreement and willing acceptance of a proposition and following action where the person making the decision has appropriate information and capacity to make the decision free of fear or influence.
Freedom of expression	Freedom of expression refers to the right to express and hold an opinion freely in alignment with the Declaration of Human Rights
Public Guardian	A person legally appointed to make decisions and act on another person's behalf
Advocacy	Advocacy for people with disability can be defined as speaking, acting or writing with minimal conflict of interest on behalf of a person or a group of people.

1.2 SCOPE

This procedure applies to all employee which includes permanent and casual, contract workers, temporary workers, and volunteers (referred to as 'employee' hereafter).

2.0 PRINCIPLES OF PRACTICE

STEPS employees operate in accordance with the *Guardianship and Administration Act 2000*, and in a way which respects a participant's freedom of expression, autonomy of decision making, dignity of risk and right to adequate and appropriate support. All people with disability are assumed to have capacity to make decisions, exercise choice, and provide informed consent regardless of their disability. Choice includes small decisions about everyday living through to more complex consultation on co-design of service.

Throughout the provision of services (and/or during the intake or referral process), STEPS will ensure that participants are encouraged and supported to exercise choice and control about matters that affect them.

When collaborating and consulting with people with disability (and other key stakeholders where appropriate) STEPS promotes and ensures active choice and control in relation to the services.

People are supported to develop their capacity to make independent decisions.

Information important for decision making will be provided in appropriate formats to support informed decision-making including people's rights and responsibilities.

STEPS support people with disability in a way that is appropriate to their circumstances and cultural needs to maximise people's opportunities to make choices and have control over decisions that affect their lives.

Where appropriate, and with the participants consent the inclusion of the participant's family, carer/s and advocates will be encouraged in important decisions. STEPS recognise the role of family, carers and advocates in representing people's interests and for promoting choice and control in the planning and delivery of supports.

3.0 DECISION-MAKING

Where a participant does not require support in decision-making, all decisions must be referred to them. Employees must respect and support the participants decisions, acknowledging an adult's right to make decisions which others do not agree with.

For participants who require some support in decision making, employees must facilitate access to appropriate support and information to enable the person to make the decision for themselves as far as is practicable. Action taken in providing support is done in accordance with the *Guardianship and Administration Act 2000*. In providing decision making support, STEPS employees should recognise that:

- supports should make the least possible interference with the person's right to decision making
- A person's views may be expressed through body language, behaviour, and/or through a variety of verbal or non-verbal signs. Where needed, augmentative communication aids should be used to assist communication
- capacity for decision making can vary according to;
 - a) the type and complexity of the decision to be made
 - b) the type and extent of support available to the person from their existing support network; and
 - c) the extent of the impairment

(See the *Guardianship and Administration Act 2000*)

4.0 DUTY OF CARE

STEPS employees ensure that when providing supports, they will always act in the best interest of our participants and will respect our participants right to choice and control and dignity of risk.

STEPS duty of care requires employees to inform participants of any risks to themselves or others by undertaking an activity or action and STEPS employees will do their best to mitigate any possible risk. However, if the participant still chooses to partake in an activity or action a Dignity of Risk Form (31100102) will be completed and sent to the Executive General Manager – Community Support. This information will be detailed in the Duty of Care Risk Register (31100101) and reviewed at an agreed timeframe depending on the level of risk.

5.0 FORMAL DECISION MAKING

When a substitute decision maker or participant advocate see Advocacy Procedure (i020400) is appointed, STEPS employees must ensure they engage with the relevant decision maker. Advocates and substitute decision makers may play different roles in decision-making depending on the formality of their appointment. The three different types of advocates, and their role in decision making are:

- Formal: A legally appointed public guardian with the legal power to make decisions on the participant's behalf
- Informal: A person appointed by the participant to offer advice and guidance in decision making, however the decision is ultimately made by the participant.
- Professional: An agency or organisation that may act on behalf of an individual or group of individuals.

Decision makers can be appointed for many areas of someone’s life, for example: accommodation, supports, finance, health etc.

6.0 FINANCIAL MANAGEMENT

Participants are supported to access and manage their personal finances independently. In the event that a participant has been deemed to have insufficient capacity to manage their own finances, an application is made to the guardian tribunal for an external party to be appointed to support the participant with financial matters. In this instance this is to be referred to the line manager as appropriate.

7.0 RELATED DOCUMENTS

Document Name	Document Name
<u>Advocacy Procedure</u> (i020400)	<u>Advocate Guidelines</u> (i020401)
<u>Dignity of Risk Form</u> (31100102)	<u>Duty of Care Risk Register</u> (31100101)

8.0 GOVERNANCE

Document Owner	Executive Manager – Community Support Services	Approval Date	29 August 2022
Effective Date	2 September 2022	Document Number	3110400_v3_220902

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1.2.3 Decision Making and Choice

1.0 INTRODUCTION

STEPS acknowledges and supports the right for all participants to have a choice in relation to the supports they receive and participate as fully as possible in decisions about their lives.

This document acknowledges that a participant’s ability to make decisions is specific to the situation and will change for each decision.

Participant rights in decision making and consent:

- All participants are encouraged to make their own decisions regarding supports and services that STEPS provides
- A participant is informed they are welcome to involve a family member, friend, significant other or advocate to support them in making decisions regarding their supports and service

- Information will be presented to participants using the language, mode of communication and terms that the participant is most likely to understand, or interpreters engaged to assist participants to make an informed choice
- If a participant has an appointed substitute decision maker, the nominated decision maker will be consulted in conjunction with the participant in regard to all decisions and consent requirements
- Participants have the right to make decisions about things that affect their lives and to take calculated risk, learning from experience
- Participants have the right to refuse, withdraw or amend their consent as they wish.

STEPS' decision making and consent responsibilities to participants:

- All decisions required in the provision of support from STEPS are referred to each participant, if applicable their substitute decision maker, and their decision respected provided it does not breach STEPS' duty of care, conflict of interest or other legal obligations
- Ensure all consent arrangements for participants, including any legal authorisations required are recorded in the participants file and updated regularly
- Take reasonable care to ensure participants and where applicable substitute decision makers, are aware of foreseeable risks when making decisions without limiting the participant's freedom of choice
- Ensure time frames are appropriate for the participant to make an informed choice
- Only disclose participant information without consent if STEPS believes the participant is at risk of harm, an unlawful act has occurred, or otherwise required by law
- Not influence or limit decision making and self-determination with personal interests, beliefs, or values when a worker is involved (directly or indirectly) in the decision-making process.

Consent will be required every time a participant seeks access to new supports and services to ensure they are fully informed of their rights and STEPS' obligations to them.

A participant and where applicable substitute decision maker's consent may also be required under the following circumstances:

- When a participant's personal information is required to be collected, used, and stored in the provision of supports and services from STEPS
- When an individual plan has been created or undergoes an annual review
- Before a participant begins a planned activity
- Before a participant undertakes a health assessment
- When supporting participants to have medical or dental treatment
- When assisting or administering medication to participants
- If a participant's personal information is required to be disclosed to a third party
- Before planning the use of participant funds
- Before commencing a regulated restrictive practice as a part of a Behaviour Support Plan
- Before any images or video of the participant is used for promotional purposes
- When a forensic procedure is required for a police investigation.

Consent is not required under the following circumstances:

- When urgent medical treatment is required to save the participant's life, to prevent serious damage to a participant's health or to alleviate significant pain or distress.

2.0 PROCEDURE

2.1 GENERAL

Consent is the permission given by a person or substitute decision maker concerning decisions that affect a person's life. Consent requires a person to be informed about what they are giving consent to or for. Consent requires an understanding of the decision at hand which is referred to as capacity. When a person has the capacity to make a particular decision, they can:

- Understand the facts and choices involved
- Weigh up the consequences
- Communicate the decision.

Some people may need support to exercise their capacity to make decisions that affect them, and to increase their decision-making skills and confidence. Participants are always presumed to have the capacity to make their own decisions and give consent when it is required, unless there is evidence otherwise. We don't assume a person lacks capacity because of their age, appearance, disability, behaviour, language skills or any other condition or characteristic.

2.2 AUTONOMOUS DECISION MAKING

- Participants with the capacity to make their own choices without support, all decisions must be referred to them
- Participants with the capacity to make their own choices can talk to family or friends, or carry out their own research before making any decisions
- Participants are supported to make informed choices about the benefits and risks of decisions under consideration.

2.3 SUPPORTED DECISION MAKING

- Participants that need help to make decisions and give consent will be supported in ways that best suits the individual, e.g. arranging the interpreter, supporter, or advocate, getting information, communication tools, or arranging a certain time or place that best supports the participant
- Where a participant has been assessed as not having the capacity to make their own decisions, we will support substitute decision makers, either informal or formal
- Participants are always assumed to have capacity to make their own decisions no matter if their decision-making capacity is only small
- At any stage, participants are provided sufficient time to consider and review their options and seek advice if required, e.g. during assessment, planning, provision, review and exit.

2.4 IMPAIRED DECISION-MAKING CAPACITY

- If a participant is assessed to have impaired decision-making capacity, substitute decision making is required
- Impaired decision-making capacity is when a person is unable to make decisions at a particular time because they are incapable of either:
 - Understanding any information that may be relevant to the decision
 - Retaining such information
 - Using such information in the course of making the decision

- Communicating their decision in any manner
- By reason of being comatose or otherwise unconscious, is unable to make a particular decision about their medical treatment.
- A participant's capacity can be lost or regained depending on a number of factors.

2.5 INFORMAL DECISION MAKING

- Informal decision making is where a person making a decision on behalf of another person has not been legally appointed
- Informal decision makers can include the person's family, friends, carer or nominated support, and can help make decision on behalf of a participant about who the participant wishes to see, their work, leisure, recreation, holidays or accessing services
- Details for informal decision makers is recorded for each participant and this information is available to all relevant workers.

2.6 FORMAL DECISION MAKING

- Formal decision making is where a legally appointed guardian or person responsible can make decisions for a participant
- Formal decision making can assist if there is conflict over decisions being made about the person
- Formal decision making can assist if that person's safety or the safety of others is at risk and a guardianship order is in place by the relevant state or territory authority
- Formal decision making can assist where there is specific legislation that requires it, such as consent for medical treatment
- Details for formal decision makers is recorded for each participant and this information is available to all relevant workers
- Details of formal decision makers are recorded for participants, if relevant, and are available to all relevant workers.

2.7 SUBSTITUTE DECISION MAKING

- If there is uncertainty over who can provide consent when a participant with an impaired decision-making capacity requires it, the order of priority is:
 - A guardian (including an enduring, private, or public guardian) who has been appointed with a medical and dental consent function
 - A spouse, de facto spouse, or partner who has a close and continuing relationship with the person
 - The carer or person who arranges care regularly and is unpaid (the carer's pension does not count as payment)
 - The carer of the person before they went into residential care
 - A close friend or relative.
- If a person above is not capable of consenting for the participant, or they refuse to consent, the next person in the hierarchy can consent
- If STEPS think it is in a participant's best interest to get help from a substitute decision maker, we will:
 - Explain to the participant why we think someone needs to make a decision for them

- Ask the relevant state or territory authority (usually a civil administrative tribunal) to look at whether or not to appoint a guardian or administrator.
- An application for consent by the relevant state or territory authority is required for participants with impaired decision-making capacity for medical treatments which include:
 - Special medical treatment (e.g. termination of pregnancy, treatment likely to result in significant side effects, or for removal of tissue for transplanting to another person)
 - Significant medical or dental treatment and there is no person responsible or the person responsible is not available
 - Significant or routine medical treatment when the patient is objecting and there is no appointed guardian authorised to override such objection.

2.8 CONSENT FOR MEDICAL TREATMENT

- The medical practitioner must advise the participant about the general nature and effects of the proposed treatment
- The medical practitioner must advise the participant any risks associated with the proposed treatment
- The medical practitioner must advise the participant the general nature, effects, benefits, and risks of alternative treatments or of not having treatment.

2.9 CONSENT RIGHTS FOR PARTICIPANTS

- Consent is required every time a participant seeks access to services to ensure they are fully informed of their rights and our obligations
- Participants have the right to make decisions about things that affect their lives and to take calculated risks
- Children and young people have a right to be involved in decisions that affect them in ways appropriate to their age and stage development
- Participants have the right to withdraw or amend their consent if they wish.

2.10 STEPS CONSENT RESPONSIBILITIES

- Encourage and support participants to make informed decisions when their consent is required
- Ensure consent arrangements for participants, including any legal authorisations required, are recorded in the participant's file, and are reviewed and updated regularly
- Ensure consent for financial matters is obtained from the participant, or legally appointed financial manager or person appointed under a Power of Attorney
- Obtain consent from the participant or legally appointed guardian, for life decisions such as accommodation, medical and dental treatment, forensic procedures, and behaviour support
- Obtain consent before disclosing any of a participant's personal information (such as case notes, management plans or assessments) to other parties
- Only disclose participant information without consent if we believe the person is at risk of harm, an unlawful act has occurred or as otherwise required by law
- Not influence or limit decision making and self-determination with our interested, beliefs or values when providing decision making support.

2.11 HOW STEPS OBTAINS A CONSENT

- Consent from a participant or a substitute decision maker should always be in writing but if this is not practicable, verbal consent is acceptable providing it is later confirmed in writing.

2.12 WHEN CONSENT IS REFUSED

- A note of a participant’s refusal to consent must be stored in the participant’s file
- There are no consequences for a participant in terms of receiving services.

2.13 WHEN CONSENT IS NOT POSSIBLE

- Informal decision making can help make decisions for the participant when there is no legal arrangement
- Formal decision making may be required if there is conflict over decisions about the participant, the participant’s safety or the safety of others is at risk, or the law requires it.

3.0 RELATED DOCUMENTS

Document Name	Document Name
<u>Consent to Manage your Personal Information Form</u> (31100394)	<u>Easy Read Conflict of Interest Form</u> (3110094)
<u>Easy Read Conflict of Interest Policy</u> (3110081)	<u>Easy Read Consent Form</u> (3110083)
<u>Participant Conflict of Interest Register</u> (3110008)	

4.0 GOVERNANCE

Document Owner	Executive Manager – Community Support Services	Approval Date	4 April 2023
Effective Date	12 September 2023	Document Number	3110200_v4_230912

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1.2.4 Easy Read Advocacy

To access a print friendly version of the Easy Read Advocacy - please click [here](#)



EASY READ ADVOCACY

What does it mean?

? This document will help you understand advocacy and who an advocate is.

⚖️ Advocacy is when a person publicly helps to promote, provide, and protect your advocacy human rights.

✓ Advocacy can help your voice be heard and your wishes met. Advocacy can be used to help you become part of your community.

🗣️ Sometimes you might find it hard to say what you want. You might want someone to:

- support you
- speak up for you
- be your voice.

🗣️ An advocate can be that person.

🗣️ An advocate is someone who provides a public voice for you if you cannot or do not want to speak up yourself.

⚖️ An advocate should be fair and treat everybody in the same way.

👤 You can ask someone you trust to be your advocate, like your:

- mum or dad
- brother or sister
- close friend.

👤 Or you can ask a professional, independent advocate to help you and to be your voice.

👤 They can help you make good decisions and choices that are right for you.

👤 Your advocate should always:

- listen and support you
- take your side
- help you make your own good choices and decisions.

👤 Your advocate can help you:

- Get ready for meetings
- Tell people/providers what you want
- by signing documents for you.

🗣️ Importantly, your advocate can represent you and speak on your behalf.

🗣️ Your advocate can help you make a complaint if you are not happy with:

- supports provided
- the way you have been treated.

👤 Your advocate can speak for you and tell us how you have been mistreated.

👤 They will help us understand the support and assistance you need.

🔒 Your advocate must keep your information private.

? Note sure how to find an advocate?

👤 Talk to the Disability Manager at STEPS
Call: 07 5456 7100
They will help you find an advocate.

ndis National Disability Insurance Scheme

👤 Our Disability Manager can also help you go online to use the [NDIS Disability Advocacy Finder](#)

1.2.5 Easy Read Conflict of Interest Policy

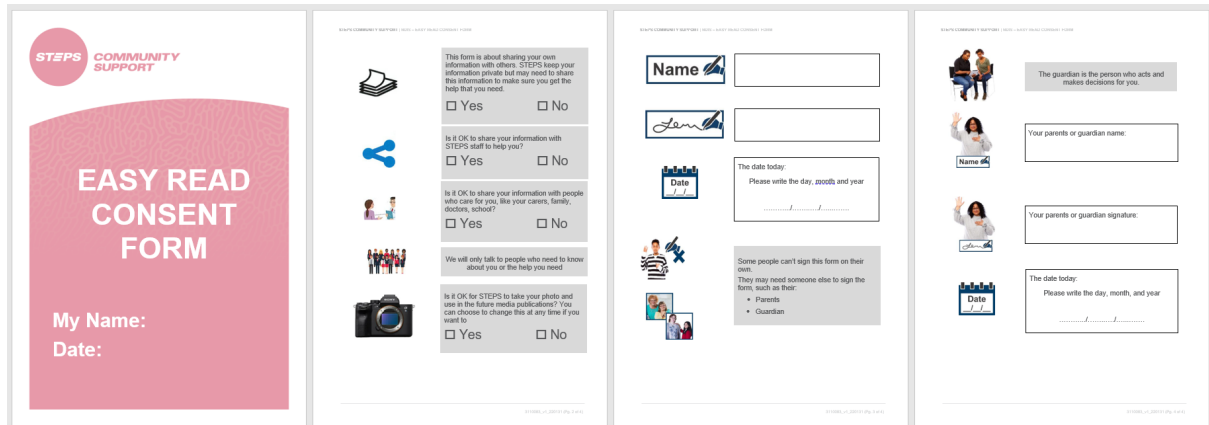
To access a print friendly version of the Easy Read Conflict of Interest Policy - please click [here](#)

The collage consists of six individual pages:

- Page 1 (Top Left):** Titled 'EASY READ CONFLICT OF INTEREST POLICY'. It features the STEPS Community Support logo and a large pink background with the title in white text.
- Page 2 (Top Middle):** 'How to use this document'. It explains that the information is in an easy-to-read way and includes pictures to explain ideas. It also states the document was written by STEPS to assist users.
- Page 3 (Top Right):** 'What is a Conflict of Interest?'. It defines a conflict of interest and lists three types: Actual, Potential, and Perceived. It also states that staff must always explain this policy to Participants who get support.
- Page 4 (Bottom Left):** 'What do I need to know as a Participant of STEPS?'. It lists key points: it's ok to have a conflict of interest, no bribes, and being affected by gifts or hospitality. It also includes a 'Communication/Behaviour and Decisions' section.
- Page 5 (Bottom Middle):** 'Managing a Conflict of Interest'. It describes how conflicts may arise and lists actions STEPS will take, such as using Participant funds for support.
- Page 6 (Bottom Right):** 'Specialised Disability Accommodation'. It explains that Participants in specialised accommodation have two separate agreements with STEPS: a Tenancy Agreement and an Accommodation Agreement.

1.2.6 Easy Read Consent Form

To access a print friendly version of the Easy Read Consent Form - please click [here](#)



1.2.7 Easy Read Documents

[Easy Read Participant Handbook \(r4000120\)](#)

[Easy Read Restrictive Practice \(r4000116\)](#)

[Easy Read Tenancy Management \(r4000121\)](#)

1.2.8 Easy Read Rights

To access a print friendly version of the Easy Read Rights - What do you know about your rights? please click [here](#)



1.2.9 Financial Consent

1.0 INTRODUCTION

STEPS Community Support acknowledges and supports the right for all participants to have choice and control of their financial well-being. This procedure allows participants to exercise their choice and control by reading, understanding, and signing an Assist with Financial Transactions Form and a Financial Consent Form granting permission for an approved STEPS worker to hold their financial card or cash for the purpose of purchasing essential items on their behalf, if the participant is unable to do so themselves.

1.1 DEFINITIONS

Informed consent	Informed consent refers to the voluntary agreement and willing acceptance of a proposition and following action where the person making the decision has appropriate information and capacity to make the decision free of fear or influence
Financial	The finances or financial situation of an organisation or individual

Participant	A person with a disability receiving a service and/or support
Worker	A member of a team of people at STEPS, paid or voluntary, that provides direct/indirect support to a person with a disability who is in receipt of services and/or support
Duty of Care	A Duty of Care exists when someone’s actions could reasonably be expected to affect other people. Duty of Care as a concept is part of the larger legal concept of negligence

1.2 SCOPE

This procedure applies to all workers which includes permanent and casual employees, contract workers, temporary workers, and volunteers (referred to as ‘worker’ hereafter).

2.0 GENERAL

The participant has the right to choose if a STEPS worker can use their financial card or cash on their behalf.

2.1 FINANCIAL MANAGEMENT

STEPS Community Support workers operate in accordance with the Participant Money and Property Statement that states money or other property is only used with the consent of the participant and for the purposes intended by the participant. In the unlikely event that a participant is unable to use their financial card or cash to purchase essential items themselves, a Financial Consent Form will be required by the participant and the worker respectively, to read, understand, and sign prior to the participant handing over their financial card or cash.

2.2 PARTICIPANT INABILITY TO USE FINANCIAL CARD

Possible reasons why a participant is unable to use their financial card or cash can be, but is not limited to, the following:

- COVID-19 positive case and isolation; or
- illness resulting in inability to leave premises.

3.0 WORKER HOLDING AND RETURNING PARTICIPANT CARD

The worker is to hold the participant’s financial card or cash for no longer than two hours from receiving the card or cash from the participant, unless otherwise stated by the participant on the Financial Consent Form. The participant’s financial card or cash is to only be used for the intended purpose and returned in a safe manner. Upon returning the participant’s financial card or cash (change) to the participant, the worker has a duty of care to return an itemised receipt to the participant for observation and documentation. The Financial Consent Form is to be finalised by the signature of the participant and worker, specifying the financial card has been returned safely, or correct change if cash was provided, the appropriate items have been purchased and the receipt has been given to the participant. After this has been completed a Manager, Team Leader or Coordinator must ensure all processes have

been followed by approving and signing the Financial Consent Form. A record of the Financial Consent Form will be added to the participant’s file for reference.

3.1 FORSEEABLE RISKS

Workers have a responsibility to minimise foreseeable risks by:

- Ensuring the participant’s financial card or cash is kept in a safe place whilst in transit.
- Keeping all purchase receipts together with the financial card or cash.
- Identifying risks involved with accidental pay pass near cash registers.
- Keeping the financial card away from EFTPOS machines whilst not in use.

In the unlikely circumstance that the participant’s cash or financial card is lost, stolen or an amount of money accidentally charged to it, the worker is to explain to the participant as soon as possible of the incident. The participant’s parents/guardian are to be notified as soon as possible of the incident and the financial card declared lost/stolen and cancelled if needed by contacting the financial institution the card is from. Notification to the Manager, Team Leader or Coordinator must also be given and documented on the Financial Consent Form. An Incident Report must be completed by the worker within 12 hours of the incident occurring.

4.0 RELATED DOCUMENTS

Document Name	Document Name
Consent - Financial Transactions Assist (3113101)	Financial Consent Form (3110082)
Incident Report (i090701)	Participant Money and Property Statement (3110079)

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1.2.10 Ongoing Supports and Services Statement

STEPS have contracts and service agreements to provide ongoing supports and services to participants, with arrangements in place to minimise the risk of cancellation, no show or late change to a scheduled support or service.

STEPS’ commitment to uninterrupted supports and services includes:

- A commitment to ensuring day-to-day operations are managed in an efficient and effective way to avoid disruption of supports and services.
- Details of STEPS’ cancellation arrangements (including rescheduling), advice periods and changes to agreed supports and services are included in all participant agreements.
- All supports, and services are planned with each participant to meet their specific needs and preferences.

- Documenting participant needs and preferences and informing relevant workers prior to commencing work with each participant to ensure the participant's experience is consistent with their expected preferences.
- Arrangements are in place, so services and supports are provided to the participant without interruption throughout the period of receiving supports and services from STEPS.
- In the event of an employee absence or vacancy, a suitably qualified and experienced person will be offered to replace and perform the role.
- Where changes or interruptions to supports and services are unavoidable, STEPS will make alternative arrangements which will be explained to the participant and approval sought before proceeding.
- Disaster management measures are in place (where applicable) to enable continuation of critical services and supports before, during and after the disaster.

To access a print friendly version of the above statement please click [here](#)

1.2.11 Participant Money and Property Statement

STEPS support participants to manage their personal property and finances.

Participants are encouraged to operate under a budget that is flexible in responding to unforeseen events and should regularly monitor and review their finances.

If the participant entrusts STEPS to manage their property and money, STEPS will ensure:

- In all instances, workers will ensure their actions are legal and ethical when providing any assistance relating to financial matters;
- Money or other property is only used with the consent of the participant and for the purposes intended by the participant;
- The participant is supported to access and spend their money as they determine;
- The participants property is easily accessible and maintained in a safe environment;
- STEPS workers will not provide financial advice to participants;
- The participants relevant individualised plan should formalise the agreed levels of assistance to be provided surrounding financial transactions;
- Workers should not undertake any assistance involving financial transactions unless the duties have been specified in the participants individualised plan;
- Processes are implemented to manage, protect and account for participants' monies. These processes will be reviewed and communicated to applicable workers.

STEPS is committed to supporting participants to establish an environment of stability.

To access a print friendly version of the above statement please click [here](#)

1.2.12 Participant Rights and Responsibilities Statement

All participants receiving services from STEPS have a right to:

- Be treated with respect for their individual human worth and dignity.
- Participate fully in the life of their community.
- Access quality services irrespective of sex, race, ethnicity, culture, language, religion, marital status, disability, sexuality, or age.
- Have their autonomy, privacy, intimacy, and sexual expression respected.
- Be informed about available services provided by STEPS and how to participate in and contribute to decision-making.
- Access services and supports which are flexible in response to changing needs, goals, and priorities.
- Have services and supports provided by appropriately qualified workers.
- Request to have their service provider changed.
- Involve an advocate of their choice.
- Expect services and supports that are reliable, of high quality, culturally and linguistically relevant.
- Have their privacy and confidentiality upheld at all times.
- See any personal information held by STEPS, their files (and to amend any incorrect information).
- Have complaints or grievances about service provision heard and dealt with in a fair and objective manner.
- Refuse a service and the refusal does not prejudice future access to services.

All participants receiving services from STEPS have a responsibility to:

- Respect all STEPS workers and other persons using the service, their families, and carers.
- Respect the rights of others including their rights to confidentiality and privacy.
- Inform STEPS of all support needs.
- Inform STEPS of any health, behavioural or wellbeing issues.
- Proactively participate in the development, implementation, and review of services and supports provided to the participant by STEPS.
- Communicate any changes in circumstances and/or needs.
- Inform STEPS as early as possible when support is not required.
- Act in a way which respects the rights of other participants and STEPS workers.
- Take responsibility for the results of any decisions they make.
- Seek a fair resolution of any complaints.
- An Easy Read version of Rights is also available [Easy Read Rights](#) (3110068).

To access a print friendly version of the above statement please click [here](#)

1.2.13 Participant Safe Environment Statement

STEPS management has a responsibility to ensure the provision of an environment that minimises any foreseeable risks in order to protect the safety and well-being of all participants within STEPS services. This responsibility extends to participants, paid workers, volunteers, contractors and members of the public.

1.1 DEFINITIONS

Duty of Care	A Duty of Care exists when someone's actions could reasonably be expected to affect other people. Duty of Care as a concept is part of the larger legal concept of negligence.
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Principles and Responsibilities

STEPS Executive Leadership Team (ELT) has a responsibility for ensuring due diligence in the governance of the organisation in accordance with established policies and legal obligations.

The ELT have a responsibility to provide an environment in which there is appropriate duty of care in relation to:

- Maintaining an environment that protects the safety and well-being of all individuals using its services and facilities.
- Maintaining an environment where participants have choices and risks are explained and participants are provided with the dignity of risk.
- Developing practices consistent with effective risk management:
 - Regularly reviewing WHS policies, practices and procedures;
 - Where applicable, proposing changes and updates to the workplace, work practices, plant and equipment and substances used on the site; and
 - Assessing all work-related injuries, incidents or near misses.

The EMT will:

- Ensure a risk assessment is undertaken every 12 months or more frequently if required of participants homes prior to placing workers in working with the participant.
- Maintain a file of identified risks and the control measures in place to minimise or mitigate the risks.

Workers are provided with ID Cards and lanyards which are required to be:

- Worn during a shift.
- Shown to participants upon arrival and prior to commencement of a shift.

Workers have a responsibility to minimise foreseeable risks by:

- Ensuring compliance with all STEPS policies and procedures.
- Contribute to the continual improvement of organisational policies and procedures.

- Reporting any identified risks or hazards.
- Reporting all accidents, incidents and near misses in the workplace.
- Informing participants about any risks and identifying process for minimising the risk.

If a participant's premises or activities pose a risk to workers or other members of the STEPS team then services will be withdrawn. The participant, their substitute decision maker or their advocate will be informed about the issues and given the opportunity to implement control measures.

To access a print friendly version of the above statement please click [here](#)

1.2.14 Person Centred Practice

1.0 INTRODUCTION

STEPS is committed to pursuing and understanding participants' legal and human rights and principles of equality, independence, choice and inclusion that underpin a person-centred philosophy so that these practices are embedded in the delivery of our supports and services.

STEPS promotes the implementation of person-centred approaches to planning and practice to support participants in STEPS services to build and develop their skills and capacities. This will require communication between STEPS and the participant in the language, mode of communication and terms that the participant is most likely to understand to discuss the type of supports they believe would most benefit the participant to achieve their goals identified in the planning process. A holistic approach will be undertaken to capture all facets of the participants needs.

This method of practice is a different way of working with a participant that is based on community inclusion, sharing the power of, and responsibility for the planning process and assisting the participant to work in a partnership with their informal and formal support networks.

The five key features of person-centred practice are:

- The planning is directed by the participant as much as possible.
- The participant always remains central to the planning process.
- Where the participant requests, family and friends work in partnership with the participant to prepare their plan.
- The plan reflects what is important to the participant, what level of support they require and their abilities.
- The plan leads to action that is about life rather than just services and should reflect what is possible not just what is available.

2.0 PROCEDURE

STEPS will ensure when delivering supports and services, the focus is on what matters most to the participant and how we can support our workers with this.

2.1 DEFINITIONS

Participant	Is a person with a disability receiving a service and/or support
Worker	Is a member of a team of people at STEPS, paid or voluntary, that provides direct/indirect support to a person with a disability who is in receipt of services and/or support

3.0 GENERAL

STEPS is committed to delivering a person-centred approach by:

- Ensuring our supports and services are the least intrusive option and in line with the needs, goals, and desires of each participant.
- Providing participants with the opportunity to communicate and achieve their personal goals and aspirations.
- With the consent of the participant, listening to participants and those who know them best such as family, carers, friends etc. to understand what they want for their lives.
- Supporting each participant to identify and prioritise obstacles in the way of achieving their outcomes.
- Supporting each participant to set steps or goals to address challenges to achieving their outcomes.
- Establishing a person-centred approach is embedded within services provided.
- Engaging and empowering workers to implement person-centred service delivery and support.
- Providing responsive support provisions in collaboration with other providers (where applicable) and with the participants consent or direction
- that are delivered in a competent and timely manner, to meet the needs and goals of the participant.
- Developing a plan for each participant to guide the achievement of their needs, aspirations and wishes for their future, and this plan will build upon the strengths of the individual.
- Supporting participants to understand and align with the values and behaviours of a person-centred approach.
- Ensuring STEPS workers are trained, supported, and motivated to support participants to achieve their goals.

4.0 PARTICIPANT PLANS

Participant will be supported to implement a NDIS Individual Support Plan (3110004). Participant Plans will consider the participant’s particular goals, aspirations, interests, preferences, strengths, and capacities.

The Team will ensure plans are monitored and information recorded accordingly. The participant’s identified goals risks and barriers and emergency management plan will be reviewed quarterly. The review involves bringing the participant, their nominated support people, and the participant’s key workers back together to review the progress and continued preference of current goals and support services.

Participants are required to acknowledge on their NDIS Individual Support Plan (3110004) that the plan has been discussed with them.

The participant’s entire PCP content will be renewed at a minimum annually unless changes to the participant’s circumstances deem it necessary or the participant requests it be reviewed prior to the agreed specified time.

5.0 INDIVIDUAL RISK ASSESSMENTS

In consultation with participants a Participant Risk Assessment (3110089) will be completed upon entry into any of the services provided at STEPS to ensure the safety and wellbeing of participants and workers. Risk Assessments will be reviewed annually in conjunction with plan reviews unless a need for this to be reviewed earlier is determined as a result of changes in the participant support requirements.

6.0 TRAINING

Management and support staff are provided with training on a regular rotating basis on the specific needs of each participant, including but not limited to person-centred and strength-based approaches to service delivery, to ensure participant life goals are met. The Community Team Leader, SIL Coordinator and General Manager – NDIS Disability are responsible for ensuring that person-centred practices policies and procedures and any NDIS best practice training are included as part of the annual training plan and recorded on the Learning and Development spreadsheet. This training can be provided 1:1 or as part of Team Meetings and training sessions.

7.0 RELATED DOCUMENTS

Document Name	Document Name
<u>Advocate Nomination Form – New/Change</u> (i020402)	<u>Consent to Manage your Personal Information</u> (31100394)
<u>Easy Read Advocacy</u> (3110093)	<u>Easy Read Consent Form</u> (3110083)
<u>Emergency Disaster Management Plan</u> (31100113)	<u>House Emergency Plan</u> (3110101)
<u>NDIS Individual Support Plan</u> (3110004)	<u>Participant Risk Assessment</u> (3110089)
<u>Personal Emergency Preparation Plan</u> (3110095)	<u>Risk Management</u> (i050100)
<u>Support Worker Emergency Preparation Checklist</u> (3110102)	<u>Team Agenda/Meeting Minutes</u> (3110007)

8.0 GOVERNANCE

Document Owner	Executive Manager – Community Support Services	Approval Date	12 April 2024
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Effective Date	15 April 2024	Document Number	3110100_v10_240415
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1.3 NDIS Site Map

Quick Links:				
NDIS Operations	Participants Rights & Responsibilities	NDIS Supports - Community Service - Service Delivery	NDIS Supports - Specialist Behaviour Support	NDIS Supports - Support Coordination

NDIS Operations

Procedures	Forms
Damage to Personal Vehicle (3112400)	WHS Incident Investigations (i090300) Incident Notification (i090200) Incident Management (i090700) Incident Report (i090701) Permission to Use Non-Company Vehicle (i051602) Transporting Participants Procedure (3111900)
Incident Management (i090700)	Emergency and Disaster Management Plan - Individual Support Requirements (31100113) Employee Assistance Program (e230100) Incident Notification (i090200) Incident Report (i090701) <i>Incident Management Register located in 'O' Drive</i> Reporting Abuse, Neglect and Exploitation Form (i051401) . WHS Incident Investigations (i090300) WHS Incident Report (i090201)
Professional Boundaries (i100400)	
Rosters & Timesheets (3112300)	Mileage Claim Form (3110028) Rostering Workflow (3110076)

<p><u>Worker Induction & Orientation (3111400)</u></p>	<p><u>Buddy Shift Checklist (3110035)</u> <u>Employee Handbook (3110038)</u> <i>Human Services Quality Framework</i> <u>Induction Checklist - Employee (i070101)</u> <u>Community Support Induction Checklist (3110036)</u> <u>NDIS Individual Support Plan (3110004)</u> <u>Restrictive Practices (3112700)</u> <u>The Universal Declaration of Human Rights 1948</u></p>
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Participants Rights & Responsibilities

Procedures	Related Documents
<p><u>Changes to Shift (3110300)</u></p>	
<p><u>Choice Control (3110400)</u></p>	<p><u>Advocacy (i020400)</u> <u>Advocate Guidelines (i020401)</u> <u>Dignity of Risk Form (31100102)</u> <u>Duty of Care Risk Register (31100101)</u></p>
<p><u>Decision Making and Choice (3110200)</u></p>	<p><u>Additional Personal Information Significant Others Form (3110017)</u> <u>Consent to Manage Your Personal Information (31100394)</u> <u>Participant Conflict of Interest Register (3110008)</u> <u>Participant Invitation Consent (3110085)</u> <u>Schedule 1: Conflict of Interest (3010009)</u></p>
<p><u>Financial Consent (3113100)</u></p>	<p><u>Financial Consent Form (3110082)</u> <u>Incident Report (i090701)</u> <u>Participant Money and Property Statement (3110079)</u></p>
<p><u>Person Centred Practice (3110100)</u></p>	<p><u>Advocate Nomination Form – New/Change (i020402)</u> <u>Consent to Manage Your Personal Information (31100394)</u> <u>Easy Read Advocacy (3110093)</u> <u>General Risk Assessment (i050105)</u> <u>House Emergency Plan (3110101)</u> <u>NDIS Individual Support Plan (3110004)</u> <u>Risk Management (i050100)</u> <u>Support Worker Emergency Preparation Checklist (3110102)</u></p>

	<p><u>Team Agenda / Meeting Minutes</u> (3110007)</p> <p><u>Personal Emergency Preparation Plan</u> (3110095)</p> <p><u>Training Evaluation Email</u> (3110103)</p>
<p><u>Easy Read Feedback & Complaints</u> (3110070)</p> <p><u>Easy Read Incidents</u> (i090702)</p> <p><u>Easy Read Participant Handbook</u> (r4000120)</p> <p><u>Easy Read Privacy</u> (3110071)</p> <p><u>Easy Read Conflict of Interest Policy</u> (3110081)</p> <p><u>Easy Read Consent Form</u> (3110083)</p> <p><u>Easy Read Restrictive Practice</u> (r4000116)</p> <p><u>Easy Read Rights</u> (3110068)</p> <p><u>Easy Read Tenancy Management</u> (r4000121)</p> <p><u>Easy Read Travel & Transport Explained</u> (3110077)</p> <p><u>Easy Read Service Agreements</u> (3110069)</p>	<p><u>Easy Read Conflict of Interest Form</u> (3110094)</p>
<p><u>Ongoing Supports and Services Statement</u> (3110061)</p>	
<p><u>Participant Safe Environment Statement</u> (3110078)</p>	

NDIS Supports - Community Support - Service Delivery

Procedures	Forms
<p><u>Business Practices under NDIS</u> (3110900)</p>	<p><u>Cancellation of Service Delivery under NDIS</u> (3110800)</p> <p><u>Cancellation Workflow</u> (3110074)</p> <p><u>Participant Conflict of Interest Register</u> (3110008)</p> <p><u>Service Agreement</u> (3110016)</p>
<p><u>Defensible Documentation Operational File/Case Note</u> (i090800)</p>	
<p><u>Service Entry</u> (3111500)</p>	<p><u>Acknowledgment Form</u> (3110018)</p>

	<p>Advocate Guidelines (i020401)</p> <p>Advocate Nomination Form – New/Change (i020402)</p> <p>Authority to Release Information (Media) (3110020)</p> <p>Consent to Manage your Personal Information (31100394)</p> <p><i>Enquiry Register</i></p> <p>Fee for Service Agreement (3110014)</p> <p><i>Individual Risk Assessment</i></p> <p>Information Booklet for Participants (3110019)</p> <p>Intake Form - New Participant (3110022)</p> <p>My Daily Living Diary (3110001)</p> <p>NDIS Pricing Arrangements & Price Limits (3110015)</p> <p><i>NDIS Plan</i></p> <p>Participant Conflict of Interest Register (3110008)</p> <p>Participant Risk Assessment (3110089)</p> <p>NDIS Individual Support Plan (3110004)</p> <p>Personal Information Form (3110011)</p> <p>Schedule 1: Conflict of Interest (3110009)</p> <p>Service Agreement (3110016)</p> <p>Service Entry Workflow – NDIS (3110075)</p>
<p><u>Service Agreement Management</u> (i100300)</p>	<p>Cancellation of Service Delivery under NDIS (3110800)</p> <p>Cancellation Workflow (3110074)</p> <p>Easy Read Participant Handbook (r4000120)</p> <p>Easy Read Service Agreements (3110069)</p> <p>Fee for Service Agreement (3110014)</p> <p>NDIS Pricing Arrangements & Price Limits (3110015)</p> <p><i>NDIS Plan</i></p> <p>Request for Service Agreement (i100301)</p> <p>Variation to Service Agreement (3110013)</p>
<p><u>Medication</u> (3112100)</p>	<p>Clarification of Purpose of Medication form (3110053)</p> <p>Communication Book (3110029)</p> <p>Community Medication Record (3112101)</p> <p>Consent - Medication Prompt Assist (3112103)</p>

	<p><u>Disposal of Medication Form</u> (3112104)</p> <p><u>Medication Record - Temporarily Offsite Form</u> (3112102)</p> <p>Incident Management (i090700)</p> <p><u>Incident Report</u> (i090701)</p> <p><u>Progress Notes</u> (3110030)</p>
<u>Participant Absent from Shift</u> (3110500)	
<u>Participant Partaking in Alcohol and Other Drugs</u> (3111200)	
<u>On-Call Support</u> (3111100)	<u>Incident Report</u> (i090701)
<u>Infection Control</u> (3111700)	<p><u>Infection Prevention</u>(i052000)</p> <p><u>Suspected or Confirmed Case of COVID-19</u> (i051900)</p> <p><u>Personal Protective Equipment (PPE)</u> (i050200)</p>
<u>Recreation Activities</u> (3112200)	<p><u>General Risk Assessment</u> (i050105)</p> <p><u>Risk Management</u> (i050100)</p>
<u>Transporting Participants</u> (3111900)	<p><u>Driving Company Vehicles Procedure with Employee Declaration</u> (i050300)</p> <p><u>Easy Read Travel & Transport Explained</u> (3110077)</p> <p><u>Mileage Claim Form</u> (3110028)</p> <p><i>NDIS Plan</i></p> <p><u>NDIS Individual Support Plan</u> (3110004)</p>
<u>Community Visitor</u> (3112000)	<i>Community Visitor Report Register</i>
<u>Hospital Admission</u> (3110600)	<p><u>General Risk Assessment</u> (i050105)</p> <p><u>Incident Notification</u> (i090200)</p> <p><u>Risk Management</u> (i050100)</p> <p><u>WHS Incident Report</u> (i090201)</p>
<u>Support Workers Office Security</u> (3111800)	
<u>Working with Participants Support Networks</u> (3111000)	
<u>Cancellation of Service Delivery under NDIS</u> (3110800)	<p><u>Feedback and Complaints Policy</u> (i010103)</p> <p><u>Service Agreement</u> (3110016)</p>
<u>Service Exit</u> (3111600)	<p><u>Cancellation Workflow</u> (3110074)</p> <p><u>Complaint Procedure</u> (i040500)</p>

	<p><u>Feedback and Complaints Policy</u> (i010103)</p> <p><u>Feedback Procedure</u> (i040100)</p> <p><u>Participant Exit Form</u> (3110026)</p>
<u>Waste Management</u> (3112900)	
Supporting Documents	<p><u>Authority to Gain or Release Information in External Audit Process</u> (3110034)</p> <p><u>Client Table of Contents</u> (3110058)</p> <p><u>Health and Safety Monthly Audit Checklist for SIL Program</u> (3110063)</p> <p><u>NDIS Planning</u> (3110059)</p> <p><u>NDIS Program Medication Audit Template</u> (3110065)</p> <p><u>Plan Review Workbook</u> (3110012)</p> <p><u>Service Assessment / Review Consent</u> (i060305)</p> <p><u>Service Quality Survey 2021</u> (3110064)</p>

NDIS Supports - Specialist Behaviour Support

Procedures	Forms
<u>Behaviour Support Plans</u> (3112800)	<p><i><u>Comprehensive Behaviour Support Plan Template</u></i></p> <p><u>Individual Risk Assessment</u> (31100105)</p> <p><i><u>Interim Behaviour Support Plan Template</u></i></p>
<u>Restrictive Practice</u> (3112700)	<p><u>Clarification of Purpose of Medication Form</u> (3110053)</p> <p><u>Incident Notification</u> (i090200)</p> <p><u>ODC (Online Data Collection)</u> (3110049)</p> <p><u>Short Term Approval Application</u> (3110051)</p> <p><u>Statement Concerning the Use of Restrictive Practices</u> (3110052)</p>
<u>Suicidal Ideation Procedure</u> (i052400)	<u>Suicide Risk Assessment Form</u> (i052401)

NDIS Supports - Support Coordination

Policy	Forms
<u>Conducting Home Visits Procedure</u> (3113300)	<u>Home Visit Risk Management Plan</u> (31100107)
<u>NDIS Specialised Support Coordination</u> (3113400)	<u>NDIS Pricing Arrangements & Price Limits</u> (3110015)

<u>Psychosocial Recovery Coaching - Recovery Oriented Practice (3113200)</u>	<u>Individual Recovery Plan (3110096)</u>
	<u>NDIS Specialised Support Coordination Participant Service Access Information (3100108)</u>
Forms	
<u>Support Coordination - Emergency and Disaster Management Plan - Individual Support Requirements (31100113)</u>	
<u>Support Coordination - Entry Workflow (3110092)</u>	
<u>Support Coordination - External Referral Template (3110091)</u>	
<u>Support Coordination - Participant Checklist (3110087)</u>	<u>NDIS Form - Consent for a third party to act on your behalf (3110097)</u>
<u>Support Coordination - Participant Risk Management Plan (31100109)</u>	<u>NDIS Form - Consent to share your information (3110098)</u>
<u>Support Coordination - PRC Budget Breakdown (3110086)</u>	<u>NDIS Form - Individual Risk Assessment (31100105)</u>
<u>Support Coordination - PRC Role Training (31100103)</u>	<u>NDIS Booklet - Using your NDIS plan - Easy Read version (3110099)</u>
<u>Support Coordination - PRC Person Centred Plan (31100398)</u>	<u>NDIS Booklet - Using your NDIS plan (31100100)</u>
<u>Support Coordination - Staff Training Record (3110090)</u>	<u>NDIS Specialised Support Coordination Participant Service Access Information (3100108)</u>
<u>Support Coordination Supervision Template (31100399)</u>	
<u>Work Mates Work Experience Risk Assessment (2080050)</u>	

1.3.1 Employee Resources

Quick Links:
A,B,C D, E, F G, H, I J,K,L M, N, O P, Q, R, T, U, V W, X, Y, S Z

A,B,C

D, E, F

G, H, I

J, K, L

M, N, O

NDIS Code of Conduct (e350022)

P, Q, R, S

Professional Boundaries Procedure (i100400)

T, U, V

W, X, Y, Z

Work Instruction - NDIS Worker Orientation Module (3110046)

1.4 NDIS Supports

Comprehensive eligibility, entry and exit processes and investment in our workers underpin the delivery of safe and appropriate services based on need and available resources to participants

1.4.1 Community Support - Service Delivery

Comprehensive eligibility, entry and exit processes and investment in our workers underpin the delivery of safe and appropriate services based on need and available resources to participants.

Provision of Supports & Services Statement

To access a print friendly version of the above statement please click [here](#)

1.4.1.1 Business Practices under NDIS

1.0 INTRODUCTION

STEPS Group Australia (STEPS) is a registered provider of Supports, Support Coordination and Plan Management under the National Disability Insurance Scheme (NDIS).

It is the policy of STEPS to ensure all Directors, Managers and Employees are made aware of their responsibility to adhere to the *National Disability Insurance Scheme Act 2012* and subsequent *National Disability Insurance Scheme (Registered Providers of Supports) Rules 2013* and *Terms of Business* in the delivery of any and all supports claimable by STEPS through the scheme.

This includes to act in good faith and in the interest of the Participant at all times, to provide the Participant with the maximum choice and control available to them, and to ensure that any existing or potential conflict of interest that may arise through the delivery of the Participant's plan is declared and managed through appropriate governance and operational processes.

PRINCIPLES

An expressed commitment to the mission and values of STEPS, the General Principles of the National Disability Insurance Agency (NDIA), and acceptance of registration as a Provider of Supports, Support Coordination and Plan Management services under the NDIS, obliging all Directors, Management and Employees to serve the interests of the STEPS with clarity of intent and with transparency and openness in all transactions.

All Participants will be treated equally, and no one Participant will be given preferential treatment above another in the receipt or provision of supports.

2.0 PROCEDURES

ESTABLISH A WRITTEN SERVICE AGREEMENT

STEPS will work with a Participant to establish a written agreement Service Agreement (3110016)), in the Participant's preferred form of communication, about the expected outcomes and the nature, quality and price of supports to be provided, and any agreed terms and conditions. All supports must be delivered in accordance with that agreement.

STEPS will ensure that the Participant will have access to details of services delivered, and the amount charged for those services either through monthly statements by STEPS or access to the NDIS *myplace* portal, including the provision of receipts and itemised bills as required.

Service Agreements will be consistent with the NDIS's pricing arrangements, guidelines and the requirements of the *A New Tax System (Goods and Services Tax) Act 1999*.

If STEPS intends to withdraw or terminate its services to a participant, notice must be given in accordance with the Service Agreement, and the Cancellation of Service Delivery under NDIS (3110800).

2.2 CONFLICTS OF INTEREST

STEPS will act in the best interests of the Participant, ensuring that they are well informed, empowered and able to maximise choice and control over the implementation of their NDIS approved plan in terms of their own capacity, and the availability of supports and services within the Registered Region.

STEPS will not (by act or omission) constrain, influence or direct decision-making by a person with a disability and/or their family so as to limit that person's access to information, opportunities and choice and control.

2.3 GOVERNANCE PROCESSES TO MANAGE ACTUAL OR PERCEIVED CONFLICTS

STEPS will ensure that we proactively manage perceived and actual conflicts of interest, including through development and maintenance of this policy, and the following core governance processes:

- Employee Education and Induction – Educate all current and new employees on the Participant's legislative rights to choice and control under NDIS, beyond our own organisational or ethical values.
- Conflict of Interest Documentation – the establishment and management of the Participant Conflict of Interest Register (3110008).

2.4 SUPPORT COORDINATION ADVICE AND OPTIONS

All advice to a Participant about supports will include at least two options provided by other services within the Registered Region. If STEPS is the only provider of supports within the Registered Region, the Participant will be given the option of sourcing supports from neighbouring regions.

2.5 PARTICIPANT UNDER PLAN MANAGEMENT

In accordance with the *NDIS (Registered Providers of Supports) Rules 2013*, it is the policy of STEPS to provide the Participant with either Plan Management OR Support Services. Where the Participant has chosen STEPS to provide both, STEPS will put in place two independent processes to manage the potential conflict of interest, and maintain full choice and control of the Participant.

A Participant under Plan Management by STEPS will only be offered supports through STEPS if there are no other Providers OR at the expressed interest of the Participant under their own choice and control of preferred provider of supports.

Plan Management will be undertaken by an expert financial management and planning team, separate to the service delivery division of the STEPS.

This team will report to the CEO and Plan Management Sub Committee of the Governance Board.

The Plan Management Sub Committee consists of one Board Member, STEPS' Chief Financial Officer, one Participant, and one Independent Member from the Disability Community.

2.6 PAYMENTS AND PRICING

STEPS will adhere to the *NDIA Price Guide* or any other Agency pricing arrangements and guidelines as in force from time to time, and ensure that the Claims and Finance team are up to date with the NDIA requirements.

In accordance with the *National Disability Insurance Scheme Act 2013* STEPS will only make a claim request once a support has been satisfactorily delivered.

2.7 MAINTAINING RECORDS

STEPS will keep full and accurate accounts and financial records of the supports delivered to NDIS Participants, along with records of the Participant's Service Agreements.

Financial records and accounts are to be retained for a period of no less than five years from the date of issue.

3.0 RELATED DOCUMENTS

Document Name	Document Name
<u>Service Agreement</u> (3110016)	<u>Participant Conflict of Interest Register</u> (3110008)
<u>Cancellation of Service Delivery under NDIS</u> (3110800)	

4.0 GOVERNANCE

Document Owner	General Manager – Community Support Services	Approval Date	6 September 2021
Effective Date	3 June 2020	Document Number	3110900_v2_210908

(Uncontrolled when printed)

1.4.1.2 Cancellation of Service Delivery under NDIS

1.0 INTRODUCTION

STEPS Group Australia (STEPS) is a registered provider of Supports, Support Coordination and Plan Management under the National Disability Insurance Scheme (NDIS).

It is the procedure of STEPS to ensure all Executive, Managers, Employees and Participants are made aware of their responsibility to adhere to the *National Disability Insurance Scheme Act 2013* and subsequent *National Disability Insurance Scheme (Registered Providers of Supports) Rules 2013* and *Terms of Business* in the delivery of any and all supports claimable by STEPS through the scheme.

In accordance with the *Terms of Business*, STEPS have arrangements in place to minimise the risk of cancellation, no show or late change to a scheduled support. This procedure complies with the National Disability Insurance Agency (NDIA) cancellation of services provisions.

1.1 PRINCIPLES

It is acknowledged, from time to time, that a client and/or client representative of STEPS may need to either cancel a shift or period of shifts, or change the rostered hours for the delivery of NDIS supports due to either a planned change in schedule (e.g. holiday) or short-term unforeseen circumstances such as illness, a family emergency, extreme weather etc.

It is also acknowledged, that all people with disability have the choice and control to change service providers or have more than one single service provider and therefore the right to terminate the delivery of selected or all services at their discretion.

Termination of the Service Delivery Agreement is different than the cancellation of the delivery of services. Cancellation of Service Delivery under NDIS (3110800) by either party only occurs when there has been a breach of the Service Agreement (3110016) as outlined below under point 4.3.

2.0 PROCEDURES

2.1 CHANGE OR CANCELLATION OF A ROSTERED SHIFT

Should the participant and/or participants substitute decision maker have need to change the rostered hours or cancel a shift, a minimum notice period of 24 hours must be provided to an appropriate employee of STEPS' Management team, unless it is an unforeseeable emergency health situation of the participant, in which case notice should be given as soon as it is known that the shift will need to be cancelled.

If a 24-hour notice period is not being provided, provisions under the following cancellation procedure may apply. STEPS exercise its right to use discretion in some cases where an alternate agreed solution may be an outcome.

Should STEPS need to change the rostered hours or cancel a shift, STEPS will provide no less than 12 hours' notice, where another suitable staff member is available STEPS will work to deliver service as soon as possible.

2.2 CANCELLATION OF A ROSTERED SHIFT WITHOUT NOTICE (“No Shows”)

Where a participant fails, without notice, to keep the rostered arrangement for the support, STEPS will make every effort to contact the participant to determine if there is an emergency.

If the participant is then deemed to have cancelled without notice, and for no reason, (“no show”), or requests a worker leave earlier than their rostered shift requirement, STEPS has the right to lodge a payment claim for part or all of the rostered hours against the participants NDIS Plan.

If more than eight instances of no shows are recorded in a continuous 12-month period, STEPS is legally obliged to notify the NDIA contact person so that consideration may be given to reviewing the participants plan.

2.3 CANCELLATION OF THE SERVICE AGREEMENT

Should either Party wish to terminate this Service Agreement (3110016) without cause before the cease date of this Agreement, they must give fourteen (14) days' notice.

If either Party seriously breaches this Service Agreement (3110016), the Agreement can be terminated immediately for cause.

STEPS Community Support Cancellation Workflow (3110074) identifies a step-by-step process for cancellation of a participants service delivery under NDIS.

WHAT IS A 'BREACH OF SERVICE AGREEMENT'?

If STEPS or the Participant and/or the Participants Substitute Decision Maker:

- Fails to do what is required of them under the Service Agreement (3110016)
- Communication has broken down between the Parties
- Workplace Health and Safety considerations are ignored
- Fails to comply with STEPS policies and procedures
- Fails to communicate and provide information pertaining to health and medication or changes to support needs

Under the *National Disability Insurance Scheme Act 2013*, cancellation can be immediately applied by both parties. However, STEPS will always work in the best interest of the participant to achieve a safe transition to a new provider of services.

Upon cancellation of the Service Agreement (3110016) by either party, STEPS will take all steps to ensure;

- The cancellation of service has been reported to the NDIA;
- All support that has been provided under the terms of the Service Agreement (3110016) have been claimed and paid for; and
- That the participant has alternative support solutions in place for their own safety and well being.

2.4 RESOLVING DISPUTES OR COMPLAINTS BEFORE CANCELLATION OF SERVICES

STEPS will act in the best interests of the participant, ensuring that they are well informed, empowered and able to maximise choice and control over the implementation of their NDIS approved plan in terms of their own capacity, and the availability of supports and services within the Registered Region.

STEPS will not (by act or omission) constrain, influence or direct decision-making by a participant and/or their family so as to limit the participants access to information, opportunities, choice and control.

In the event that a participant feels that STEPS is failing to deliver services in accordance with their NDIS Plan, and the terms of their Service Agreement (3110016), STEPS encourages the participant and/or participants substitute decision maker to use the complaints process to formally advise STEPS of their concerns so that a resolution may be discussed.

If the participant and/or their family wishes to give STEPS feedback or make a complaint, the participant and/or their family can talk to their support worker on 07 5458 3000 or email cs@stepsgroup.com.au or contact the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission (the Commission) as per the NDIS Complaints Management & Resolution Rules 2018. The Commission can be contacted via phone on 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged or a Complaint Contact Form can be completed on their website <https://www.ndiscommission.gov.au/about/contact>.

In such cases our [Feedback and Complaints Policy \(i010103\)](#) will apply, a copy of which is attached to the Participants [Service Agreement \(3110016\)](#).

3.0 RELATED DOCUMENTS

Document Name	Document Name
Cancellation Workflow (3110074)	Feedback and Complaints Policy (i010103)
Service Agreement (3110016)	

4.0 GOVERNANCE

Document Owner	General Manager – Community Support	Approval Date	19 October 2021
Effective Date	27 October 2021	Document Number	3110800_v3_211028

(Uncontrolled when printed)

1.4.1.3 Community Visitor

1.0 INTRODUCTION

STEPS Community Support (STEPS) acknowledges the importance of the Community Visitor Program (Adult) by the independent statutory body, the Office of the Public Guardian. The program was implemented to protect the rights of vulnerable adults with impaired decision making capacity.

2.0 COMMUNITY VISITOR ROLE

- 2.1. The Community Visitor independently monitors types of accommodation called ‘visitable sites’ for disability accommodation provided or funded by the Department of Communities, Child Safety and Disability Services.
- 2.2. The Community Visitor conducts site visits unannounced so that the community visitor can observe the standard of service delivery provided by STEPS on a typical day.
- 2.3. Site visits are conducted between 8am and 6pm any day of the week, including weekends.
- 2.4. Community Visitors apply their inquiry and complaint functions (*as defined in section 41 of the Public Guardian Act 2014*) to identify issues for, or on behalf of participants. They will escalate issues to management if required, or in some cases may refer the issue on to an external agency for investigation.
- 2.5. At each site visit the Community Visitor will seek information about whether:
 - adequate services are provided for assessment, treatment and support;
 - the standards of accommodation, health and wellbeing are appropriate;

- services are provided in a way least restrictive of rights;
- adequate information is available for participants about their rights;
- there is an accessible and effective complaints process in place.

2.6 Community visitors have the legislative authority to:

- access all areas of a site;
- require staff to answer questions;
- request documents related to the support of participants;
- make copies of relevant documents;
- talk in private with participants or staff.

2.7 Community visitors are required to:

- notify staff when they arrive at the site;
- discuss any concerns with participants and staff;
- clarify any issues when reasonable and practical to do so;
- resolve complaints by or for a participant;
- report to staff when leaving the site.

2.8 At the completion of each site visit, the Community Visitor will produce a report of their findings and forward this to STEPS. Depending on the findings and whether the participant is on a restrictive practice plan, a copy of the report may also be forwarded to the Director, Forensic Disability, Queensland Civil Administrative Tribunal, an appointed guardian or administrator, or the Director-General, Department of Communities, Child Safety and Disability Services.

3.0 SUPPORT WORKERS ROLE

3.1 The support worker will welcome and introduce the Community Visitor to the participant/s at the residence.

3.2 The support worker will respond to and answer questions directed to them by the Community Visitor.

3.3 In the instance the support worker is unable to provide a valid response to the Community Visitor, they will refer the Community Visitor to the Operations Manager.

3.4 At the completion of the site visit and once the Community Visitor has exited the residence, the support worker will contact the Operations Manager to advise that the Community visitor has attended.

4.0 ADMINISTRATION ROLES

4.1 Once the Community Visitor report has been received, the Team Leader will enter the details on the Community Visitor Report Register (located in STEPS Community Services Files).

4.2 The Team Leader will then forward the Community Visitor report to the Operations Manager for actioning.

4.3 The Operations Manager will respond to any enquiries raised in the Community Visitor report via email.

4.4 The Operations Manager will forward a copy of the email response to the Team Leader and advise them to update the Community Visitor Report Register with the outcomes or reference the location the email can be viewed.

5.0 RELATED DOCUMENTS

Document Name
<i>Community Visitor Report Register</i>

6.0 GOVERNANCE

Document Owner	General Manager – Community Support Services	Approval Date	6 September 2021
Effective Date	8 September 2021	Document Number	3112000_v2_210908

(Uncontrolled when printed)

1.4.1.4 Disability Services in Accommodation - Protecting Yourself and Others from Infectious Diseases

1.0 GENERAL

It is well accepted that people with disability may be impacted more significantly by infectious diseases such as Coronaviruses (e.g. COVID-19), Influenza (flu) and Respiratory Syncytial Virus (RSV) especially if they have underlying medical conditions.

STEPS has compiled this information to guide Support Workers, Pathways’ Trainers and volunteers providing services to people with disability.

2.0 DISABILITY SERVICES

Disability Services will continue as normal with the:

- Adoption of the precautions listed below.
- Adherence to the Public Health Institutions and Directions and the three Personal Protective Equipment escalation levels.

2.1 PRECAUTIONS TO BE ADOPTED AT ALL TIMES

At all times Support Workers, Pathways' Trainers, volunteers and visitors should:

- Wash hands for at least 20 seconds with soap and water or use alcohol based sanitiser before entering and leaving the accommodation.
- Stay at least 1.5 metres away from residents when possible.
- Stay away when unwell.

A person who belongs to either of the categories below should not enter the accommodation:

- Are experiencing any symptoms of infectious diseases.
- Have tested and remains positive to an infectious disease.

A surgical mask and protective eyewear should be worn at all times when providing care to a person with disability who has acute respiratory infection symptoms.

2.0 IF A PARTICIPANT IS SICK

If a participant has any symptoms of an infectious disease:

1. Contact 13 HEALTH (13 43 25 84), a 24-hour health advice phone line and speak to a registered nurse.
2. Visit their General Practitioner (GP). It is important to call the doctor beforehand and tell them how they feel and that they may have an infectious disease.
3. Call the National Disability Information Helpline on 1800 643 787.
4. Call 000 Emergency (Triple Zero), if the participant is very sick and requires an ambulance.

3.0 CONFIRMED CASE OF INFECTIOUS DISEASE

A person who is diagnosed with an infectious disease should isolate at home.

Participants who are self-isolating must not leave the premises, unless they are sick and need a doctor or medicine, or it is an emergency such as to avoid a risk of harm. If the person needs to see a doctor, they should call their General Practitioner and arrange a telehealth appointment. If a person needs urgent assistance, they should call an Ambulance on 000 (Triple Zero).

3.1 SELF-ISOLATION

Participants who are self-isolating cannot permit any other person to enter the premises unless that person usually lives at the premises or is living at the premises for the purpose of self-isolation, or for medical or emergency purposes.

Medical and emergency purposes include essential disability supports such as bladder and bowel management, medication management, behaviour management, respiratory

management, PEG changes, pressure relief/turning and wound care, assistance with feeding and hydration, and assistance with basic personal hygiene.

If a participant has been diagnosed with an infectious disease and is assessed to be medically safe to receive care in their home, the General Manager – NDIS Services will collaborate with health authorities, workers and the STEPS Work Health and Safety Officer (WHSO) to plan how STEPS will continue to provide disability supports to the person in a way that respects and upholds their dignity and rights.

Support Workers / Pathways' Trainers should follow the rules on using Personal Protective Equipment (PPE) as outlined in the [Infection Prevention Procedure](#).

4.0 PROTECTING OTHERS IN THE HOUSE

If the participant is living with others and someone in the home has an infectious disease or a doctor thinks they are sick, use the prevention measures listed below where possible:

- Place seating in shared areas or common areas a minimum of 1.5 metres apart (where possible) and limit the time people are together in enclosed spaces.
- Plan with the people in the household on keeping safe distances from each other. Consider where they spend most of their time in the house and daily activity. Avoid or limit time spent in shared or communal areas.
- Put in place additional hand sanitising for employees and people with disability.
- Plan how to keep surfaces clean and how to support everyone with meal preparation, laundry, and house cleaning.

5.0 COMMUNITY ACCESS

Encourage participants to continue essential community access but exercise appropriate caution when accessing the community, particularly in restricted areas.

Wherever possible consider other ways to achieve access to services, maintain physical distancing or wear a mask when physical distancing is not able to be observed.

6.0 COMMUNICATION

Advise your line manager immediately if you or a participant has:

- Symptoms consistent with or a confirmed infectious disease such as COVID-19, flu or RSV.
- Been advised to self-isolate.
- Become unwell.

Your line manager will use all available resources and will provide instructions for what needs to occur.

7.0 RELATED DOCUMENTS

Document Name	Document Name
Infection Prevention Procedure (i052000)	WHS Incident Report (i090201)
Confirmed COVID-19 Case In Disability Accommodation (i052301)	

8.0 GOVERNANCE

Document Owner	Executive Manager - Human Resources	Approval Date	31 October 2024
Effective Date	5 November 2024	Document Number	i052300_v3_241105

(Uncontrolled when printed)

1.4.1.5 Hospital Admission

1.0 INTRODUCTION

STEPS Community Support (STEPS) acknowledges that participants may become unwell whilst receiving support. STEPS will continue to provide support services to participants during their hospitalisation when deemed appropriate by their medical practitioner and management.

2.0 PRE-ADMISSION

Where a support worker is on shift with a participant who is to be admitted to hospital, the support worker will:

- 2.1 Contact their Manager to advise the participant is being admitted to hospital.
- 2.2 The Manager will advise whether a Risk Assessment is to be completed and direct the support worker to the [Risk Management Procedure \(i050100\)](#) and [General Risk Assessment Form \(i050105\)](#).
- 2.3 Provide emergency services with relevant participant details when applicable.
- 2.4 Ensure the participant has an appropriate amount of clothing and toiletries.
- 2.5 Include the participant's medication where applicable.
- 2.6 Contact their Manager to provide a status update in relation to the participant.
- 2.7 The Manager will record the information received in MYP.
- 2.8 Contact the Manager to advise if the participant or emergency services has requested the support worker to meet the participant at the hospital and seek approval.

- 2.9 Refer to the Incident Management Procedure (i090700) and complete an Incident Report (i090701) if applicable and submit to the Manager.

3.0 POST-ADMISSION

When attending hospital to support a participant who has been admitted, the support worker will:

- 3.1 Check with Hospital Information as to the location of the participant.
- 3.2 Prior to meeting with the participant, the support worker will speak with the Registered Nurse (RN) assigned to the participant for an update regarding the participants mental, emotional and physical state and any leave guidelines that may have been introduced.
- 3.3 Sign in and out where applicable.
- 3.4 Maintain professionalism and work in collaboration with hospital staff.
- 3.5 Not provide personal care to participants during their hospitalisation.
- 3.6 Be mindful of Personal Protective Equipment (PPE) and take appropriate precautions.
- 3.7 Not take a participant’s personal bank cards to purchase items on the participant’s behalf. The RN assigned to the participant is responsible for making these arrangements.
- 3.8 Support the participant to access the community where applicable.
- 3.9 Contact their Manager with an update on the participant’s progress e.g. leave status, if they require additional personal items, discharge date and plan.
- 3.10 When applicable, obtain a Disability Parking Permit from the office to transport the participant whilst accessing the community or transporting the participant home upon discharge.

4.0 LOWER GROUND EAST (LGE)

When a support worker is attending hospital to support a participant who has been admitted to LGE, the support worker will:

- 4.1 Enquire with the LGE RN whether the participant has leave. Support workers are not to support participants in the LGE ward.
- 4.2 Confirm with the RN the participants expected return time if leave has been authorised and sign the participant out.
- 4.3 Sign the participant back into LGE upon their return.
- 4.4 Regardless of whether the participant has leave, contact their Manager to provide an update on the participant from the information sourced from the RN or LGE staff. Be sure to obtain the name of the hospital staff.
- 4.5 The Manager will record the information received in MYP.

5.0 RELATED DOCUMENTS

Document Name	Document Name
<u>Risk Management Procedure</u> (i050100)	<u>General Risk Assessment Form</u> (i050105)
<u>Incident Management Procedure</u> (i090700)	<u>Incident Report</u> (i090701)

6.0 GOVERNANCE

Document Owner	General Manager – NDIS	Approval Date	6 August 2023
Effective Date	14 August 2023	Document Number	3110600_v3_230814

(Uncontrolled when printed)

1.4.1.6 Infection Control

1.0 INTRODUCTION

STEPS recognises it has a responsibility under the Work Health and Safety Act 2011 to take reasonable measures to ensure workers (including Board members, employees, volunteers and contractors) not exposed to risks to their health and safety arising from exposure to infectious/preventable diseases.

STEPS is committed to providing participants and workers with a safe and healthy environment. STEPS acknowledges people with a disability are often at a greater risk of infection particularly if they have a chronic disease or are frail and that there may be an increased risk to its workers, particularly those in regular contact with children, contracting the following vaccine preventable diseases and recommends that all workers seek medical advice about appropriate vaccination measures for the following preventable diseases:

- COVID-19
- Influenza
- Hepatitis A
- Hepatitis B
- Measles, mumps and rubella (MMR)
- Varicella (Chicken Pox)
- Pertussis (Whooping Cough)

STEPS intends to manage the risk of participants and workers contracting an infectious/preventable disease by taking appropriate steps as outlined in this and the following COVID-19 procedures -

- Infection Prevention (i052000)
- Suspected or Confirmed Case of COVID-19 (i051900)

2.0 PROCEDURE

2.1 GENERAL

STEPS is committed to the following:

- Providing workers with up to date information on vaccinations recommended for workers in the community services sector;
- Providing the appropriate Personal Protective Equipment (PPE) to workers or visitors as appropriate to protect or shield their bodies from infectious/preventable diseases. This may include:
 - Gloves
 - Gowns or aprons
 - Face masks
 - Protective eyewear
- Contacting the Public Health Unit for further advice on becoming aware of an outbreak of an infectious/preventable disease;
- Perform ongoing risk assessments on the risks involved in managing infectious/preventable diseases.

2.2 INFECTION PREVENTION

Stopping the spread of infection is everyone's responsibility and includes:

- Practicing good hand hygiene
- Following respiratory hygiene/cough etiquette
- Wearing PPE where required
- Correctly handling medical devices
- Correctly cleaning and managing spills
- Correctly handling food, waste and linen

2.3 HAND HYGIENE

Hand hygiene is the single most important factor in reducing the spread of infections. Hand hygiene can be performed either by washing your hands with soap and water or using an alcohol-based hand rub.

The five moments for hand hygiene:

1. Before touching a participant or their surroundings;
2. Before a procedure or where there is a risk of being exposed to body fluids;
3. After a procedure or body fluid exposure risk;
4. After touching a participant;
5. After touching a participant's surroundings (e.g. bed, linen).

Additionally, hand hygiene should always be performed:

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

2.4 RESPIRATORY HYGIENE/COUGH ETIQUETTE

Covering sneezes and coughs prevents infected people from dispersing droplets into the air where they can spread to others. Practicing good respiratory hygiene means:

- Covering your nose and mouth with a tissue when you cough, sneeze, wipe or blow your nose;
- If no tissues are available, cough or sneeze into your elbow rather than your hand;
- Encouraging participants to use tissues when they sneeze or cough;
- Providing the means for prompt disposal of used tissues in general waste; and

- Encouraging participants to practice hand hygiene.

2.5 PPE – GLOVES

Gloves should be worn:

- For procedures with a risk of exposure to blood or body substances i.e. assisting a participant with toileting or when dressing a wound;
- When touching equipment or surfaces that may encounter blood or body substances;
- When performing blood glucose monitoring;
- When caring for participants who have an infection spread by contact;
- If the worker has broken skin; and
- When preparing food.

Remember:

- Gloves are not to be used in replacement of hand hygiene;
- 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;

2.6 PPE – GOWNS AND APRONS

Gowns or aprons are used to stop contamination of workers' clothes and skin such as when there is a risk of splashes or sprays of blood or body fluids (e.g. vomiting or diarrhoea). When using gowns or aprons:

- Perform hand hygiene before and after using them;
- Remove and dispose of gowns or aprons as soon as care is completed;
- Gowns or aprons can be used:
 - When cloths may be exposed to blood or body fluids but low risk that arms will be contaminated
 - When the employee's clothes might get wet (e.g. showering a participant); and
 - Only once and then disposed of as soon as care is complete.

2.7 PPE – FACE MASKS

Face masks protect an employee's nose and mouth from exposure to infectious agents and are used if there is a risk of:

- Droplets or aerosols; and
- Splashes or sprays of blood or body fluids

Face masks protect the wearer when caring for participants who have an infection spread by droplet or airborne route. Face masks can also be worn by participants who are coughing, especially if they are unable to cover their mouth (only if wearing the face mask will not cause the participant distress).

When using face masks:

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

2.8 PPE – PROTECTIVE EYEWEAR

Protective eyewear protects a worker's eyes from exposure to infectious agents when there is a risk of:

- Droplets or aerosols; or
- Splashes or sprays or blood or body fluids.

Protective eyewear will protect the wearer when caring for participants who have an infection spread droplet or airborne route. When using protective eyewear:

- Remember that the outside of the eyewear is contaminated;
- When care is complete, remove eyewear using the headband or earpieces;
- Clean eye shield after each use with detergent and water and allow to dry; and
- If eyewear is single use, dispose of after completion of care activity.

2.9 CLEANING

Cleaning is an important part of stopping the spread of infection and depends on the objects involved and risk of contamination. When cleaning:

- Most surfaces can be adequately cleaned with warm water and detergent;
- Allow cleaned surfaces to dry completely;
- Detergent solution followed by disinfectant may be appropriate when an infection is known or suspected;

2.10 MANAGING SPILLS

Prompt clean-up of spills (e.g. vomit or diarrhoea) helps to stop infectious agents spreading from the environment to people. When managing spills:

- Select the appropriate PPE depending on the size of the spill;
- Immediately wipe up spots and spills smaller than 10cm or cover larger spills with absorbent material;
- Dispose of contaminated cleaning materials;
- Clean with detergent solution and consider following with disinfectant for infectious or larger spills; and
- Always perform hand hygiene.

2.11 FOOD HANDLING AND PREPARATION

Safe food handling is important to prevent food-borne illness. When handling food:

- Perform hand hygiene before handling food or putting on gloves;
- Perform hand hygiene after using the toilet, coughing, sneezing, blowing nose, touching face, nose, ears or mouth, handling rubbish or after cleaning;
- Avoid unnecessary contact with ready to eat foods;
- Tie back long hair;
- Do not sneeze, blow, cough over unprotected food or surfaces likely to encounter food;
- Do not eat over unprotected surfaces likely to encounter food; and
- Do not touch food after touching body parts (hair, nose, ear, eye), skin lesions, saliva, mucus, sweat, blood or money without first performing hand hygiene.

When preparing food:

- Keep hot food hot and cold food cold;
- Use separate storage, utensils and preparation surfaces for cooked and uncooked foods; and
- Wash all utensils and preparation surfaces thoroughly with hot water and detergent after use.

2.12 HANDLING LINEN

To avoid spreading infectious agents from used linen:

- Wear gloves and disposable gown/apron when handling linen of participants who have an infection;
- Take laundry basket to the bedside and put linen directly in the basket;
- Place linen soiled with blood or urine or other body fluids into a leak-proof laundry bag/s- do not carry soiled linen;
- Don't sort or rinse used linen in areas used to provide support to participants;
- Perform hand hygiene after handling linen; and
- Store clean linen in a clean dry place, separate from used linen.

2.13 TRANSPORTING PARTICIPANTS

When transporting participants, care is required to reduce the risk of spreading infection. When transporting participants:

- Perform hand hygiene before and after transport; and
- If a participant has a respiratory illness, encourage them to wear a mask and to perform respiratory hygiene/cough etiquette.

2.14 EXPOSURE TO BLOOD OR BODILY FLUIDS

If an employee comes in contact with blood or bodily fluids:

- Flush the area with running water;
- Wash the area with soap and water;
- Report the incident to their Manager or Supervisor;
- Record the incident as per the incident process; and
- Seek medical advice.

If any clothes are contaminated, rinse the item under running water, soak in a bleach solution, then wash separately from other clothing or linen with hot water and detergent.

3.0 RISK MANAGEMENT

- Risks of infection are regularly assessed, identified and managed.
- Workers are trained in infection control practice, including relevant application of precautions to minimise the risk of infection.
- Mechanisms are in place for monitoring compliance with infection control procedures.

4.0 RESPONSIBILITIES

4.1 WORK HEALTH AND SAFETY OFFICER (WHSO)

- The HR Manager will ensure current information related to infectious/preventable diseases, and the risk involved in not being vaccinated, is distributed to new workers during employee inductions.
- In the event of exposure to an infectious/preventable disease causes a workplace injury the HR Manager will immediately notify the Department of Work Health and Safety, the Managing Director (MD) and Chief Executive Officer (CEO).

4.2 PROGRAM MANAGERS

- The Program Managers will ensure as part of the orientation process that all workers are trained in the correct practices to reduce the risk of infection;
- Ensure appropriate PPE is available to workers when required;
- In the event of becoming aware of an outbreak of an infectious/preventable disease the Program Managers must immediately inform the WHSO Officer who will contact the MD, CEO and the Public Health Unit for further advice.

4.3 WORKERS

- Always practice hand hygiene;
- Practicing respiratory hygiene/cough etiquette;
- Wearing PPE when required;
- Advising their Manager/Supervisor if they notice anything that might increase the risk of infection e.g. inadequate cleaning or a participant who is unwell; and
- Workers who become aware that they have been exposed to an infectious/preventable disease must inform their Program Manager as soon as possible.

5.0 RELATED DOCUMENTS

Document Name	Document Name
<u>Infection Prevention</u> (i052000)	<u>Suspected or Confirmed Case of COVID-19</u> (i051900)
<u>Personal Protective Equipment (PPE)</u> (i050200)	

6.0 GOVERNANCE

Document Owner	General Manager – Community Support Services	Approval Date	17 December 2021
Effective Date	11 January 2022	Document Number	3111700_v3_220111

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1.4.1.7 Medication

PROCEDURE: MEDICATION

1.0 INTRODUCTION

STEPS workers will comply with all legislative requirements while assisting participants with medication. Participants will be supported in ways that allow them to achieve the highest levels of independence and participation in the community, in the least-restrictive way, while their optimum safety and well being is maintained.

1.1 DEFINITION

Medication	The definition of medication includes any substance administered by mouth, applied to the body, or introduced into the body for prevention, treatment, diagnosing and maintenance of a health disorder or disease. This includes herbal preparations and so called “natural” remedies. Medication includes substances obtained directly from a health professional as prescribed or non-prescribed “over the counter” products and preparations.
Workers	Employees, Volunteers, Contractors, Sub-Contractors, Consultants, Apprentices and Trainees, Work Experience Students.

2.0 ORIENTATION

All workers will receive an introduction to the Medication Procedure (3112100) during orientation.

The Manager or delegate will go through the procedure with workers ensuring they are aware of and will practice the seven 'R's':

- **Right Patient** - Confirm the name on the medication is the same as the participant.
- **Right Medication** - Check the medication label has the participants name and that the medication is in date.
- **Right Dose** - Ensure the quantity dispensed matches what is stated on the medication label.
- **Right Route** - Confirm the participant can take the medication as per the prescribed route.
- **Right Time** - Check the frequency of the prescribed medication. Double check that the dose dispensed is correct and taken at the correct time. Confirm when the last dose was given.
- **Right Reason** – Is the medication being given appropriate to the person. If there are concerns, please communicate this to the Team Leader or Manager – Disability.
- **Right Documentation** – After medication is given, ensure that it is thoroughly documented in the participants Community Medication Record (3112101).

The Manager – Disability or delegate will advise new workers that they will be required to attend *Recognise Healthy Body Systems* and *Assist Participants with Medication* training within the first three months of their employment. A record of training will be stored on the staff members file in ConnX.

The Manager – Disability or delegate will contact STEPS Education & Training to schedule and book new workers into *Recognise Healthy Body Systems* and *Assist Participants with Medication* training.

3.0 EXISTING PRESCRIBED MEDICATIONS

Participants will be supported to access individual medication assessment through their general practitioner (GP) and other health professionals. STEPS workers will not provide comment, advice, or opinion about a participant's medication.

- Workers will observe participants dispense and take their own medication as per GP instructions.
- The right dosage will be noted on the up to date and signed Clarification of Purpose of Medication form (3110053).
- Workers will ensure they familiarise themselves with any potential side-effects of the medication.

4.0 DELIVERY OR COLLECTION OF PRESCRIBED MEDICATIONS

Participant prescribed medications are either delivered to the participants residence or collected by the participant from their chemist with support from STEPS workers where requested.

- Webster Packs are delivered or collected weekly.
- Medication Rolls are delivered or collected monthly.
- All medications are checked for correctness e.g., correct name, medication, dosage.

5.0 MEDICATION REVIEW

Review of participant medications are conducted on a monthly and annual basis by STEPS workers.

Monthly Review of Participant Medication include:

- Prescribed Medication Pack or Webster packs are still in date.
- Participants Community Medication Record (3112101) aligns with the prescribed Medication Pack or Webster pack and Clarification of Purpose of Medication form (3110053).
- Medications are stored appropriately.
- Information of medications prescribed, and possible side effects, is reviewed and updated in the participants Community Medication Record (3112101).

Annual Review of Participant Medication include:

- Review of the participants prescribed medications by their GP/Psychiatrist.
- Any changes to the participants medication are recorded in the participants Community Medication Record (3112101) and filed in their personal file.
- Changes to participants medication is discussed at monthly Team Meetings.
- An updated Clarification of Purpose of Medication form (3110053) is to be completed and Community Medication Record (3112101) updated.

6.0 CHANGES TO EXISTING PRESCRIBED MEDICATIONS

- If deemed necessary, a worker will attend the GP appointment with the participant. A worker will take a new Clarification of Purpose of Medication form (3110053) and the participants Community Medication Record (3112101) to the appointment. Both documents are required to be updated by the medical practitioner.
- If medication is prescribed differently or is changed to existing medications, the worker is to contact the Manager – Disability or delegate immediately to advise the amended quantities and method of administration.
- The worker will make case notes around the changes.
- If required, the worker will take the participant to the pharmacy to have the prescription filled and added to Webster pack where required. The worker will make the necessary entries in the participants Community Medication Record (3112101) and/or Progress Notes (3110030) to advise workers using highlighted writing that there has been a change to the medications and Webster Pack/Medication Roll, or other container system.

- At the end of the shift, the worker will remove the now outdated Webster Pack/Medication Roll or other container system and return it to the pharmacy for disposal with a completed Disposal of Medication form (3112104).

7.0 ADDITIONAL PRESCRIBED MEDICATIONS

- If additional medication is prescribed, the worker is to contact the Manager – Disability or delegate immediately to advise the name of the new medication, the quantities and method of administration.
- The worker will make case notes around the changes.
- If required, the worker will take the participant to the pharmacy to have the prescription filled.
- The worker will enter details of the additional medication in the participants Community Medication Record (3112101) and/or Progress Notes (3110030) including the name of the medication, the quantity and the times the medication should be taken on each day the prescribed additional medication is required.
- An updated Clarification of Purpose of Medication form (3110053) and Community Medication Record (3112101) are to be completed by the medical practitioner.

8.0 STORAGE OF MEDICATION

- Where workers have the responsibility for participant's medication, medications must be stored securely in a locked drawer, cabinet or a separate "medication only" fridge that is in a secure area.
- It is the responsibility of workers to ensure medication is stored in accordance with the manufacturers' recommended temperature range and conditions.
- Medication is not to be removed from the secure area. Dispensing of medication into the utensil will occur in the secure area by the participant.
- The drawer or cabinet must always be locked except when in immediate use.
- If more than one participant's medication is stored within the medication fridge, it must be kept in a lockable container, in a separate distinctly labelled compartment.
- Workers must only remove one participant's medication at a time from the locked cabinet.
- Where a participant refuses to allow STEPS to store medication for them, a risk assessment must be completed by the worker in consultation with the Manager – Disability and/or delegate. The risk assessment must ensure that the medication not being stored by STEPS is not presenting a foreseeable danger to the participant or other participants. If this is the case, a locked drawer or cabinet should be provided and kept within the participant's room or within the office with the participant and the worker both having access to a key.
- If medication is taken offsite, the Medication Record – Temporarily Offsite form (3112102) must be completed.

9.0 INCIDENTS INVOLVING MEDICATION

- Where a medication is accidentally dispensed from a Webster Pack or Medication Roll, the STEPS worker will return the medication pack to the pharmacy.
- If an incorrect medication is given to a participant, the STEPS worker must notify their Team Leader and complete an Incident Report (i090701).
- If medication is not taken at the right time or the wrong dose is taken by the participant, the STEPS worker must notify their Team Leader and complete an Incident Report (i090701).
- If a participant vomits after ingesting medication and prior to their next due dosage, a medical practitioner or pharmacist should be consulted for advice about the appropriate action to take.
- If neither a medical practitioner nor pharmacist can be contacted, the worker is to immediately seek advice from:

Health Direct Australia	1800 022 222 (24 hour)
Medicines Line (NPS MedicineWise)	1300 633 424
Poisons Information Centre	13 11 26 (24 hour)
Emergency Services	000

000 is only to be contacted in an emergency such as unusual distress, collapse or cessation of breathing.

After any incident involving a participant and medication, the worker is to contact the On-Call number and complete an Incident Report (i090701). as per the Incident Management Procedure (i090700).

10.0 DISPOSAL OF MEDICATION

Medications to be disposed must be stored in a medication disposal tin marked “for disposal”. This container is stored securely in a locked drawer, cabinet or cupboard until such time as they can be returned to a pharmacy for disposal. The worker must ensure that the Disposal of Medication form (3112104) has been completed and signed by the pharmacist.

Workers must not dispose of medications in any of the following methods:

- Household waste collections.
- Washed down a sink or drain; or
- Flushed down a toilet.

11.0 POSITIVE BEHAVIOUR SUPPORT – MEDICATION

Where a medication is prescribed by a medical practitioner for the primary purpose of controlling behaviour, the worker must ensure that the participant is under a current Positive Behaviour Support Plan which includes the use of a Chemical Restraint. If there is no approved restrictive practice, do not administer the medication and contact the Manager – Disability or Team Leader immediately.

Please review the Restrictive Practice Policy (3112700) for further instructions.

12.0 RELATED DOCUMENTS

Document Name	Document Name
<u>Community Medication Record</u> (3112101)	<u>Clarification of Purpose of Medication form</u> (3110053)
<u>Consent – Medication Prompt Assist Form</u> (3112103)	<u>Disposal of Medication form</u> (3112104)
<u>Incident Management Procedure</u> (i090700)	<u>Incident Report</u> (i090701)
<u>Medication Record – Temporarily Offsite form</u> (3112102)	<u>NDIS Program Medication Audit Template</u> (3110065)
<u>Progress Notes</u> (3110030)	<u>Restrictive Practice Policy</u> (3112700)

13.0 GOVERNANCE

Document Owner	Executive Manager – Community Support	Approval Date	17 February 2023
Effective Date	24 February 2023	Document Number	3112100_v7_230224

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1.4.1.8 On-Call Support

1.0 INTRODUCTION

On-call assistance is available to workers within the STEPS Community Support programs. It consists of telephone assistance/advice from experienced workers for all out of hour's emergencies, and to give support and guidance as required. The workers on-call are available to help in cases where the situation cannot wait until normal business hours.

The on-call system is not designed to provide an alternative contact point for routine calls regarding service delivery or administration issues and should only be used for urgent requests that need to be dealt with immediately.

2.0 RESPONSIBILITIES

2.1 COMMUNITY SUPPORT

On-call workers are responsible for ensuring that they:

- carry their work mobile phone with them during out of hours periods
- ensure that the phone is charged at all times
- are available to answer the phone
- regularly check the phone to ensure that they have not missed a call
- immediately return missed calls
- advise the General Manager – Community Support immediately if anything listed in the critical incident section of this procedure occurs
- arrange to swap with another person if they should become sick whilst rostered on for on-call duties.

Workers who phone on-call for support are responsible for ensuring that they:

- phone only when it is appropriate to do so
- provide the on-call worker with the information required to support the decision-making process
- phone the General Manager – NDIS if support is required
- comply with any instructions given to them by the on-call workers
- on completion of the call, email their direct line manager and cc in the on-call worker with the details of the call and any follow up information
- add notes into MYP
- contact the on-call worker immediately if anything listed in the critical incidents/emergencies section of this procedure occurs
- phone back if the on-call phone is not answered on the first call and contact the General Manager – NDIS if their call is not answered or returned within 30 minutes. Depending on the severity of the incident, workers may opt to call the General Manager – NDIS sooner if their call to the on-call phone is not answered
- Follow the Incident Management (i090700) and complete an Incident Report (i090701) and submit to General Manager – NDIS within 24 hours.

2.2 PATHWAYS COLLEGE

On-call workers are responsible for ensuring that they:

- carry the appropriate mobile phone on their person at all times
- are available to answer the mobile phone
- regularly check to ensure any missed calls are followed up on
- return missed calls from Murphy House Workers/Trainers immediately
- immediately contact the Managing Director (MD) and/or Chief Executive Officer (CEO) if an incident listed in the Critical Incident section of this procedure occurs.

Workers who phone on-call for support are responsible for ensuring that they:

- place a call only when it is appropriate to do so (refer to the After Hours Decision Making Chart (3110025))
- provide enough relevant information to support the decision making process
- comply with any instructions given to them by the on-call worker
- on completion of the call, email their direct line manager and copy in the on-call worker with the details of the call and any follow up information

- immediately contact the General Manager – NDIS if anything listed in the Critical Incident section of this procedure occurs.

3.0 CRITICAL INCIDENTS/EMERGENCIES

In the case of a genuine critical emergency, such as where a person or property is in danger and those involved are unable to take steps to protect the person or the property, or where someone requires emergency medical assistance, the necessary emergency services should be contacted before the on-call worker.

All worker’s injuries and/or critical incidents should be reported immediately to on-call. A critical incident is an incident, whether accidental or deliberate, that:

1. Involves a participant, a worker, or a member of the public
2. Occurs regardless of whether a worker is present or witnesses the event and involves:
 - a. death
 - b. risk of death
 - c. abandonment
 - d. risk of abandonment
 - e. serious harm or injury
 - f. serious risk of harm or injury
 - g. sexual misconduct against a participant
 - h. the unauthorised use of a restrictive practice
 - i. other incidents, including for example:
 - i. alleged criminal activity
 - ii. inappropriate sexual behaviour by a participant
 - iii. property damage resulting in closure of a service, such as destruction of premises by fire
 - iv. emergency situation, e.g. bomb threats, hostage situations or natural disasters.

4.0 HANDOVERS TO ON-CALL

It is the responsibility of each site delegate (generally the Manager) to update the on-call worker with any potential concerns or issues that may arise whilst they are on call.

5.0 RELATED DOCUMENTS

Document Name	Document Name
After Hours Decision Making Chart (3110025)	Incident Management (i090700)
Incident Report (i090701)	

6.0 GOVERNANCE

Document Owner	General Manager – NDIS	Approval Date	6 August 2023
Effective Date	14 August 2023	Document Number	3111100_v3_210908

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1.4.1.9 Participant Absent from Shift

1.0 INTRODUCTION

STEPS Community Support (STEPS) understands that a participant may be unavailable to attend rostered shifts from time to time. Whilst STEPS respect the participant’s decision to not participate in their rostered shifts, STEPS has a duty of care to ensure the health and safety of the participant.

2.0 SHIFT ARRIVAL

When a support worker arrives at a participant’s residence for a rostered shift and the participant appears to not be home, the support worker will:

- 2.1 Contact their Manager or Team Leader during office hours or on-call support after hours and advise the participant is not present.
- 2.2 The Manager or Team Leader will direct the support worker to wait thirty (30) minutes to see if the participant returns.
- 2.3 The Manager or Team Leader will attempt to contact the participant to determine their whereabouts. If the participant is successfully contacted, the Manager or Team Leader will provide the support worker with direction as to how to proceed with the shift.
- 2.4 If the Manager or Team Leader is unsuccessful in contacting the participant, the Manager or Team Leader will instruct the support worker to continue to wait the thirty (30) minute duration and at the conclusion of the thirty minutes contact the Manager or Team Leader to advise if the participant has or hasn’t returned.
- 2.5 The Manager or Team Leader will instruct the support worker to leave the participants residence and advise whether they are to attend another shift, attend the office or if the remainder of the shift is cancelled.

3.0 SHIFT COMPLETION

- 3.1 The Manager or Team Leader will record case notes on MYP in relation to the participant’s absence and the outcomes.
- 3.2 If this is unusual behaviour or out of character for the participant, the Manager or Team Leader will contact either the Adult Mental Health or the Child Safety and Disability Services and notify their Case Manager of the participant’s absence.
- 3.3 The Manager or Team Leader will record this contact in the case notes in MYP.
- 3.4 If the participant is absent for two consecutive rostered shifts without having notified the office that they will be unavailable, the Manager or Team Leader will make contact with Adult Mental Health or the Child Safety and Disability Services to advise the participant’s Case Manager of their absences.
- 3.5 The Manager or Team Leader will again record case notes in MYP.

4.0 RELATED DOCUMENTS

Document Name
Nil

5.0 GOVERNANCE

Document Owner	General Manager – NDIS	Approval Date	6 August 2023
Date of Issue	14 August 2023	Document Number	3110500_v3_230814

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1.4.1.10 Participant Partaking in Alcohol and Other Drugs

1.0 INTRODUCTION

This procedure outlines the process for dealing with participants partaking in alcohol and other drugs whilst being supported by an employee of STEPS Community Support (STEPS).

STEPS recognises participant’s rights to make decisions and exercise choice and because of this STEPS does not want to restrict the rights of individuals to take part in a legal activity in their own homes. STEPS will however encourage the participant to consider the following:

- Abstain from alcohol consumption due to the health benefits for the participant;
- Cease alcohol consumption when an employee is present;
- Delay consumption of alcohol until the rostered shift is complete and the employee has departed;
- Reduce the volume of alcohol consumed to ensure the participant is not impaired;
- Replace preferred alcohol with low or no alcohol products.

1.1 DEFINITIONS

Authorised Doctor	Any registered medical practitioner.
Drugs of Abuse	A legal drug, misused prescription drug or illegal drug that could impair a participant’s capacity.
Illegal Drug	Any drug which is unlawful to possess, consume or sell within the Commonwealth of Australia or in any individual state of Australia.
Misused prescription drugs	Prescription drugs used incorrectly when compared with the prescription given by a registered medical practitioner.
Legal Drugs	Substances that may lawfully be taken without a prescription from a registered medical practitioner (for example, nicotine, caffeine, alcohol) or prescription medications provided they have been prescribed by a registered medical practitioner.
Impaired	A documented or observed decrease in the capacity of a participant.
Suspicion	Suspecting, on reasonable grounds, that a participant’s capacity is impaired by the use of drugs of abuse or alcohol

and/or that a work incident has occurred totally or partially as a result of the use of alcohol or drugs of abuse.

2.0 ORIENTATION

- 2.1 All support workers will be provided with a copy this procedure and discussions and explanations provided around their duty of care to the participant.
- 2.2 All employees will ensure that their own personal judgements and opinions do not influence outcomes.

3.0 PURCHASE OF ALCOHOL OR LEGAL DRUGS

- 3.1 If a participant has an addiction or substance abuse problem, support workers are not permitted to assist the participant with purchasing the item whilst receiving support.
- 3.2 If a participant does not have an addiction or substance abuse problem, support workers may assist the participant to purchase the item but this is not to occur as a standalone activity. For example if a support worker is assisting the participant to complete their shopping and the participant advises they wish to purchase alcohol, this is appropriate. However, if a support worker arrives to shift to have the participant advise they wish to attend the shops to purchase alcohol only, the support worker is to encourage the participant to undertake some form of social activity where they may be able to purchase this whilst they are out.
- 3.3 If a participant advises they are not feeling well and would like to purchase pain relief or medication to ease and sooth their symptoms, support workers may assist the participant to purchase the item. For example if a support worker arrives on shift and the participant advises they wish to purchase paracetamol as they are suffering from a headache.

4.0 IMPAIRMENT

- 4.1 The support worker is to contact their Manager to advise when they have arrived on a shift and the participant is clearly impaired and receive confirmation to cease the shift.
- 4.2 Once confirmation has been provided by the Manager to cease the shift, the support worker will inform the participant that as they appear to be impaired the support worker has been instructed that the shift will not proceed.
- 4.3 If the support worker attends a shift and the participant is consuming alcohol but clearly not impaired, the support worker will attempt to redirect and reengage the participant to participate in the scheduled shift.
- 4.4 The support worker will contact their Manager to advise that the participant has been consuming alcohol but not intoxicated and is willing to cease alcohol consumption and engage in the shift as scheduled.
- 4.5 If the participant is not prepared to cease consuming alcohol and reengage in the rostered shift, the support worker will contact their Manager for confirmation to cease the shift.
- 4.6 Once confirmation has been provided by the Manager to cease the shift, the support worker will inform the participant that as they are not willing to cease their alcohol consumption and actively participate in their rostered shift, the shift will not proceed.
- 4.7 The Manager will file note the participants shift ceased and the reasons on the participants file in MYP.

5.0 ILLEGAL ACTIVITY

- 5.1 If a support worker arrives on shift to witness a participant partaking in an illegal activity, the shift is to cease immediately.
- 5.2 The support worker will contact their Manager to advise they have ceased the shift due to the participant partaking in an illegal activity and provide further details in relation to the matter.
- 5.3 The Manager will file note the information on the participant’s file in MYP.
- 5.4 The Manager will discuss whether third party intervention is required and make contact with other services specialising in the area of concern.

6.0 RELATED DOCUMENTS

Document Name
Nil

7.0 GOVERNANCE

Document Owner	General Manager – NDIS	Approval Date	6 August 2023
Effective Date	14 August 2023	Document Number	3111200_v3_230814

(Uncontrolled when printed)

1.4.1.11 Recreation Activities

1.0 INTRODUCTION

STEPS acknowledges the importance of participants participating in recreation activities, establishing relationships and strengthening their valued status within their local and wider communities. STEPS will offer recreation activities to participants designed to ensure the safety for both the participant and workers.

2.0 ACTIVITY SET-UP

Prior to an activity commencing, several actions need to be undertaken to assist the participant to achieve the outcomes they have identified.

- 2.1 The Community Coordinator will consult with all participants in the form of a survey bi-annually to identify which activities they presently enjoy and new activities they would like to see introduced.
- 2.2 With the capacity to operate two different activities a day, the responses collated from the surveys will determine which groups will continue and what will be introduced.

- 2.3 The Community Coordinator will draft an email and forward to all workers requesting expression of interest to facilitate and manage an activity.
- 2.4 The Community Coordinator will assess the expressions of interest and appoint a worker as the facilitator taking into consideration their experiences and best matches with the participant's needs.
- 2.5 The Community Coordinator will contact suitable venues where applicable to enquire costs, availability and request a copy of their risk assessments for the venue, if one is not available, the worker will complete a General Risk Assessment Form (i050105) for approval prior to commencement of the group.
- 2.6 The Community Coordinator will identify when the activity will be held taking into consideration the frequency, day, length of time etc.
- 2.7 When applicable the Community Coordinator will conduct a risk assessment for the activity following the Risk Management Procedure (i050100) and completing the General Risk Assessment Form (i050105) and ensure a copy is available for Support Workers facilitating the group

3.0 ACTIVITY

On the day of the activity to assist with the activity operating efficiently and effectively the following steps will be applied:

- 3.1 The Community Coordinator drafts a participant collection schedule and distributes to workers assisting with the transporting of participants to the applicable venue.
- 3.2 The Community Coordinator will discuss with the facilitator the outcomes of the risk assessments conducted and Job Safety Environmental Analysis (JSEA) implemented as a result.
- 3.3 The Community Coordinator will discuss expectations and how to best achieve identified outcomes with the facilitator.
- 3.4 The Community Coordinator, activity facilitator and other workers on shift with applicable participants will collect participants and transport to the applicable venue.
- 3.5 Participants will be supported to participate in their chosen activity for the duration of the activity.
- 3.6 At the completion of the activity, participants will be encouraged and supported to assist with the packing up of any items utilised in the activity.
- 3.7 Participants will be transported by Community Coordinator, activity facilitator, and the worker on shift with applicable participants to their residence.

4.0 ACTIVITY CONCLUSION

- 4.1 At the completion of the activity particular details are required to be documented to be utilised in the future where applicable as a reference tool.
- 4.2 When applicable upon returning to the office, the facilitator will pack away resources that were utilised in the activity.
- 4.3 The facilitator will complete the Recreation Groups Outcome Form (3112201) at the conclusion of the activity and provide any relevant updates to the Community Coordinator.
- 4.4 The Community Coordinator will review the report, sign the report as satisfied with the outcomes and utilise the data to compile reports for the NDIS and participants as required and will be used as a feedback opportunity for upcoming activities.

4.5 The Community Coordinator will electronically file all reports on the O Drive.

5.0 ACTIVITY BY EXTERNAL PROVIDER

- 5.1 The participant will advise the Community Coordinator of any external activities they currently participate in and require support from STEPS to attend.
- 5.2 The Community Coordinator will record details such as activity type, day and duration on the participants Individual Support Plan.
- 5.3 The Community Coordinator will advise applicable workers of the participants existing activity commitments
- 5.4 If applicable, the Community Coordinator will coordinate with the rostering team to allocate a fleet vehicle to transport the participant to and from their scheduled activity
- 5.5 During the transportation the worker will confirm with the participant the time and location where they will collect the participant to return to STEPS.

6.0 RELATED DOCUMENTS

Document Name	Document Name
General Risk Assessment Form (i050105)	Recreation Groups Outcome Form (3112201)
Risk Management Procedure (i050100)	

7.0 GOVERNANCE

Document Owner	General Manager – NDIS Services	Approval Date	28 November 2023
Effective Date	22 March 2024	Document Number	3112200_v3_240322

(Uncontrolled when printed)

1.4.1.12 Support Workers Office Security

1.0 INTRODUCTION

STEPS Community Support (STEPS) acknowledges that support workers are entitled to a safe and secure workspace where they can perform approved work that requires confidentiality, while still maintaining supervision of the residential setting.

2.0 GENERAL

- 2.1 Support Worker Offices are furnished with items to ensure all support workers rostered to perform a sleep over shift are comfortable and safe.

- 2.2 When a support worker arrives for shift at a residence, they will immediately secure their personal belongings in the Support Workers Office.
- 2.3 The Support Workers Office door is to be kept closed and always locked. The purpose of the office is to not only secure the belongings of the support worker, but to also secure the participants prescribed medications and any other items included in a restrictive practice plan.
- 2.4 The participant is not permitted in the Support Workers Office under any circumstances.
- 2.5 In the event of the Support Workers Office requiring maintenance, the Manager – Disability must be notified.
- 2.6 If the maintenance to the Support Workers Office results in a lock or key change, the support worker will advise the Manager – Disability.
- 2.7 The Manager – Disability will notify all support workers rostered at the residence of the change to the locks and decide for spare keys to be available.
- 2.8 Duplicate keys for applicable residents are available in the safe located at STEPS Community Support office.

3.0 SUPPORT WORKERS OFFICE KEYS

- 3.1 Keys for the Support Workers Office are to be always kept on the support worker and exchanged between support workers at the commencement and completion of shifts.
- 3.2 No keys for the residence are to be left unsecured.
- 3.3 At applicable residences, spare office keys may be in the key lock box located outside of the residence.
- 3.4 The key lock box combination code is only ever provided to the support workers rostered at the applicable residence.
- 3.5 If the code number is compromised in any way, the Manager – Disability must be notified immediately.
- 3.6 The Manager – Disability will plan for the key lock box combination to be changed and notify all support workers rostered at the residence of the new code combination.

4.0 RELATED DOCUMENTS

Document Name
Nil

5.0 GOVERNANCE

Document Owner	Executive Manager – Community Support Services	Approval Date	31 May 2022
Effective Date	17 June 2022	Document Number	3111800_v3_220617

(Uncontrolled when printed)

1.4.1.13 Service Agreement Management

1.0 INTRODUCTION

Service agreements help to ensure participants have an agreed set of expectations of what supports will be delivered and how they will be delivered. A service agreement sets out the responsibilities and obligations for both parties and how to solve any problems should they arise.

2.0 SERVICE AGREEMENTS

All participants require an individually completed service agreement with reference to a person's NDIS plan. An Easy Read document outlining the Service Agreement process is also available, [Easy Read Participant Handbook \(r4000120\)](#). A service agreement should include:

- A description of the supports that will be provided.
- The cost of those supports.
- How, when and where the participant requires the supports to be delivered.
- How long the participant requires the supports to be provided.
- When and how the service agreement will be reviewed.
- How STEPS will deal with any concerns or questions that may arise and how the participant will be included in this process.
- What the participants responsibilities are under the service agreement – for example, how much notice the participant must give if they cannot attend an appointment.
- What STEPS' responsibilities are under the service agreement – for example, to work with the participant to provide supports that suit their needs.
- What notice is required if STEPS or the participant need to change or end the service agreement and how this is done – for example, by email or mail.

2.1 NEW SERVICE AGREEMENTS

A meeting will be scheduled with the participant and if the participant consents, their family and/or substitute decision maker, to create a service agreement to:

- Establish the expectations.
- Explain the supports to be delivered.
- Explain any conditions attached to the provision of those supports and why those conditions are attached.

It's important that each participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to understand.

If the service agreement is written, have the participant and/or authorised substitute decision maker sign it, provide the participant a copy and file the other copy in the participant's record. Where this is not practicable, or the participant chooses not to have an agreement, record this and note the circumstances under which the participant did not receive a copy of their agreement.

Please be advised that any support or service requested by the participant or their nominee undertaken by STEPS Group will be charged accordingly, regardless of a returned signed agreement.

2.2 CHANGING A SERVICE AGREEMENT

A service agreement that has commenced may only be changed if the changes are agreed in writing, signed and dated.

2.3 SPECIALIST DISABILITY ACCOMMODATION

If supported independent living supports are provided to participants in specialist disability accommodation, arrangements must be clearly documented on roles and responsibilities in a service agreement including:

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

2.4 CANCELLATIONS OR NO SHOWS

A service agreement that has commenced may only be changed if the changes are agreed to by all parties in writing and signed and dated.

Where STEPS receive a short notice cancellation (or no show), STEPS may recover 100% of the fee associated with the activity.

A cancellation is a short notice cancellation (or no show) if the participant has given:

- Less than seven (7) clear business days' notice for the support and STEPS are unable to redirect the support worker to another shift.

There is no limit on the number of short notice cancellations (or no shows) that STEPS can claim in relation the participant.

2.5 WHAT IS A 'BREACH OF SERVICE AGREEMENT'?

If STEPS or the participant and/or the participant's representative:

- Fail to do what is required of them under the Service Agreement (3110016) or Service Agreement (5000030).
- Are unable to communicate effectively, resulting in communication breakdown between the parties.
- Ignore workplace health and safety considerations.
- Fail to comply with STEPS' policies and procedures.

2.6 PAYMENT FOR SERVICES AND SUPPORT DELIVERED

Notwithstanding anything in this Service Agreement to the contrary if the Participant:

- Refuses to pay.
- Changes their provider.
- Has no funds available to make the payment.
- Their funding has expired.

STEPS shall have the right to consider it a 'Breach of Service Agreement' and can cancel, suspend or reduce the supports without liability.

The Participant shall be liable for any amount not paid and reasonable costs of collection incurred by STEPS.

2.7 WITHDRAWING A SERVICE AGREEMENT

STEPS service agreements include a required notification period in the event that a support or service is withdrawn or terminated. This notification period is thirty (30) days prior to the delivery of support or service.

2.8 CEASING A SERVICE AGREEMENT

If STEPS decide to cease a commenced Service Agreement (3110016) or Service Agreement (5000030), a minimum of thirty (30) days' notice will be provided. If a participant wishes to end a commenced Service Agreement (3110016) or Service Agreement (5000030), they will need to provide a minimum of thirty (30) days' notice. The thirty (30) days' notice can be waived if STEPS or the participant seriously breaches the Service Agreement.

3.0 NDIS PRICE GUIDE

STEPS is a registered provider under the NDIS and will adhere to the NDIS Pricing Arrangements & Price Limits (3110015) (Guide). The Guide is a summary of NDIS price limits and associated arrangements (price controls) that apply. The NDIA sets price controls for certain NDIS supports to ensure NDIS participant obtain reasonable value from their support packages. This price guide determines the amount of funding our participants are able to access for these supports and services. History shows these rates increase minimally and in line with CPI. The NDIS Pricing Arrangements & Price Limits (3110015) is generally issued in the first week of July each year. Cancellation fees are only chargeable if specifically mentioned in the NDIS Pricing Arrangements & Price Limits (3110015) for that support.

4.0 AMENDMENTS TO RATES

Unless otherwise notified, STEPS will charge the full fee rates applicable to the supports listed in the NDIS Pricing Arrangements & Price Limits (3110015) for Service Providers, current at the time the supports were delivered ("Price Guide") including, if applicable, the Temporary Transitional Payment rate. STEPS will automatically change and/or increase fee rates when the current Price Guide is amended. Changes in fee rates will be advised to the participant.

5.0 RELATED DOCUMENTS

Document Name	Document Name
<u>Easy Read Participant Handbook</u> (r4000120)	<i>NDIS Plan</i>
<u>NDIS Pricing Arrangements & Price Limits</u> (3110015)	<u>NDIS Service Agreement</u> (3110016)
<u>Service Agreement</u> (5000030)	

6.0 GOVERNANCE

Document Owner	Managing Director	Approval Date	7 April 2024
Effective Date	24 April 2024	Document Number	i100300_v1_240424

(Uncontrolled when printed)

1.4.1.14 Service Entry

1.0 INTRODUCTION

STEPS, in its delivery of services through the NDIS, will ensure that any individual wishing to enter its services are assessed fairly, equitably and consistently. STEPS NDIS service delivery is conducted in a fair and transparent manner and will be provided to meet individual need within current available resources.

2.0 ELIGIBILITY

Participants are required to meet the NDIS Eligibility criteria listed below and outlined on the [NDIS Am I eligible page](#):

- Aged between 7 and 65
- Live in Australia
- Are an Australian citizen, Permanent Visa or Protected Special Category Visa Holder
- Require support from a person because of a permanent and significant disability
- Use special equipment because of a permanent and significant disability
- Require support now to reduce your future needs.

3.0 ENQUIRY, INTAKE AND PLAN RENEWAL

STEPS Service Entry Workflow – Community Services NDIS provides a detailed outline of the process and forms to be completed from *Enquiry to Intake through to Plan Renewal*.

All staff are required to **read and follow** the steps outlined in this document.

4.0 RELATED DOCUMENTS

Document Name	Document Name
Advocate Guidelines (i020401)	Advocate Nomination Form – New/Change (i020402)
Community & NDIS Referral/Intake Form – New Participant (3110022)	Fee for Service Agreement (3110014)
Individual Risk Assessment	Information Booklet for Participants (3110019)
Managing your Personal Information (31100394)	<i>NDIS Enquiry Register</i>
<i>NDIS Plan</i>	NDIS Individual Support Plan (3110004)

Participant Conflict of Interest Register (3110008)	Participant File Checklist (31100397)
Service Agreement (3110016)	Service Agreement Management Procedure (i100300)
Service Entry Workflow – NDIS (3110075)	

5.0 GOVERNANCE

Document Owner	General Manager – NDIS	Approval Date	11 April 2024
Effective Date	26 April 2024	Document Number	3111500_v10_240426

1.4.1.15 Service Exit

1.0 INTRODUCTION

Participants receiving support services from STEPS through the NDIS have the right to terminate their service arrangement as outlined in the Service Agreement. STEPS will ensure that any participant and/or their substitute decision maker wishing to exit its services is provided with fair, equitable and appropriate support through the transition and exiting period.

2.0 PROCEDURE

- 2.1 The participant and/or their substitute decision maker being supported by STEPS will notify the NDIS Service & Support Coordinator that they wish to exit the service.
- 2.2 The NDIS Service & Support Coordinator will offer the participant and/or their substitute decision maker the opportunity to attend an exit interview and advise that this is a chance for them to provide feedback about the services they received from STEPS.
- 2.3 The participant’s NDIS Plan and Service Agreement will be reviewed by the NDIS Service & Support Coordinator.
- 2.4 If warranted, the NDIS Service & Support Coordinator will advise the participant of the [Feedback and Complaints Policy](#) (i010103), [Feedback Procedure](#) (i040100), [Complaints Procedure](#) (i040500) and support the participant and/or their substitute decision maker through this process.
- 2.5 Where applicable the NDIS Service & Support Coordinator will hold discussions with the participant and with the participants consent their family and/or substitute decision maker around other service providers available and assist with a referral if requested.
- 2.6 The NDIS Service & Support Coordinator will also provide the participant and/or their substitute decision maker with information relating to re-engaging with STEPS at a later date if desired/needed.
- 2.7 The NDIS Service & Support Coordinator will provide the participant and/or their substitute decision maker with an opportunity to complete the [Participant Exit Form](#) (3110026)

2.8 All documents and files will be managed in accordance with STEPS policies and procedures.

2.9 The NDIS Service & Support Coordinator will notify all relevant stakeholders, Shared Services and support staff of the participant's impending exit.

3.0 RELATED DOCUMENTS

Document Name	Document Name
Complaints Procedure (i040500)	Feedback and Complaints Policy (i010103)
Feedback Procedure (i040100)	Participant Exit Form (3110026)

4.0 GOVERNANCE

Document Owner	Executive Manager – Community Support Services	Approval Date	6 September 2021
Effective Date	8 September 2021	Document No	3111600_v2_210908

1.4.1.16 Supporting Documents

Quick Links:
A,B,C D, E, F G, H, I J,K,L M, N, O P, Q, R, T, U, V W, X, Y, S Z

A,B,C

[Authority to Gain or Release Information in External Audit Process](#) (3110034)

[Client Table of Contents](#) (3110058)

D, E, F

G, H, I

Health and Safety Monthly Audit Checklist for SIL Program (3110063)

J,K,L

M, N, O

NDIS Planning (3110059)

NDIS Program Medication Audit Template (3110065)

P, Q, R, S

Plan Review Workbook (3110012)

T, U, V

W, X, Y, Z

1.4.1.17 Transporting Participants

PROCEDURE: TRANSPORTING PARTICIPANTS

1.0 INTRODUCTION

STEPS recognises participants may require assistance with travel to participate in activities of interest. STEPS will support participants to ensure any travel undertaken is safe and will use risk management strategies where required.

2.0 EASY READ TRAVEL & TRANSPORT EXPLAINED

There are two main categories of Travel and Transport, ie. Provider Travel and Participant Transport which are explained in STEPS Community Support [Easy Read Travel & Transport Explained](#) (3110077).

3.0 RISKS ASSOCIATED WITH TRAVEL

The Manager or delegate will ensure the support team has reviewed the participant's completed *NDIS Plan* and [NDIS Individual Support Plan](#) (3110004) so that they are aware of the participant's history and any risks associated with travelling.

Prior to commencing a trip, the worker on shift should be mindful of the participant's health and well-being and assess and determine whether the trip is beneficial to the participant.

3.0 PUBLIC TRANSPORT

First preference for transport where possible should be public transport, walking or other forms of transport to increase the participant's independence and sense of self-worth whilst integrating as an active participant of the community.

4.0 STEPS COMMUNITY SERVICES FLEET VEHICLES

Where a participant expresses they require travel assistance in a STEPS Community Support fleet vehicle, the participant's support team will assist by considering the following:

- 4.1 Ensure they have read the [Driving Company Vehicles Procedure](#) (i050300) and relevant supporting documentation.
- 4.2 Reference the participants NDIS Plan to ensure it includes Assistance with Travel / Transport Arrangements.
- 4.3 Either the participant or the worker will contact the Scheduler and request to book a fleet vehicle advising the date, duration required and the purpose the fleet vehicle is required.
- 4.4 Be aware that Medical Appointments will always have preference for fleet vehicle bookings.
- 4.5 For travel outside of already approved travel as per the [NDIS Individual Support Plan](#) (3110004), approval for over 20km weekdays and 30km weekends must be confirmed by the Manager or delegate.
- 4.6 Disability permits are available and approval from the Manager or delegate will be dependent on the reason for use.
- 4.7 Pets must not be transported without the approval of the Manager or delegate. If approval is granted, the pet must be transported in an approved pet carrier.
- 4.8 If requested to provide transport assistance to family or friends of the participant, approval must be received from the Manager or delegate.
- 4.9 If approval has been given for the participant to utilise a fleet vehicle, this will be confirmed on both the participant's and worker's roster.
- 4.10 The worker will log into the navigation device in the car at the commencement of the trip, complete the Car Register and log out of the navigation device at completion. Any issues with the navigation device should be reported to the office immediately.
- 4.11 If the participant soils the fleet vehicle during the shift, the worker on shift is responsible for dropping off the soiled items to the dry cleaners prior to returning the vehicle to the office.

5.0 PRIVATE MOTOR VEHICLES

Workers should be aware of the following when utilising their personal vehicles for work purposes.

- 5.1 No participants are to be transported in a worker’s personal vehicle unless it is an emergency and prior approval has been received from the Manager or delegate.
- 5.2 STEPS does not pay mileage for travel to and from work.
- 5.3 All traffic infringements incurred by the driver during business hours are the responsibility of the driver.
- 5.4 It is the worker’s responsibility to ensure that they comply with the ATO rulings in relation to mileage claims.
- 5.5 The worker will complete Mileage Claim Form (3110028) and submit to the Manager or delegate with their timesheet.
- 5.6 The Manager or delegate must approve mileage claims prior to forwarding to the Payroll Department with the worker’s timesheet for processing in the scheduled fortnightly pay run.

6.0 RELATED DOCUMENTS

Document Name	Document Name
<u>Driving Company Vehicles Procedure (i050300)</u>	<u>Mileage Claim Form (3110028)</u>
<i>NDIS Plan</i>	<u>NDIS Individual Support Plan (3110004)</u>
<u>Easy Read Travel & Transport Explained (3110077)</u>	

7.0 GOVERNANCE

Document Owner	General Manager – Community Support	Approval Date	19 October 2021
Effective Date	27 October 2021	Document Number	3111900_v4_211027

(Uncontrolled when printed)

1.4.1.18 Waste Management

1.0 INTRODUCTION

This procedure provides the guidelines for waste management. Correct and efficient waste management can enhance STEPS reputation, benefit the community and the environment and minimise exposure to infection and disease.

STEPS have procedures and practices in place for the safe and appropriate storage and disposal of waste that comply with current legislation and local health district requirements.

All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed.

STEPS have an emergency plan in place to respond to clinical waste or hazardous substance management issues and/or accidents.

Where the emergency plan is implemented, its effectiveness is evaluated, and revisions are made if required.

Workers involved in the management of waste receive training to ensure safe and appropriate handling including training on any protective equipment and clothing required when handling waste.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

For more information on PPE, refer to the Personal Protective Equipment (PPE) Procedure.

OUT OF SCOPE

This procedure does not cover anatomical, cytotoxic or radioactive waste.

Wherever possible, waste should be reduced, and a culture of proactive recycling, reusing and composting encouraged. Reducing waste and actively recycling also reduces the cost of waste disposal.

Waste produced is generally one of the following categories:

- General waste including:
 - General household waste
 - Food waste
 - Sanitary waste (incontinence pads and disposable nappies)
- Clinical waste including:
 - Used bandages and dressings
 - Blood-stained body fluids, materials or equipment
- Sharps waste including:
 - Needles and syringes with needles
 - Finger prickers, lancets or blades
 - Auto-injectors such as EpiPen's
- Pharmaceutical waste including:
 - Expired pharmaceutical products
 - Pharmaceutical products no longer required
- Green organics including:
 - Grass clippings
 - Grounds maintenance
 - Flowers
 - Raw fruit and vegetable scraps, coffee beans
- Recyclables including:
 - Paper and cardboard
 - Glass jars and bottles

- Aluminium and steel cans
- Aerosol cans
- Hard plastic (PET) bottles and containers
- Plastic bags
- Printer toner cartridges
- Sensitive waste including:
 - Printed material with personal or confidential information
 - Computers, storage devices and mobile phones used to store or handle personal information
 - Computer media (hard disks, CDs and USB memory keys) used to store personal information
- E-waste including:
 - Computers and computer parts
 - Photocopiers and printers
 - Mobile phones
 - Medical equipment
 - Household appliances such as TVs, radios, microwave ovens, irons and coffee machines

2.0 GENERAL WASTE

General waste is any waste not recyclable or categorised in other waste categories. General waste is insecure and not appropriate for sensitive information as this could increase risks of a data breach. General waste is not suitable for clinical waste or sharps due to the risk of injury or infection from these.

To reduce general waste, green organics, recyclables and E-waste should not be disposed of in general waste.

To comply with this procedure:

- General waste should be reduced wherever possible
- Recyclables should not be placed in general waste but recycled wherever possible
- Clinical waste and sharps must not be disposed of in general waste at any time
- Pharmaceutical waste must not be disposed of in general waste at any time
- Where possible, green organic waste (including garden waste and kitchen scraps) should be composted or disposed of in organic waste rather than general waste

3.0 CLINICAL WASTE

Clinical waste is any blood-stained fluids or material such as bandages or dressings. Clinical waste carries a risk of infection so must not be disposed in general waste. Clinical waste must be placed in separate bins designed for clinical waste and stored in a secure location for collection by a qualified waste management service that handles clinical waste.

To comply with this procedure:

- Do not dispose of clinical waste in general waste
- Do not dispose of sharps in clinical waste
- When emptying clinical waste bags, PPE must be worn including gloves, apron and protective eyewear
- Do not fill clinical waste bags more than two-thirds of their capacity and secure the contents before closing the bag
- Do not secure clinical waste bags with staples or anything sharp
- Store clinical waste in a secure area with restricted access until collection by a clinical waste management service

4.0 SHARPS

Incorrect disposal of sharps i.e. in a plastic bag for general waste, could expose workers and participants at risk of injury and infection. To reduce risks, place all sharps immediately after use in a sharps approved container (usually yellow) for disposal by a qualified waste management service that handles sharps.

To comply with this procedure:

- Always dispose of sharps in a sharps-approved container
- Do not place sharps in any non-sharps approved waste such as general waste or clinical waste
- Always dispose of sharps immediately of use
- Do not attempt to recap needles
- Do not attempt to retrieve anything from a sharps container
- Do not fill a sharps container more than three quarters full or beyond the “fill” line
- Lock sharps approved containers in the medication cupboard when not in use

5.0 PHARMACEUTICAL WASTE

Pharmaceutical waste includes pharmaceutical products expired or no longer required. If placed in general waste, these items are potentially dangerous and harmful to the environment.

All pharmaceutical waste:

- Must be returned to a pharmacy for safe disposal
- Must not be placed in general waste

6.0 GREEN ORGANICS

To reduce general waste, green organics should be composted or placed in garden waste bins for collection by local government curb side collection, if available. Sites with gardens/yards should compost kitchen scraps to reduce general waste and to enrich the environment. Composting is best done using a compost bin on the ground to attract worms and is mixed with dead leaves, shredded paper and/or mulch to help the compost process. Once broken down, matured compost can be used to benefit the garden.

To comply with this procedure:

- If possible and feasible, kitchen scraps (raw fruit and vegetable scraps, raw eggshells, used coffee beans) should be composted with organic garden waste rather than disposed of in general waste
- Green organic garden waste and lawn clippings should be placed in organic waste collections operated by local governments (if available), collected by a waste management service or compost onsite.

7.0 RECYCLABLES

Wherever possible, recyclables should always be recycled to reduce general waste. Everything that can be recycled should be recycled or reused, this includes:

- Curb side collection (local government, where applicable) or a waste management recycling service for recycling:
 - Paper and cardboard (including newspapers, egg cartons, cupboard boxes and cardboard product packaging)
 - Glass jars and bottles

- Aluminium and steel cans
- Aerosol cans
- Hard plastic (PET) bottles and containers
- Soft plastic recycling at local supermarkets (where available) for recycling:
 - Plastic shopping bags and all soft plastic such as food wrappers and product packaging
- Toner cartridge collection services for:
 - Used toner cartridges from photocopiers and laser printers
- E-waste collection services for:
 - Computers, TVs, radios, household appliances
- Mobile phone recycling services to:
 - Old mobile phones
- Whitegoods recycling services for:
 - Refrigerators, ovens, air conditioners or other whitegoods

To comply with this procedure:

- Recyclables should be recycled wherever possible
- Recyclables should not be placed in general waste
- Used toner cartridges should be recycled where possible
- Plastic bags should be returned to the local supermarket and placed in bins provided for soft plastics recycling where possible (Coles and Woolworths)

8.0 SENSITIVE WASTE

To reduce risks of a data breach (where personal information is accessed by someone unauthorised):

- Sensitive paper waste must be either shredded or disposed of in secure paper recycling bins for collection by a secure document destruction service
- Do not dispose of printed material containing personal or confidential information in general waste
- Computers, computer storage, mobile phones, media and USB memory keys used to store personal information should be disposed of by a qualified secure E-waste service

9.0 E-WASTE

If placed in general waste, E-waste can be dangerous and harmful to the environment. E-waste:

- Should be disposed of using an E-waste disposal service
- Including mobile phones should be recycled using mobile phone recycling services
- Including used toner cartridges should be recycled where possible
- Including computers, storage devices, media and USB memory keys used to store personal or confidential information should be disposed of using a secure E-waste destruction service

10.0 HANDLING WASTE

To reduce risks of injury or illness always wear PPE that is appropriate to the type of waste handled.

Handling of waste bags should be minimised and when handling, workers should wear appropriate PPE to reduce the risk of injury.

10.1 WASTE MANAGEMENT RESPONSIBILITIES OF KEY MANAGEMENT PERSONNEL

- Overall waste reduction strategies
- Ensuring each site is serviced by an appropriate waste management service
- Ensuring workers are trained to dispose of waste and recyclables in correct bins
- Ensuring bins are correctly labelled or signposted to assist workers to correctly sort waste
- Facilitating and encouraging composting of green organics and raw kitchen scraps where possible
- Ensuring sensitive paper waste is shredded or disposed of using a secure document destruction service rather than disposed of in general waste
- Ensuring sensitive E-waste is disposed of by a secure E-waste destruction service
- Ensuring workers comply with this procedure
- Auditing waste management procedures and practices

10.2 WASTE MANAGEMENT RESPONSIBILITIES OF WORKERS

- Disposing of waste in the correct bins provided
- Recycling all recyclables as directed by key management personnel
- Not disposing sharps, clinical or pharmaceutical waste in general waste
- Not disposing sensitive waste in general waste or insecure recycling

11.0 RELATED DOCUMENTS

Document Name
Nil

12.0 GOVERNANCE

Document Owner	General Manager - Community Support Services	Approval Date	6 September 2021
Effective Date	9 September 2021	Document Number	3112900_v2_210909

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1.4.1.19 Working with Participant Support Networks

1.0 INTRODUCTION

This procedure aims to ensure each participant receives coordinated support from a collaborative team which includes STEPS, the participant, the participant's support network and other relevant providers. A coordinated collaborative approach helps to facilitate the participant's development and address their needs and priorities. Effective collaboration means being able to provide safe, coordinated supports and services whilst involving the participant and their support network as much as possible.

A participant's support network are the people in the participant's life that help the participant informally to achieve their goals and aspirations. A support network can include the participant's family, guardians, carers, friends, advocates, relevant agencies, or other members of the community. A support network includes people with important relationships, people who can help the participant learn new skills, give advice on decisions, provide opportunities to be involved in the community and develop dreams and ideas and how to achieve them.

STEPS is committed to genuine collaborative relationships between support networks and other service providers where we can value each other's knowledge of participant's, communicating freely and respectfully and sharing insights and engaging shared decision-making. We encourage the participant's support network to be involved and provide input into support plans, spend time with the workers and contribute their skills and resources to enhance well-being, learning and development.

It is important that all involved remain confident that their personal information is kept safe and secure, and that the privacy of the participant is upheld while sharing information to deliver better services. Keep in mind the following seven golden rules for information sharing:

- Data security should not be a barrier for information sharing
- Record decisions and reasons for it - record what was shared, with whom and for what purpose
- Be open and honest with the participant (and their family, where appropriate) at the outset about why, what, how and with whom information will or could be shared, and seek their agreement and consent, unless it is unsafe or inappropriate to do so
- Seek advice if you are in any doubt, without disclosing the identity of the participant, where possible
- Share the consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information – information can still be shared without consent in certain situations e.g., if the participant is at serious risk of harm
- Consider the safety and well-being of the participant and others who may be affected by their actions
- The information sharing should be necessary, proportionate, relevant, accurate, timely and secure.

2.0 IDENTIFY SUITABLE AGENCIES

It is the responsibility of the Team Leaders to identify suitable partnerships and agencies in consultation with the participant and family or other informal supports.

3.0 EMPLOYEE AWARENESS TRAINING

The Chief Operating Officer and General Manager – NDIS are responsible to ensure that all appropriate workers receive training in this procedure.

4.0 HOW WE REFER PARTICIPANTS TO OTHER AGENCIES

Other agencies may first be identified when preparing the [NDIS Individual Support Plan \(3110004\)](#), or at a later stage in the process of the service being provided, vocational work, or review process. It is the responsibility of the Key Support Worker and/or Team Leader to gather the relevant documentation for the referral and the referral outcome.

5.0 AUTHORISATION OF REFERRAL

Once another agency is identified as part of meeting the participant’s needs, this is then referred to the participant/family or informal supports and Team Leader for authorisation of the appropriateness of the referral.

6.0 IMPLEMENTATION OF REFERRAL

It is the responsibility of the key Support Worker and/or Team Leader to implement the referral and prepare the necessary documentation. If the referral includes an application for funding, the Chief Operating Officer and General Manager – NDIS must be involved in this stage of the referral.

7.0 RELATED DOCUMENTS

Document Name	Document Name
<u>NDIS Individual Support Plan</u> (3110004)	

8.0 GOVERNANCE

Document Owner	General Manager – NDIS	Approval Date	28 November 2023
Effective Date	5 February 2024	Document Number	3111000_v5_240205

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1.4.2 Specialist Behaviour Support

Creating individual strategies which safeguard the dignity of participants and are responsive to individual needs whilst addressing the underlying cause or concern of challenging behaviours.

1.4.2.1 Behaviour Support Plans

1.0 INTRODUCTION

Positive Behaviour Support Plans (PBSP’s) are key practice and accountability documents and must be in place for all participants identified as experiencing challenging behaviours. STEPS recognise the importance of understanding the nature and function of the person’s behaviour in order to optimise the use of evidence based proactive strategies and minimise the use of Restrictive Practices.

Please note: PBSP’s can only be developed by a Behaviour Support Practitioner that has been approved by the National Disability Services (NDIS) Quality and Safeguards Commission.

1.1 DEFINITIONS

Positive Behaviour Support Plans	A PBSP reflects the participant’s needs, improves their quality of life and supports their progress towards positive change. The plan progresses towards the reduction and elimination of restrictive practices, where these are in place for the participant. A comprehensive PBSP must be developed within six (6) months after a Behaviour Support Practitioner is engaged to develop the PBSP.
Interim Behaviour Support Plans	An Interim BSP is utilised when there is an immediate need for a BSP to be put in place to help minimise the risk to the participant and others.

2.0 DEVELOPING A PBSP

- The PBSP must include:
 - Details of any behaviours of concern and analysis of possible contributing environmental, social or health factors
 - Details of any positive behaviour supports and/or tools used to support the person
 - Details of medications or other such therapeutic interventions
 - Details of any previous interventions trialled and their outcomes, starting from the least restrictive alternative which infringe on the fewest rights
 - Details of any restrictive practice that has been authorised and consented to including when and under what circumstances the restrictive practice may be used
 - Details of consent arrangements
- BSPs must reflect the participant’s needs, improve their quality of life and support their progress towards positive change.
- Behaviour Support Assessments must be completed to identify function, needs and strategies to address behaviours of concern. A Functional Behaviour Assessment must be undertaken and included in the PBSP
- PBSP is committed to the reduction and elimination of Restrictive Practices if used.
- Only evidence-based strategies (proactive, person-centred strategies that address the participant’s needs and the function of the behaviour).
- PBSPs will be developed in collaboration with the participant and where the participant consents their trans-disciplinary therapy team, relevant family/ carers, advocate and support networks.
- If the PBSP contains Regulated Restrictive Practice (RRP), then it will be registered with the Commission. Monthly reports will be provided to the Commission regarding the use of the RRP’s
- PBSPs that do not contain RRP’s do not need to be registered with the Commission.

3.0 IMPLEMENTING PBSP’S

- Each PBSP will be implemented effectively to meet the participant's individual behaviour support needs.
- All workers supporting the participant will be trained to implement PBSPs with a high level of fidelity.
- Behaviour Support Practitioners may make recommendations for training to ensure that the workers can appropriately implement PBSPs.

4.0 EVALUATING PBSP'S

- Behaviour Support Practitioners will continually review, record and monitor data collected by workers implementing the PBSP.
- Monitoring consists of the following informal and formal approaches; feedback from participant, their family/carers, data collection and other feedback.
- Modifications will be made where relevant (where there is an opportunity to reduce restrictive practices, if the function of the participant's behaviour changes or new / updated strategies are required).
- Modifications will be made based on engagement and results of data only.
- It is the Behaviour Support Practitioner's responsibility to identify when a situation arises requiring more frequent reviews (i.e. change in participants behaviour).
- Changes made to the PBSP will be communicated effectively to workers and training will be provided on new strategies.
- Workers have a duty of care to notify the Commission if support and services are not being implemented in accordance with the PBSP.
- Mandatory reviews will take place twelve (12) months from the outset of the plan.

5.0 INTERIM PBSP'S

- When a participant develops an immediate need for a Behaviour Support, STEPS, the participant and the Behaviour Support Practitioner are to evaluate the risk/s posed to the participant and others by the participant's behaviour and develop an Interim BSP that appropriately manages that risk/s.
- Where the participant has consented to collaborate with key stakeholders and transdisciplinary team to develop Interim BSP.
- If the BSP contains Regulated Restrictive Practice, then it will be registered with the Commission within one (1) month.
- The Behaviour Support Practitioner will work with STEPS to support and facilitate training in the implementation of the Interim BSP to all relevant implementing workers.
- Behaviour Support Practitioners will review, monitor and evaluate the Interim BSP for eight (8) weeks to determine whether the participant requires a comprehensive PBSP to be drafted for approval.

6.0 COMPREHENSIVE PBSP'S

Function of Behaviour	<ul style="list-style-type: none"> Collect data pertaining to why the behaviour occurs. Identify the function of the behaviour to support the replacement behaviour or skill.
Setting Events / Antecedent	<ul style="list-style-type: none"> Factors leading to the behaviour being more likely to happen are identified
Proactive Strategies	<ul style="list-style-type: none"> Developed from information regarding the antecedent and determined function of the participant's behaviour Evidence based
Reinforcement	<ul style="list-style-type: none"> To be used to increase the likelihood that the participant engages in replacement skill to meet the relevant behaviour function
Reactive Strategies	<ul style="list-style-type: none"> Strategies to support the participant during and after the behaviour of concern How will workers respond to challenging behaviours in the safest and least restrictive means possible
Team Coordination and progress review	<ul style="list-style-type: none"> How will the plan be reviewed and implemented in collaboration with the participant and with their consent the trans-disciplinary team? Method and timing of the review Under what circumstances will the plan be reviewed earlier

7.0 TRAINING

All workers will receive training in relation to supporting the participant as per their specific needs outlined in participants PBSP.

8.0 RELATED DOCUMENTS

Document Name	Document Name
<u>Comprehensive Behaviour Support Plan</u>	<u>Interim Behaviour Support Plan</u>

9.0 GOVERNANCE

Document Owner	General Manager – Community Support Services	Approval Date	6 September 2021
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Effective Date	6 September 2021	Document Number	3112800_v2_210909
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1.4.2.2 Restrictive Practice

1.0 INTRODUCTION

STEPS is committed to eliminating Restrictive Practices and supporting participants to learn adaptive skills to enhance their quality of life. Where restrictive practices are required to be implemented it will be accordance with this procedure.

This procedure supports the adherence to providing services within the Positive Behaviour Framework, developed by the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission (the Commission).

Restrictive Practice is a breach of human rights and should be eliminated wherever possible.

Each participant is only subject to a Restrictive Practice that meets any Federal, State or Territory authorisation (however described) requirements and the relevant requirements and safeguards outlined in Commonwealth legislation and policy.

In all instances, a participant with capacity must have all decisions regarding the use of restrictive practices deferred to them. When a participant with capacity consents to the use of restrictive practices, care should be taken to ensure that such consent is voluntary and not the subject of undue influence by people who the participant relies on.

If a participant does not have the capacity to consent to the use of restrictive practices, then authorisation for the use of restrictive practices must be consented to by the person’s substitute decision maker (carer, advocate or a person with appropriate legal authority).

This procedure applies to the STEPS workers (including Board members, employees, volunteers and contractors).

1.1 DEFINITIONS

The definitions for the terms ‘restrictive practice’, ‘chemical restraint’, ‘mechanical restraint’, ‘physical restraint’ and ‘seclusion’ are taken from the ‘National Framework for Reducing and Eliminating the Use of Restrictive Practices’ (2014) and in line with the NDIS Regulated Restrictive Practices definitions.

Restrictive Practice	Any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm.
Seclusion	The sole confinement of a person with disability in a room or physical space at any hour of the day or night where voluntary exit is prevented, implied, or not facilitated.
Chemical restraint	The use of medication or chemical substance for the primary purpose of influencing a person’s behaviour or movement. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment, of a diagnosed mental disorder, a physical illness or physical condition.

Mechanical restraint	The use of a device (may include any mechanical material, appliance or equipment) to prevent, restrict or subdue a person’s movement for the primary purpose of influencing a person’s behaviour but does not include the use of devices for therapeutic or non-behavioural purposes. For example, purposes may include the use of a device to assist a person with functional activities, as part of occupational therapy, or to allow for safe transportation.
Physical restraint	The sustained or prolonged use or action of physical force to prevent, restrict or subdue movement of a person’s body, or part of their body, for the primary purpose of influencing a person’s behaviour.
Psychosocial restraint	<p>The use of ‘power-control’ strategies. Examples of psycho-social restraints include but are not limited to:</p> <ul style="list-style-type: none"> • Requiring a person to stay in one area of the house until told they can leave • Directing a person to stay in an unlocked room, corner of an area, or stay in a specific space until requested to leave (also known as ‘exclusionary time-out’) • Directing a person to remain in a particular physical position (such as laying down) until told to discontinue • ‘Over-correction’ responses (such as requiring a person who has spilled coffee to clean up not only the spilled coffee but the entire kitchen) • Ignoring • Withdrawing ‘privileges’ or otherwise punishing, as a consequence of non-cooperation.
Environmental restraint	<p>Restricts a person’s free access to all parts of their environment. Examples of environmental restraints include but are not limited to:</p> <ul style="list-style-type: none"> • Barriers that prevent access to a kitchen, locked refrigerators and restriction of access to personal items such as a TV in a person’s bedroom • Locks that are designed and placed so a person has difficulty in accessing or operating them • Restrictions to the person’s capacity to engage in social activities by not providing the necessary supports they require to do so.
Consequence Driven Practices	Usually involves withdrawing activities or items.

2.0 REGULATED RESTRICTIVE PRACTICES (RRPS)

Of the types of Restrictive Practices defined above, only Regulated Restrictive Practices (as defined by the Commission) are permitted and then only with strict controls in place.

RRPs are:

- Seclusion
- Chemical
- Mechanical
- Physical
- Environmental

A RRP will only be used in context of the following:

- It reduces the risk of harm to the participant or others
- It has been clearly identified in the participant's Positive Behaviour Support Plan (PBSP)
- Authorisation by the State / Territory has been obtained
- It is being used as a last resort (all other least restrictive strategies and options have been trialled)
- It is the least restrictive response available
- It is proportionate to the potential harm to self or others
- It is utilised for the shortest possible time
- The participant is being given opportunities to develop new skills that have the potential to avoid the need for a restrictive practice in the future (Proactive strategies).
- Contributions made to reviewing BSPs will focus on reducing and eliminating RRP.

Any other type of Restrictive Practice other than regulated, is prohibited.

In the event an unregulated Restrictive Practice is utilised, it will be reported to the Commission line with the [Incident Notification](#) (i090200).

2.1 Process of authorised use of a regulated restrictive practice:

- A Behaviour Support Practitioner determines that a RRPS is required in a participant's BSP.
- A written submission is delivered to the participants, and / or their substitute decision maker who choose to support the decision or make alternative recommendations.
- A statement of intent to use a Restrictive Practice must be given to the participant.
- Authorisation is gained from the applicable department / regulatory body from the State / Territory where the Regulated Restrictive Practice is to be implemented.
- Evidence of State / Territory authorisation is lodged with the Commission.
- Ensure an Interim BSP is developed for the participant by the Behaviour Support Practitioner within one (1) month of the RRP receiving authorisation.
- Report the use of RRP's monthly to the Commission on the first day of each month.
- Ensure a Comprehensive Behaviour Support Plan (BSP) is developed for the participant by the Behaviour Support Practitioner within six (6) months.
- Review, or participate where required, in a review of the participants Comprehensive Behaviour Support Plan (BSP) within twelve (12) months of its conception.
- Report any changes to the participants BSP to the Commissioner.

2.2 Process of unauthorised use of a regulated restrictive practice (Reportable Incidents):

Unauthorised use of RRP is any instance of use:

- without the proper authorisation
- without knowing that something is a Restrictive Practice
- for too long and without regular review
- for reasons other than keeping people safe
- to control a person or make a person act in a certain way
- as a form of abuse and neglect
- due to lack of training, knowledge or reflection about less restrictive alternatives

If STEPS instigate any form of unauthorised RRP described above, they will:

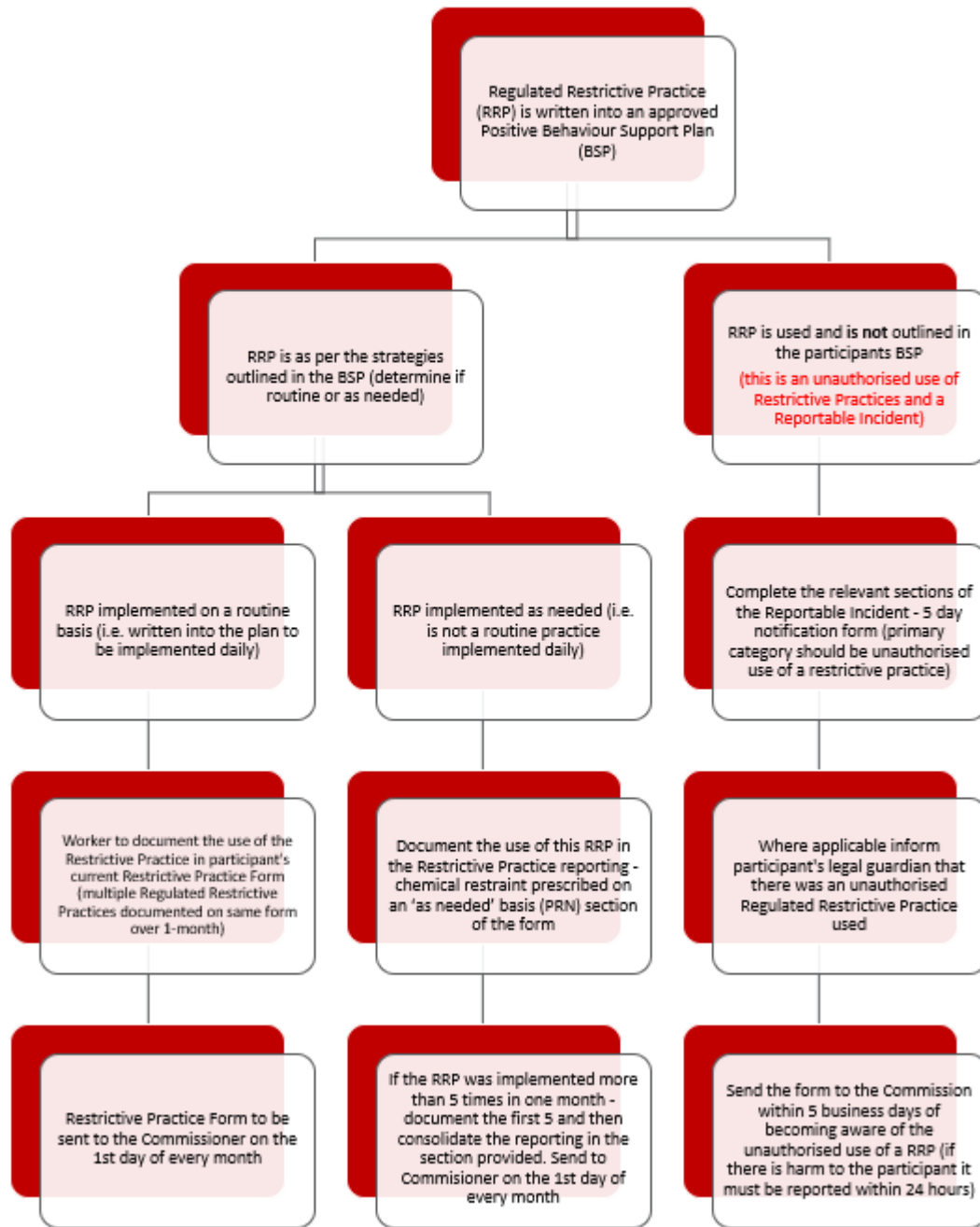
- investigate as to why an unauthorised RRP has been utilised.
- obtain authorisation (however described) for the ongoing use of the RRP from the relevant State or Territory as soon as reasonably practicable.
- re-educate staff to ensure such practices unless authorised are eliminated.
- lodge evidence of the authorisation with the Commission as soon as reasonably practicable after it is received.
- arrange the development of an Interim BSP for the participant by a Specialist Behaviour Support Provider that covers the use of the practice within one (1) month after its first use.
- arrange the development of a comprehensive Positive Behaviour Support Plan for the participant by a Specialist Behaviour Support Provider that covers the use of the practice within six (6) months after its first use.
- report the incident to the Commission within specified timeframes outlined in the [Incident Notification](#) (i090200).
- Managers debrief with workers involved, focusing on identifying areas of future improvement and to inform further actions (this debrief, and relative outcomes is required to be documented).
- assess the impact on the participant (whether the incident could have been prevented, how the incident was managed, what if any changes are required to prevent further similar events occurring).

2.3 PROHIBITED PRACTICES

- any form of unregulated Restrictive Practices which can include psychosocial and consequence driven practice
- any form of corporal punishment (for example smacking or hitting)
- any punishment intended to humiliate or frighten a person
- any punishment that involves immobilising a person with chemical or physical restraint
- force feeding or depriving a person of food
- use of medication to control or restrain a person without a BSP, proper medical authorisation or legal consent
- use of punishing techniques, such as putting a person in a hot or cold bath, putting spice in their food, or squirting liquid on their face or body

- overcorrection, where the punishment is out of proportion to the behaviour (for example, making the person clean an entire room as they tipped their meal on the floor)
- confinement or containment of a child or young person (anyone under 18 years of age) such as forcing them to remain in a locked room or other place that they can't leave
- punishment that involves threats to withhold family contact or change any part of a person's individual lifestyle plan
- denying access to basic needs or supports
- unethical practices, such as rewarding a person with cigarettes or alcohol
- any other act or failure to act that is an offence under federal, state or territory laws

3.0 REPORTING REQUIREMENTS FOR RESTRICTIVE PRACTICES



4.0 DATA COLLECTION, REPORTING AND RECORDING

STEPS will comply with all Federal, State or Territory government reporting requirements for any use of RRP.

As an NDIS registered provider, STEPS will ensure the following as per the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*:

- monthly reports will be provided to the Commission regarding the use of RRP.

- if short term approval has been obtained from a State or Territory for the use of a RRP - the provider must report to the Commission on the use of the regulated restrictive practice every two (2) weeks while the approval is in force;

Reports will:

- be in the form approved by the Commission; and
- include any information, and be accompanied by any documents, required by the Commission.

If the use of the RRP is also a Reportable Incident, it will be reported in accordance with [STEPS Incident Notification \(i090200\)](#).

If STEPS support participants with BSP likely to include the use of a RRP, STEPS will report on the use of those practices.

The report will include:

- RRP that are ongoing (e.g. chemical restraint with a daily fixed dose)
- RRP that are unscheduled (e.g. physical restraint, seclusion, chemical restraint prescribed on an 'as needed' basis, also known as PRN medication)
- Occasions when the use of unauthorised RRP is defined as a reportable or serious incident and the reporting mechanisms utilised to record the incident.

The detail of the report on the use of RRP include:

- a description of the use of the RRP, including:
 - the impact on the participant or another person.
 - any injury to the participant or another person.
 - whether the use of the RRP was a Reportable Incident; and
 - why the RRP was used.
- a description of the behaviour of participant that lead to the use of the RRP.
- the time, date and place at which the use of the RRP started and ended.
- the names and contact details of the persons involved in the use of the RRP.
- the names and contact details of any witnesses to the use of the RRP.
- the actions taken in response to the use of the RRP.
- what other less restrictive options were considered or used before using the RRP.
- the actions taken leading up to the use of the RRP, including any strategies used to prevent the need for the use of the practice.

A record with the above information must be kept for seven years from the day the record is made.

5.0 BREACH OF PROCEDURE

A breach of this procedure may place STEPS in breach of the NDIS Rules and Guidelines and could result in:

- an investigation into STEPS by the Commission
- STEPS being deregistered by the Commission
- civil penalties

- criminal convictions and fines

Any employee found in breach of this procedure will face disciplinary action up to termination of employment.

6.0 RELATED DOCUMENTS

Document Name	Document Name
<u>Clarification of Purpose of Medication form</u> (3110053)	<u>Incident Notification</u> (i090200)
<u>Short Term Approval Application</u> (3110051)	<u>ODC (Online Data Collection)</u> (3110049)
<u>Statement Concerning the Use of Restrictive Practices</u> (3110052)	

7.0 GOVERNANCE

Document Owner	General Manager – Community Support Services	Approval Date	6 September 2021
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1.4.3 Support Coordination

Provide access to the most appropriate supports to meet participant's specific needs, preferences and goals.

1.4.3.1 Conducting Home Visits

1.0 INTRODUCTION/PURPOSE

This procedure outlines a process to ensure that health and safety risks are identified and controlled when conducting home visits. The process includes the requirements for how to plan, conduct and review a home visit.

2.0 OVERVIEW

A home visit includes the attendance of a STEPS employee at the home of a participant, their family or carer, an employee, or another member of the community. These visits may be necessary for educational, welfare, engagement, or regulatory obligations. For non-regulatory purposes, all alternatives are to be exhausted prior to a home visit being conducted.

STEPS may conduct home visits to provide more accessible services to participants, or where the participant is not able to attend an office appointment.

A risk management approach is integral to this procedure and is used to identify and minimise health and safety risks associated with conducting home visits. The associated [Home Visit Risk Management Plan](#) (31100107) may be used to support identification and management of risks when conducting home visits.

A home visit is not to be undertaken if it has been identified or assessed that there is a high or extreme risk to employee safety.

3.0 RESPONSIBILITIES

Employees (conducting a home visit) will:

- ensure all alternatives have been exhausted prior to arranging a non-regulatory home visit
- ensure approvals are obtained prior to conducting a home visit
- consult with family or carer and other relevant parties to communicate visit purpose prior to visit
- prepare an approved [Home Visit Risk Management Plan](#) (31100107), and follow the plan when conducting a home visit
- cease a home visit at any time, or do not conduct a home visit, if there are health and safety concerns
- ensure you have a current Blue Card or exemption card, unless otherwise covered by professional registration
- participate in training as identified by the line manager
- wear identification when conducting the home visit
- review all home visits (including incidents and lessons learned) with line manager and ensure all records are appropriately maintained.

Employee contact person will:

- ensure availability when the home visit is being conducted
- ensure communication requirements in the management plan are followed and implemented (including actions if scheduled contact is not made).

Line Manager will:

- endorse or reject home visit based on the prepared management plan (including a communication strategy)
- ensure consultation and coordination of risk management with any involved agency, e.g. Queensland Health
- ensure a management plan is prepared and the included risk assessment includes any relevant information about associated risks or hazards that may occur to the employees conducting the home visit and that appropriate risk controls are identified and implemented
- ensure employees undertaking home visits relating to children/students have a current Blue Card or exemption card, unless otherwise covered by their professional registration
- ensure all employees required to conduct home visits have completed appropriate training (for the situation as determined through the risk assessment process)
- provide support in the event of harm or threat of harm to an employee (i.e., professional supervision, access to Employee Assistance Program) and report and manage according to the Health, Safety and Wellbeing Incident Management Procedure.

4.0 RESPONSIBILITIES

4.1 CONDITIONAL APPROVAL FOR A HOME VISIT:

Line manager:

- In consultation with employees ascertain whether an outcome can be achieved by means other than a home visit, if so, this alternative strategy is to be used.
- If home visits are to be undertaken for a participant determine whether:
 - a home visit is required due to regulatory requirements OR
 - a home visit is a component of a broader engagement strategy
- Determine if employee is suitable to undertake home visit using the following recommended criteria:
 - conducting home visits is part of the employee's role description
 - employee has appropriate training and experience.
Note: if recommended criteria cannot be met the home visit must have comprehensive pre-screening and must be of low risk (e.g., assessment of a home by EQI for the international student placement program). Justification must be clearly recorded in the Home Visit Risk Management Plan (31100107).
- Provide conditional approval to support the continued planning of the home visit.
- Support employees to develop, document and implement a home visit risk management plan that:
 - identifies hazards and risks
 - documents strategies (controls) to manage these risks
 - mandates a home visit will not to be conducted if there are risks to employee safety that cannot be adequately managed (i.e., high or extreme)
- includes a communication strategy
Note: A Home Visit Risk Management Plan can be completed by using the Home Visit Risk Management Plan (31100107) or a business area template that contains the requirements outlined in this procedure.

Employee:

- Participate in activities to determine requirements for a home visit and other information needed for conditional approval of a home visit.

4.2 IDENTIFY HAZARDS

Employee

- Review any previous home visits to the family/location to identify any issues or incidents that may negatively impact on the health and safety of themselves and/or other employees.
- Complete a Home Visit Risk Management Plan (31100107) to record identified hazards which can include the following;
<https://ppr.qed.qld.gov.au/attachment/home-visit-risk-management-plan-template.docx>
- Gather background information via relevant records and documents and gauge whether there is potential for harm to employees during a home visit.

- Contact family or carer to:
 - discuss the purpose for a home visit
 - gain verbal consent to conduct the visit and record consent in the Home Visit Risk Management Plan (31100107) record any identified hazards (i.e., Part 2 of the Home Visit Risk Management Plan template) to allow risk assessment and management during the visit.
- Record the date, time, and outcome of all conversations with a parent/guardian/carer and include in the Home Visit Risk Management Plan (31100107). Some business units may have additional record keeping requirements to meet and should follow additional local processes.
- When a home visit is to be conducted with another agency (e.g., QPS), ensure continued consultation and coordination of risk management with this agency.

Line Manager

- Provide information of any known risks associated with the home visit to employees conducting the home visit. This information may be from previous home visits or other relevant records.
- Confirm verbal consent has been given by the family or carer for a home visit to be conducted.

4.3 ASSESS THE RISKS

Employee

- Use Appendix 1: Risk matrix of the Home Visit Risk Management Plan (31100107) to assess the likelihood and consequences of the hazards associated with the home visit causing an incident or injury.
- Confidentially and without judgement, consult with other employees who have had previous contact with the family to ascertain if the assessment is accurate/reasonable.
- Record the risk assessment in the Home Visit Risk Management Plan (31100107).

4.4 DETERMINE CONTROLS

Employee

- Determine controls to reduce risks to as low as reasonably practicable using the hierarchy of controls in order to determine the most effective control options.
- Do not conduct a home visit if it has been determined that there is a high or extreme risk to employee safety after controls.
- Liaise with other agencies as applicable to determine appropriate support requirements.
- Record all controls in the Home Visit Risk Management Plan (31100107) and ensure the following risk controls for all home visits are included.
 - communication strategy to maintain contact with the employee(s) throughout the home visit, refer to Part 3: Communication plan in the Home Visit Risk Management Plan (31100107)
 - two employees to complete all initial home visits (employee numbers for subsequent visits to be determined by assessed risk)
 - complete visits during business hours or during daylight hours, if possible. Note: any variations to these options are to be included in a risk assessment and provisions made accordingly. For example, if an employee is attending a home visit alone the visit must involve comprehensive pre-screening and must be of low risk or

involve a suitable employee of another agency (e.g. QPS). Justification must be clearly recorded in the Home Visit Risk Management Plan (31100107).

- Other possible controls include (but are not limited to): conducting visit over front fence, or a neutral community space, or at front door; involving other agencies (e.g. QPS).

Line Manager

- Participate as required in determining appropriate risk controls.

4.5 APPROVAL

- Executive Manager (or delegate).
- Review Home Visit Risk Management Plan (31100107).
- Approve or reject the home visit based on the proposed Home Visit Risk Management Plan (31100107).

4.6 PREPARE FOR HOME VISIT

Employee

- Follow any preparatory steps contained within the Home Visit Risk Management Plan (31100107) (i.e., check parent or carer availability, ensure controls are in place).
- Ensure the communication strategy is in place, current and the employee contact person at the base location is available to be contacted and aware of the Home Visit Risk Management Plan (31100107) that includes:
 - the destination of the home visit (specific address and name of the family)
 - employee contact details
 - estimated time of return
 - escalation responses in the event of loss of contact
 - communication details (e.g., call in/text in times).
- Follow other required procedures and protocols e.g., travel plans, vehicle safety.
- Maintain current contact and emergency information in their mobile phone.
- Contact the employee contact person upon arrival at the home visit, but prior to entry (e.g., when in the car outside the home)

4.7 DURING THE HOME VISIT

Employee

- Conduct initial home visits in pairs unless otherwise identified in the Home Visit Risk Management Plan (31100107).
- Wear appropriate identification.
- Determine if a family or carer or other appropriate adult is present for the home visit to continue and gain consent to enter.
- Follow risk controls as per the Home Visit Risk Management Plan (31100107).
- Continually assess effectiveness of controls and modify process and actions if necessary.
- Cease the home visit if the employee senses any risk to their safety.

- Remain in an area/position which enables easy exit from the house and/or property or conduct the visit on the property outside of the house.
- Notify employee contact person upon completion of the visit.

Employee contact person

- Know the communication schedule, be available and action responses if contact is not made.

4.8 AFTER THE HOME VISIT

Employee

- Advise the contact person immediately after leaving the property and at a safe distance (i.e., in the car parked on the street).
- Review and discuss with the line manager the conduct of the completed home visit:
 - did the home visit achieve its purpose?
 - how accurate was the risk assessment process?
 - were all hazards identified and associated risks reduced?
 - did the control measures work effectively?
 - is an alteration to the planned approach required?
- Work with the Line Manager to document the review of the home visit and any required changes to the Home Visit Risk Management Plan (31100107). Retain this information with the Home Visit Risk Management Plan (31100107) so that it can be accessed for subsequent home visits.
- When a higher level of risk is identified during the review, the employee is to seek consideration and approval by the line manager for the revised level of risk to apply for subsequent visits.

Line Manager

- Provide appropriate support in the form of professional supervision, debriefing or counselling to employee(s) in the event of any threat or adverse outcome related to a home visit.

4.9 SUBSEQUENT HOME VISITS

- Reconfirm the need for any subsequent home visits and review and update/complete any Home Visit Risk Management Plan (31100107) following the above process.
- If it is established during an initial home visit that there is no risk or is a low-risk activity, an employee can undertake future visits on their own as supported by the risk assessment process.

DEFINITIONS

Term	Definition
Blue Card	<p>A Blue Card is a plasticised card, issued to a person who is the holder of a current positive notice by Blue Card Service in the Department of Justice and Attorney and is valid for three years from the date of issue. A Blue Card displays the following information about the Blue Card holder:</p> <ul style="list-style-type: none"> • the name of the person • the registration number of the person • the expiry date of the person's positive notice • the signature of the person.
Child	A person under the age of 18 years.
Employee contact person	<p>The Department employee who is available for the employee(s) conducting home visit to contact as part of the established communication plan. The contact person must be informed of the elements of the communication plan including:</p> <ul style="list-style-type: none"> • expected contact times • contact methods (text/phone) • strategy to implement should contact not be made at expected times • emergency protocols.
Control measure	Actions implemented to eliminate or minimise a risk as far as is reasonably practicable. Control measures should be regularly reviewed to ensure their effectiveness.
Exemption Card	An Exemption Card is a plasticised card, issued to a registered teacher, Police Officer or Registered Health Practitioner allowing them to undertake child-related services that are not part of their normal employment, such as private tutoring of a child, work in a child care centre, volunteering at a children's sporting club, participating in a homestay or reading program or supervising after hours school care.

Term	Definition
Extreme risk activity	An activity that is inherently dangerous. There is a high chance of a serious incident occurring that would result in a highly debilitating injury.
Hazard	An object or situation that has the potential to harm a person, the environment or cause damage to property. Hazards in relation to home visits include, but are not limited to, harm, injury, disease, illness, loss or damage.
Hierarchy of control	<p>The hierarchy of control is a risk management process in which the ways of controlling risks are ranked from the highest level of protection and reliability to the lowest.</p> <p>The hierarchy of control is as follows (from highest level of protection to the lowest):</p> <ul style="list-style-type: none"> • eliminate the risk • substitute the hazard • isolate the hazard • re-design controls • apply administrative controls • use personal protective equipment (PPE).
High risk activity	An activity where there is a likely chance of a significant incident resulting in injury or illness requiring medical treatment.
Home visit	<p>A home visit includes the attendance of a department employee at the home of a student, their parent, an employee or another member of the school/local community</p> <p>Home visits by Department employees may be due to regulatory and non-regulatory requirements. Limited examples include:</p> <p>Regulatory:</p> <ul style="list-style-type: none"> • required under the <i>Education Services for Overseas Students Act 2000</i> for international student placement (ISP) • required under the <i>Education and Care Services National Law (Queensland) Act 2011</i> <p>Non-regulatory:</p> <ul style="list-style-type: none"> • Study Tours and Global programs where a duty of care is present • Visits to discuss student issues

Term	Definition
Home visit risk management plan	<p>The Home visit risk management plan demonstrates and documents the risk management approach undertaken for home visits.</p> <p>A Home visit risk management plan may be conducted for multiple home visits e.g. demonstrating how home visits for regulatory purposes will be conducted by a whole work group</p> <p>OR</p> <p>A home visit risk management plan may be undertaken for an individual home visit to a student home.</p> <p>A template is provided which can be modified by the work group.</p>
Low risk activity	<p>An activity that has little chance of an incident occurring which would result in harm, injury, disease, illness or damage.</p>
Medium risk activity	<p>An activity that has some chance of an incident occurring which would result in an injury requiring first aid.</p>
Reasonably practicable	<p>The things that could be done at a particular time to ensure that HSW risk is reduced to an acceptable level.</p> <p>Deciding what is 'reasonably practicable' to protect people from harm requires consideration and assessment of all relevant matters, including:</p> <ul style="list-style-type: none"> • the likelihood of the hazard or risk concerned occurring • the degree of harm that might result from the hazard or risk • knowledge about the hazard or risk, and ways of eliminating or minimising the risk • the availability and suitability of ways to eliminate or minimise the risk, and • the anticipated financial or other costs to reduce the risk and whether this is proportionate to the benefit to be attained.
Risk	<p>The possibility that harm (death, injury or illness) might occur when exposed to a hazard.</p> <p>For example, the hazard is an uneven pathway. The risk is the likelihood that a person will slip/trip/fall because the uneven pathway forms a trip hazard.</p>
Risk assessment	<p>Risk assessment is a term used to describe the overall process or method to:</p> <ul style="list-style-type: none"> • identify hazards and risk factors that have the potential to cause harm (hazard identification) • analyse and evaluate the risk associated with that hazard (risk analysis, and risk evaluation)

Term	Definition
	<ul style="list-style-type: none"> determine appropriate ways to eliminate the hazard, or control the risk when the hazard cannot be eliminated (risk control).
Risk management	<p>A systematic approach used to ensure workplace health, safety and wellbeing. It is a structured decision making process using four steps:</p> <ul style="list-style-type: none"> identification of hazards assessment of risks implementation of controls monitoring and review of controls. <p>The objective is to eliminate or minimise the risk of harm which people may be exposed to at a workplace or from work activities.</p> <p><i>This can be documented using the Home visit risk management plans. Approval is always required prior to the activity being undertaken.</i></p>
Student	<p>A student is any person, regardless of age, who attends a state educational institution, established under ss. 13, 14 or 15 of the Education (General Provisions) Act 2006 (Qld)</p>
Training	<p>Training may be required to support employees to safely undertake a home visit. Training should be determined by considering the risks identified and the skills/experience of the employee. Appropriate training may include internally or externally provided training.</p>

5.0 RELATED DOCUMENTS

Document Name	Document Name
Home Visit Risk Management Plan (31100107)	

6.0 GOVERNANCE

Document Owner	Executive Manager – Community Support Services	Approval Date	21 April 2023
Effective Date	28 April 2023	Document Number	3113300_v2_230428

(Uncontrolled when printed)

1.4.3.2 NDIS Support Coordination

INTRODUCTION/GENERAL

Plan implementation involves a series of activities to connect with, and maintain, the supports outlined within the participant plan's Statement of Supports. These activities may include linking to supports and ensuring service delivery is of satisfactory quality and is helping the participant meet their goals. Plan implementation may be performed independently by the participant, or with assistance.

Support to implement the plan (known as support coordination) is the provision of assistance in one or more of the components of plan implementation. The National Disability Insurance Agency (NDIA) defines Support Coordination as primarily being:

“Assistance to strengthen participant’s abilities to coordinate and implement supports and participate more fully in the community. It can include initial assistance with linking participants with the right providers to meet their needs, assistance to source providers, coordinating a range of supports both funded and mainstream and building on informal supports, resolving points of crisis, parenting training, and developing participant resilience in their own network and community.”

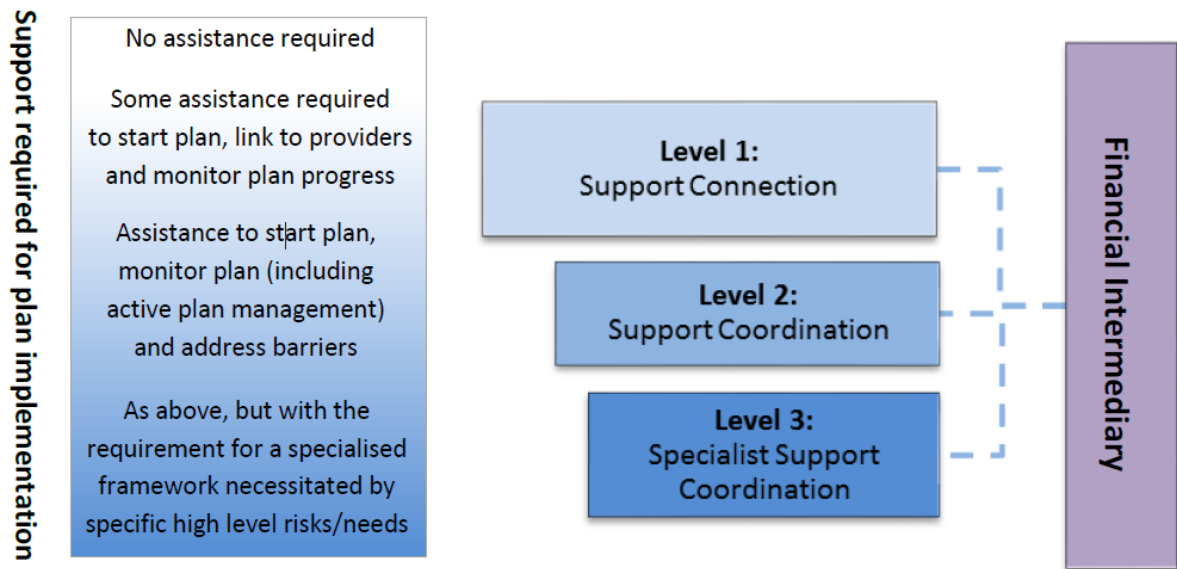
1.1 ROLE OF A FUNDED COORDINATOR OF SUPPORTS

In relation to the NDIA's definition of Support Coordination, the primary role of a Support Coordinator is to:

- Support implementation of all supports in the plan, including informal, mainstream and community, as well as funded supports
- Strengthen and enhance the participant's abilities to coordinate supports and participate in the community
- Ensure mainstream services meet their obligations (i.e. housing, education, justice, health)
- Build the capacity of the participant to achieve greater independence to self-direct services and supports in the longer term
- Provide the NDIA with reports on outcomes and success indicators within the agreed reporting frequency.

1.2 THREE LEVELS OF COORDINATION

A broad outline of a tiered approach for funded coordination of supports is illustrated in the following diagram:



1.3 LEVEL 1 SUPPORT CONNECTION

Time limited assistance to strengthen participant’s ability to connect with informal, mainstream, and funded supports, and to increase capacity to maintain support relationships, resolve service delivery issues, and participate independently in NDIA processes.

Support Connection is a non-ongoing service focussed on enabling the participant to connect to supports in the plan. The word “connection” is appropriate for a support that assists participants to establish arrangements with funded providers, and to build a network of informal and mainstream supports. Support Connection’s primary focus is helping the participant to start their plan implementation by assisting them to:

- Identify options (funded, mainstream and in informal networks)
- Investigate options
- Understand funding flexibility
- Reach decisions regarding services
- Reach agreement with providers
- Commence service and ensure new support arrangements thrive.

Through the provision of this support, it is expected that participants will gain skills to participate in NDIA processes, and gain independence in creating and maintaining supports.

In the first participant plan, Support Connection may be made available for the full duration of the plan (up to 12 months) to support the participant to learn how to:

- Activate their plan (i.e. link to service providers)
- Monitor quality and spend of services
- Manage flexibility within the plan
- Prepare for review.

There may also be some need to address barriers to participation and resolve service delivery issues. During subsequent (review) plans, Support Linkages should only be provided for a specific purpose, such as to support the participant to change service provider, or build capacity to achieve specific community participation goals, as opposed to the first year where it may be provided to orient the participant to implement their plan more generically.

1.4 LEVEL 2 SUPPORT COORDINATION

Assistance to strengthen participant's abilities to connect to and coordinate informal, mainstream, and funded supports in a complex service delivery environment. This includes resolving points of crisis, developing capacity and resilience in a participant's network, and coordinating supports from a range of sources.

Support Coordination has the features of Support Connection, with an increased focus on:

- Addressing barriers to participation; and
- Resolving service delivery issues.

The word “coordination” indicates a more intensive engagement than “connection”. It avoids using either “Complex” or “Higher Intensity”, both of which may be viewed by participants as not being strengths based.

In addition to the features of Support Connection, Support Coordination would focus on:

- Regular active management and ongoing adjustment of supports due to participant's changing needs
- Management of multiple/complex supports from a range of providers which intersect with mainstream services
- Crisis resolution and developing resilience
- Regular monitoring and outcome reporting for the participant/NDIA.

In the first participant plan, Support Coordination may be made available to enable the participant to activate their plan and learn about other aspects of the plan cycle, including preparing for review.

There is an expectation that, where possible, Support Coordination will be replaced in subsequent (review) plans by Support Connection.

If Support Coordination is required in a review plan, it should be provided for a specific purpose, such as to support the participant to change service provider, or to resolve specific points of crisis or barriers affecting support, as opposed to the first year where it may be provided to orient the participant to implement their plan more generically.

1.5 LEVEL 3 SPECIALIST SUPPORT COORDINATION

The provision of Support Coordination within a specialist framework necessitated by specific high-level risks in the participant's situation. This support is time limited and focuses on addressing barriers and reducing complexity in the support environment, while assisting the participant to connect with supports and build capacity and resilience.

Specialist Support Coordination includes all the activities outlined in “Support Coordination” but addresses situations where it is appropriate to have a specialist deliver Support Coordination-style activities, necessitated by specific high-level risks in the participant's situation. STEPS will assist participants to manage challenges in their support environment which may include health, education, or justice services. The aim is to reduce barriers when implementing NDIS Plans and ensure consistent delivery of service.

Specialist Support Coordination is time limited and focuses on addressing barriers and reducing complexity in the support environment, while assisting the participant to connect with supports and build capacity and resilience.

For Specialist Support Coordination to be included within a plan there must be clear benefits to the participant that result from this model of supports coordination. It is anticipated that this support will be very rarely required and only under exceptional circumstances. Specialist Support Coordination must include clear goals for the duration of the first plan that aim to decrease the need for this high intensity support to continue. It is expected that if coordination is required beyond the first plan, the NDIA will recommend Support Coordination, rather than Specialist Support Coordination.

1.6 FINANCIAL INTERMEDIARY

A Financial Intermediary assists participant to manage their plan by paying for and monitoring the funded supports on their behalf. A participant can decide to use a registered plan management provider to manage some or all the funding of supports in their plan.

The activities of a Financial Intermediary include:

- Paying service providers and processing expense claims for participants
- Developing monthly statements for participants.

1.7 CLAIMING FROM THE NDIA

The core goal for a Financial Intermediary is to manage the administrative elements of the funded supports in the participant plan, which in turn helps the participant to achieve their goals and live their life without the concern of claiming.

A Financial Intermediary is not responsible for negotiating or organising service providers to deliver supports, monitoring delivery or the quality of the supports received.

1.8 ADDITIONAL INFORMATION

STEPS understands and acknowledges the importance of participants having choice and control to ensure they are receiving value for money for the supports and services they receive. To assist the participant to accomplish this, STEPS will:

- Explain the costs associated with the various services identified by the participant and what supports are included, and how this will impact their NDIS funding package prior to entering into a Service Agreement with the participant
- Ensure all costs are as per the [NDIS Pricing Arrangements & Price Limits](#) (3110015)
- Present all information to participants using the language, mode of communication and terms that the participant is most likely to understand or engage interpreters to assist participants to make an informed choice
- Assist and support participants to take an active role in the management and coordination of their plans
- Ensure the participant agrees and is satisfied with the funding allocated to services and supports being received to assist the participant to meet their identified goals as per their plan.

STEPS prides itself on delivering supports and services that are fair, equitable and transparent. The relationship between STEPS and its participants is one built on mutual trust and respect.

STEPS will ensure that:

- Our workers have a demonstrated understanding and awareness of any risk factors impacting on each participant accessing this support, particularly where there are high risks or complex needs
- The participant directs their NDIS amounts for services and supports the purposes intended by the participant. Records to be maintained include the Participant Support Plan and individual budget
- Each participant is supported, as appropriate, to build their capacity to coordinate, self-direct and manage their supports to understand how to participate in Agency planning processes
- An assessment including capacity building should be undertaken of each participant and documented on their participant file
- Identify suitable NDIS service providers and mainstream service providers that have the appropriate skills and experience to deliver the required support considering each participant's individual needs, preferences and circumstances to achieve the objectives of the participant's plan effectively and efficiently
- Facilitate proactive engagement with all providers implementing the participant's plan to ensure understanding and responsiveness to the risk and/or complexity of the participant's situation
- Monitor the participant's plan against agreed goals and outcomes regularly
- Report any issues relating to the participant's plan as applicable. This may include incidents, accidents, complaints, Conflict of Interest etc. see (STEPS) [Incident Management](#) (i090700), [Feedback Procedure](#) (i040100) and [Complaints Procedure](#) (i040500) and [Easy Read Conflict of Interest Policy](#) (3110081).

DEFINITIONS

CARER	A person who provides unpaid care and support to a family member or friend who has a disability.
CAPACITY	In this context, refers to the participant's current ability to understand and follow the NDIA's processes, and to engage with other organisations. It is based on existing knowledge and skills, and the ability to develop new knowledge and skills as required.
DISABILITY	An umbrella term used in relation to the disability requirements for access to NDIS. (NDIS Act 2013 s.24).
FINANCIAL INTERMEDIARY	A service provider engaged by the NDIA that holds funds, makes payments at the direction of the person with a disability or nominated person in accordance with their plan, keeps records of each person's funding and reports expenditure to the person and to the NDIA.
INFORMAL SUPPORT	Naturally occurring support or assistance available within families, amongst friends, neighbours, and members of a community.
MAINSTREAM SUPPORT	Goods, services supports and assistance available for the general community which lie outside funding in the NDIS. These are the first option for service provision for all NDIS participants. Support required to access such services will be included where required in a statement of support for a NDIS participant. Example mainstream services are:

	<ul style="list-style-type: none"> • Health Veterans Affairs • Education • Transport • Employment • Early Childhood Services • Mental Health • Income Support • Palliative Care • Justice • Aged Care • Child Care • Housing.
PARTICIPANTS PLAN	The plan approved by the Agency which contains the participant's statement of goals and aspirations and statement of participant supports. (NDIS Act 2013 s33).
PLAN IMPLEMENTATION	A series of activities to connect with, and maintain, the supports outlined within the participant plan's Statement of Supports.
PLAN MONITORING	Monitoring the implementation, progress, and continued appropriateness of the participant plan.
SERVICE PROVIDER	A person or body (for example a community service organisation) who provides funded disability services under the NDIS Act and is registered with the NDIA.
SUPPORT COORDINATION	Assistance to strengthen a participant's abilities to coordinate and implement supports and participate more fully in the community. It can include initial assistance with linking participants with the right providers to meet their needs, assistance to source providers, coordinating a range of supports both funded and mainstream and building on informal supports, resolving points of crisis, parenting training, and developing participant resilience in their own network and community.
SUPPORTS	Services and products required by a participant to address the impact of a disability. Can include mainstream services, assistance from family and carers (informal) and NDIS funded items.

RELATED DOCUMENTS

Document Name	Document Name
Consent to Manage your Personal Information (31100394)	Complaints Procedure (i040500)
Easy Read Conflict of Interest Policy (3110081)	Feedback Procedure (i040100)
Incident Management (i090700)	Information Booklet for Participants (3110019)
Intake Form – New Participant (3110022)	Service Agreement (3110016)

Support Coordination – Participant Risk Management Plan (31100109)	
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GOVERNANCE

Document Owner	General Manager – NDIS Services	Approval Date	6 March 2024
Effective Date	8 March 2024	Document Number	3113400_v1_240308

(Uncontrolled when printed)

1.4.3.3 Psychosocial Recovery Coaching - Recovery Oriented Practice

1.0 INTRODUCTION / GENERAL

STEPS is committed to pursuing and understanding participants legal and human rights and principles of equality, independence, choice, and inclusion that underpin recovery principles, so that these practices are embedded in the delivery of our supports and services.

STEPS promotes the implementation of recovery principles in our approach to Psychosocial Recovery Coaching to support participants in STEPS services to live a fulfilling and productive life despite the presence of mental illness. This will require communication between STEPS, the participant and Carer/s in the language, mode of communication and terms that the participant and carer are most likely to understand. A collaborative recovery approach will draw upon the skills, knowledge and lived experience of participants accessing the service, their carers, and the knowledge and skills of peer workers and staff. A holistic, recovery-oriented approach will be undertaken to capture all facets of the participants needs.

STEPS Psychosocial Recovery Coaching (PRC) promotes a recovery-oriented way of working, that places the participant at the centre of care, goal planning and support arrangements and encourages the participant to work in collaboration with their informal and formal support networks.

The five key features of recovery-oriented practice are:

- The planning is person led and directed by the participant as much as possible.
- The participant always remains central to the planning process.
- Where the participant requests a carer, family and friends work in partnership with the participant to prepare their individual recovery plan.
- The plan reflects what is important to the participant, what level of support they require and their abilities.
- The plan leads to action that is about life rather than just services and should reflect what is possible not just what is available with a focus on individual recovery.

1.0 PROCEDURE

At STEPS we walk alongside people with lived experience to support them through their recovery journey whilst providing supportive environments when delivering supports and services.

2.1 DEFINITIONS

Participant	Is a person with a diagnosed mental illness receiving a service and/or support
Carer	Is a person who provides unpaid care and support to family members and friends who have a mental illness, alcohol, or other drug issue
Worker	Is a member of a team of people at STEPS, paid or voluntary, that provides direct/indirect support to a person with a diagnosed mental illness who is in receipt of services and/or support

2.0 GENERAL

STEPS is committed to delivering a recovery-oriented approach by:

- Ensuring our supports and services are in line with the needs, goals, and desires of each participant.
- Providing participants with the opportunity to communicate and achieve their personal goals and aspirations.
- With the consent of the participant, listening to those who know them best such as family, carers, friends etc. to understand what they want for their lives.
- Supporting each participant to identify and prioritise barriers in the way of achieving their outcomes.
- Supporting each participant to set steps or goals to address challenges to achieving their outcomes.
- Establishing a recovery-oriented approach is embedded within services provided.
- Engaging and empowering workers to implement recovery-oriented service delivery and support.
- Providing responsive support provisions in collaboration with other stakeholders (where applicable), that are delivered in a competent and timely manner, to meet the needs and goals of the participant.
- Developing a plan for each participant to guide the achievement of their needs, aspirations and wishes for their future, and this plan will build upon the strengths of the individual.
- Supporting participants to understand and align with the values and behaviours of a recovery-oriented approach.
- Ensuring STEPS workers are trained, supported, and motivated to support participants to achieve their goals.

3.0 INDIVIDUAL RECOVERY PLANS

Participant plans will be implemented as per the Individual Recovery Plans (IRP). Participant plans will give consideration to the participants particular goals, aspirations, interests, preferences, strengths, and capacities.

The Recovery Coach will ensure plans are monitored and information recorded accordingly. The participants identified goals will be reviewed quarterly. The review will involve the participant, their carer/nominated support people, and the Recovery Coach working together to review the progress and continued preference of current goals and support services.

An unscheduled review of the participants IRP will take place for any of the following reasons.

- The participant requests a review or a NDIS scheduled review
- The participant declines treatment and support
- The participant is at significant risk of injury to themselves or another person {Please refer to [Suicidal Ideation Procedure \(i052400\)](#)}
- The participant is going to exit STEPS Psychosocial Recovery Coaching Program.

4.0 INDIVIDUAL RISK ASSESSMENTS

In consultation with participants, a Risk Assessment will be completed upon entry into any of the services provided at STEPS to ensure the safety and wellbeing of participants and workers. Risk Assessments will be reviewed at a minimum annually or as a result of either the business or participants' circumstances changing.

5.0 TRAINING

Management and Recovery Coaches are provided with training and relevant professional development on psychosocial support, recovery-oriented approaches to service delivery and how to use strength-based approach to identify needs and life goals. The Executive Manager Community Support and Chief Operating Officer are responsible for ensuring that recovery-oriented practices and updates to policies and procedures are included as part of the staff training plans.

6.0 RELATED DOCUMENTS

Document Name	Document Name
Advocate Nomination Form – New/Change (i020402)	Consent to Manage your Personal Information (31100394)
Individual Recovery Plan (3100006)	Personal Information Form (3100003)
Risk Assessment (3100005)	Risk Management (i050100)
Team Meeting Minutes (3110007)	Suicidal Ideation Procedure (i052400)

7.0 GOVERNANCE

Document Owner	Executive Manager – Community Support Services	Approval Date	2 April 2023
Effective Date	12 September 2023	Document Number	3113200_v2_230330

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1.4.3.4 Individual Risk Assessment

[Individual Risk Assessment \(31100105\)](#)

1.4.3.5 Emergency and Disaster Management Plan

[Emergency and Disaster Management Plan - Individual Support Requirements \(31100113\)](#)

1.5 Work Mates

Building the skills and confidence needed to succeed in the workforce.

STEPS can help people with a disability transition from school into work through the Work Mates program.

STEPS know everyone has unique needs, aspirations and life experiences, STEPS will work to build skills and confidence in the areas where help is needed.

Learning practical, hands-on skills such as:

- Identifying interests, skills, likes and needs
- Communication skills
- Extended work experience in open employment
- Finding and negotiating job opportunities
- Money handling
- Time management
- Goal setting
- Travel skills

Through Work Mates, STEPS can provide up to 24 months of support for Year 12 school leavers with a disability, depending on individual circumstances. STEPS will work on a step-by-step plan which will help to prepare and empower our customers to take control of their career and future.

1.5.1 Work Mates Index

Quick Links:							
A,B,C	D,E,F	G,H,I	J,K,L	M,N,O	P,Q,R	T,U,V	W,X,Y
					S		Z

A, B, C

[Acknowledgement Form \(2080041\)](#)

[Advocate Guidelines \(i020401\)](#)

[Advocate Nomination Form – New/Change \(i020402\)](#)

Changes to Shift Worker and or Worker (2080600)

[Clarification of Purpose of Medication \(3110053\)](#)

[Community Medication Record \(3112101\)](#)

[Consent - Medication Prompt|Assist \(3112103\)](#)

[Consent to Manage Your Personal Information \(31100394\)](#)

D, E, F

[Disposal of Medication Form \(3112104\)](#)

[Easy Read Feedback & Complaints \(2080045\)](#)

[Easy Read Incidents \(i090702\)](#)

[Emergency and Disaster Management Plan - Individual Support Requirements \(31100113\)](#)

G, H, I

[General Support Assessment \(2080010\)](#)

Incident Management (i090700)

[Incident Report \(i090701\)](#)

Infection Control! (2080100)

[Information Booklet for Participants \(2080042\)](#)

[Intake Form - New Participants \(3110022\)](#)

[Interview a Worker \(2080017\)](#)

J, K, L

[Job Search Activities \(2080031\)](#)

M, N, O

[Medication Procedure \(3112100\)](#)

[Monthly Progress Check In \(2080049\)](#)

[My Goals \(2080012\)](#)

[My Guide to Using Public Transport Safely \(2080013\)](#)

[NDIS Individual Support Plan \(3110004\)](#)

P, Q, R, S**Participant Absent (2080700)**

Participant Exit Form (2080044)

Participant's Guide - Health and Safety in the Workplace (2080032)

Participant's Guide - Workplace Discrimination (2080029)

Participant Workbook Effective Conflict Resolution (2080030)

Participant Partaking in Alcohol and Other Drugs (2080400)

Participant Risk Assessment (3110089)

Participant Workbook - Social & Business Etiquette (2080022)

Participant Workbook - Managing Stress (2080023)

Participant Workbook - Time Management (2080024)

Participant's Guide - Communication Strategies (2080025)

Personal Support Procedure (2080300)

Program Suitability Assessment (2080047)

Public Transport Checklist (2080015)

Reporting Abuse, Neglect and Exploitation (i051400)

Saving, Budgeting & Spending (2080019)

Service Agreement (3110016)

Service Entry (2080200)**Service Exit (2080500)**

Service Entry Workflow (3110075)

Service Assessment / Review Consent (i060305)

Skills Assessment (2080014)

T, U, V

Traits and Skills Employees need to demonstrate at work are (2080020)

Transition To/From STEPS (i052600)

Transition Plan (i052601)

Transporting Participants (2081000)

Variation to Service Agreement (2080043)

W, X, Y, Z

- [Work Experience Agreement \(2080028\)](#)
- [Work Experience Performance Assessment \(2080048\)](#)
- [Work Experience Risk Assessment \(2080050\)](#)
- [Workbook - Your Career Path Planner \(2080011\)](#)
- [Worksheet - Dealing with Emergencies \(2080033\)](#)
- [Worksheet - Emergency Procedures \(2080034\)](#)
- [Worksheet - Fire Safety \(2080035\)](#)
- [Worksheet - My Budget \(2080027\)](#)
- [Worksheet - Safety Signs L1 \(2080036\)](#)
- [Worksheet - Safety Signs L2 \(2080037\)](#)
- [Work Skills Assessment \(2080008\)](#)
- [Working With Participant Support Networks \(2080900\)](#)**

1.6 Index - Policies, Procedures, Forms and Documents

Quick Links:

A, B, C D, E, F G, H, I J, K, L M, N, O P, Q, R, T, U, V W, X, Y, S Z

A, B, C

- [Access Request \(3110060\)](#)
- [Acknowledgment Form \(3110018\)](#)
- [Additional Personal Information Significant Others Form \(3110017\)](#)
- [Advocacy \(i020400\)](#)**
- [Advocate Guidelines \(i020401\)](#)
- [Advocate Nomination Form – New/Change \(i020402\)](#)
- [Authority to Gain or Release Information in External Audit Process \(3110034\)](#)
- [Authority to Release Information \(Media\) \(3110020\)](#)
- [Behaviour Support Plans \(3112800\)](#)**
- [Buddy Shift Checklist \(3110035\)](#)
- [Business Practices under NDIS \(3110900\)](#)**
- [Cancellation of Service Delivery under NDIS \(3110800\)](#)**
- [Cancellation Workflow \(3110074\)](#)

[Client Table of Contents \(3110058\)](#)

[Changes to Shift \(3110300\)](#)

[Choice Control \(3110400\)](#)

[Clarification of Purpose of Medication form \(3110053\)](#)

[Communication Book \(3110029\)](#)

[Community Medication Record \(3112101\)](#)

[Community Support Induction Checklist \(3110036\)](#)

[Community Visitor \(3112000\)](#)

[Conducting Home Visit Procedure \(3113300\)](#)

[Consent - Medication Prompt | Assist \(3112103\)](#)

[Consent to Manage Your Personal Information \(31100394\)](#)

Community Visitor Report Register

[Complaints Procedure \(i040500\)](#)

[Comprehensive Behaviour Support Plan](#)

D, E, F

[Damage to Personal Vehicle \(3112400\)](#)

[Decision Making and Choice \(3110200\)](#)

[Defensible Documentation Operational File/Case Note \(i090800\)](#)

[Dignity of Risk Form \(31100102\)](#)

[Disposal of Medication Form \(3112104\)](#)

[Driving Company Vehicles Procedure \(i050300\)](#)

[Duty of Care Risk Register \(31100101\)](#)

[Easy Read Advocacy \(3110093\)](#)

[Easy Read Feedback & Complaints \(3110070\)](#)

[Easy Read Incidents \(i090702\)](#)

[Easy Read Participant Handbook \(r4000120\)](#)

[Easy Read Privacy \(3110071\)](#)

[Easy Read Conflict of Interest Form \(3110094\)](#)

[Easy Read Conflict of Interest Policy \(3110081\)](#)

[Easy Read Consent Form \(3110083\)](#)

[Easy Read Restrictive Practice \(r4000116\)](#)

[Easy Read Rights \(3110068\)](#)

Easy Read Tenancy Management (r4000121)

Easy Read Travel & Transport Explained (3110077)

Easy Read Service Agreements (3110069)

Emergency and Disaster Management Plan - Individual Support Requirements (31100113)

Employee Assistance Program (e230100)

Employee Handbook (3110038)

Enquiry Register

Feedback and Complaints Policy (i010103)

Feedback Procedure (i040100)

Fee for Service Agreement (3110014)

Financial Consent (3113100)

Financial Consent Form (3110082)

G, H, I

General Risk Assessment (i050105)

Health and Safety Monthly Audit Checklist for SIL Program (3110063)

Home Risk Assessment (31100104)

Home Visit Risk Management Plan (31100107)

Hospital Admission (3110600)

House Emergency Plan (3110101)

Human Services Quality Framework

Incident Management (i090700)

Incident Report (i090701)

Incident Investigations (i090300)

Incident Notification (i090200)

Individual Risk Assessment (31100105)

Induction Checklist - Employee (i070101)

Infection Control (3111700)

Information Booklet for Participants (3110019)

Intake Form - New Participant (3110022)

Interim Behaviour Support Plan

J,K,L

[Back to top](#)

M, N, O

[Mileage Claim Form \(3110028\)](#)

Medication (3112100)

[Medication Record - Temporarily Offsite Form \(3112102\)](#)

[NDIS Booklet - Using your NDIS plan \(31100100\)](#)

[NDIS Booklet - Using your NDIS plan - Easy Read version \(3110099\)](#)

[NDIS Code of Conduct \(e350022\)](#)

[NDIS Form - Consent to share your information \(3110098\)](#)

[NDIS Form - Consent for a third party to act on your behalf \(3110097\)](#)

NDIS Incident Management Register located in 'O' Drive

[NDIS Individual Support Plan \(3110004\)](#)

NDIS Plan

[NDIS Specialised Support Coordination Participant Service Access Information \(3100108\)](#)

[NDIS Planning \(3110059\)](#)

[NDIS PRC Individual Recovery Plan \(3110096\)](#)

[NDIS Program Medication Audit Template \(3110065\)](#)

NDIS Pricing & Guides Link

NDIS Specialised Support Coordination (3113400)

[ODC \(Online Data Collection\) \(3110049\)](#)

On-Call Support (3111100)

[Ongoing Support and Services Statement \(3110061\)](#)

P, Q, R, S

Participant Absent from Shift (3110500)

[Participant Conflict of Interest Register \(3110008\)](#)

[Participant Exit Form \(3110026\)](#)

[Participant File Checklist \(31100397\)](#)

Participant Health Information Form (31100396)

Participant Invitation Consent (3110085)

Participant Partaking in Alcohol and Other Drugs (3111200)

Participant Money and Property Statement (3110079)

Participant Rights and Responsibilities Statement (3110080)

Participant Risk Assessment (3110089)

Participant Safe Environment Statement (3110078)

Personal Emergency Preparation Plan (3110095)

Personal Information Form (3110011)

Person Centred Practice (3110100)

Plan Review Workbook (3110012)

Professional Boundaries Procedure (i100400)

Progress Notes (3110030)

Provision of Supports & Services Statement (3110062)

Psychosocial Recovery Coaching - Recovery Oriented Practice (3113200)

Recreation Activities (3112200)

Reporting Abuse, Neglect and Exploitation Form (i051401)

Request for Service Agreement (i100301)

Restrictive Practices (3112700)

Risk Management (i050100)

Rostering Workflow (3110076)

Rosters & Timesheets (3112300)

Schedule 1: Conflict of Interest (3010009)

Service Agreement (3110016)

Service Agreement Management (i100300)

Service Assessment / Review Consent (i060305)

Service Entry (3111500)

Service Entry Workflow – NDIS (3110075)

Service Exit (3111600)

Short Term Approval Application (3110051)

Statement Concerning the Use of Restrictive Practices (3110052)

Suicidal Ideation Procedure (i052400)

Suicide Risk Assessment Form (i052401)

Support Coordination - PRC Budget Breakdown (3110086)

[Support Coordination - Participant Checklist \(3110087\)](#)
[Support Coordination - Participant Risk Management Plan \(31100109\)](#)
[Support Coordination - PRC Role Training \(31100103\)](#)
[Support Coordination - PRC Person Centred Plan \(31100398\)](#)
[Support Coordination - External Referral Template \(3110091\)](#)
[Support Coordination Entry Workflow \(3110092\)](#)
[Support Coordination Staff Training Record \(3110090\)](#)
[Support Worker Emergency Preparation Checklist \(3110102\)](#)
[Support Workers Office Security \(3111800\)](#)
[Support Coordination Supervision Template \(31100399\)](#)

T, U, V

[Team Agenda / Meeting Minutes \(3110007\)](#)
[Transition To/From STEPS \(i052600\)](#)
[Transition Plan \(i052601\)](#)
[Transporting Participants \(3111900\)](#)
[United Nations Declaration of Human Rights 1948](#)
[Variation to Service Agreement \(3110013\)](#)

W, X, Y, Z

[Waste Management \(3112900\)](#)
[WHS Incident Investigations Procedure \(i090300\)](#)
[WHS Incident Report \(i090201\)](#)
[Work Mates Work Experience Risk Assessment \(2080050\)](#)
[Worker Induction & Orientation \(3111400\)](#)
[Workflow Process for Notification of Reportable Incidents \(3110048\)](#)
[Working with Participants Support Networks \(3111000\)](#)
[Work Instruction - NDIS Worker Orientation Module \(3110046\)](#)

Back to top

- N -

NDIS PRC Individual Recovery Plan 32