

CLEAR CARE PTY LTD



POLICY MANUAL

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PRIVACY AND CONFIDENTIALITY POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

To ensure that management of personal information for participants meets all relevant legislative and regulatory requirements. This policy and procedure apply to current and potential participants, their carer's and family members.

2.0 POLICY

CLEAR CARE is committed to the transparent management of personal and health information about its participants and worker.

This commitment includes protecting the privacy of personal information, in accordance with the Australian Privacy Principles (APPs) set out in the Privacy Act 1988 (Cwlth) amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cwlth) and in accordance with the Privacy Policy, Department of Human Services, endorsed June 2002 (amended August 2005) (Vic), the Health Records Act 2001 (Vic), the Information Privacy Act (2000) (Vic), and the Freedom of Information Act 1982 (Cwlth). • CLEAR CARE's Privacy and Confidentiality Policy and Procedure is made publicly available.

3.0 PROCEDURE

Personal information

All worker, management and related stakeholders must ensure that any aspect and format of personal information related to participants, their family, carers and friends plus those of fellow worker members (where not required for operational requirements) are kept confidential.

For all CLEAR CARE participants, consent to gather and use this information must be obtained (*see Participant Consent Form*)

Personal information may include: Name, date of birth, gender, current and previous addresses, residency status, telephone numbers and e-mail addresses, bank account details, Centrelink information, photographs and race or ethnicity

NOTE: Only where required for provision of support, service and/or risk prevention, medical history and/or information provided by a health service will be obtained with Participant consent in line with the Privacy Act

Worker information also includes: Qualifications, CV, tax file number, driver's licence number, previous places of work (conflict of interest)

Informing Participants

In collecting personal information, CLEAR CARE will inform the participants of the purpose and intent of collecting all forms of information, who will have access to the information, how it is stored plus when and how it is destroyed. *Refer to Participant Consent Form*

4.0 Breaches of Privacy

CLEAR CARE is required to disclose a data breach to the Office of Australian Information Commissioner if the data contains personal information that is likely to result in “serious harm”, which includes any of the following: physical, psychological, financial, or reputational harm. Should a breach in privacy occur, potentially exposing participant information (e.g. computer system hacked, laptop stolen etc.) the Management will immediately act to rectify the breach in accordance with organisational policy and processes.

Any worker who identifies a potential breach must immediately inform their management, who must report to the Management for further action.

5.0 RELATED PRIVACY PROCESS

Gaining Participant Consent Process
Collection and Storage of Personal Information
Disclosing Information

6.0 RELATED DOCUMENTATION

- a. Individual’s Rights and Responsibilities
- b. CLEAR CARE Participant Consent Form
- c. CLEAR CARE Participant NDIS Service Agreement
- d. CLEAR CARE Information Management Policy and Procedure
- e. CLEAR CARE Conflict of Interest Policy and Procedure
- f. Aust. Privacy Act: <https://www.oaic.gov.au/privacy/australian-privacy-principles/>
- g. Charter of Human Rights

SERVICE ACCESS AND EQUITY POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure provides guidelines relating to access and equity.

This policy and procedure apply to all potential and existing CLEAR CARE participants, their family members and carer's, and other relevant stakeholders.

2.0 PRINCIPLES

- **Access** – CLEAR CARE to all potential and current participants, without discriminating on the basis of a their country of birth, language, culture, sexual identity or orientation or religion.
- **Equity** – CLEAR CARE's service is provided to include fair treatment for all eligible participants.
- **Communication** – CLEAR CARE will inform eligible participants of the services available, their entitlements, and how to obtain them. The organization will regularly seek participant feedback about the scope and standard of service provision.
- **Responsiveness** – CLEAR CARE will be sensitive to participants from diverse linguistic and cultural backgrounds and, as far as practicable, respond to their particular circumstances and needs.
- **Effectiveness** – CLEAR CARE will focus on meeting the needs of participants from all backgrounds.
- **Efficiency** – CLEAR CARE will optimize the use of available public resources through a user-responsive approach to service delivery that meets the needs of participants.
- **Accountability** – CLEAR CARE will ensure it is accountable for implementing access and equity objectives for participants. Each participant's legal and human rights are understood and incorporated into everyday practice.
- **Active decision making** – and individual choice is supported for each participant including the timely provision of information using the language, mode of communication and terms that the participant is most likely to understand.

3.0 POLICY

- CLEAR CARE's service delivery environment is safe and engaging, physically accessible and responsive to its participants support and communication needs.
 - CLEAR CARE's screening and eligibility, priority of access and waitlist management is undertaken in a fair, equitable and transparent manner, and in line with the *Participants Rights and Responsibilities Policy and*

Procedure. Access to services is based on eligibility, relative need, organisational capacity, the best interests of people using the service and potential impact on existing participants.

4.0 PROCEDURE Service Access

Physical Accessibility

- The Management Team will consider how the premises accommodates participants accessibility needs, and possible modifications where reasonable.
- Suggestions or complaints about the service's accessibility will be directed to the services *Feedback, Compliments and Complaints Policy and Procedure*.

Accepting requests for service

- CLEAR CARE will respond quickly and appropriately to each request for service.
- CLEAR CARE's process for receiving and assessing requests for a service is designed to be inclusive of our agreed target group and consistently applied.
- To be eligible for a CLEAR CARE's service, the person must be an NDIS participant.
- Consideration must be given to the person's priority of access by examining:
 - the person's need relative to other participants and potential participants.
 - where relevant, the needs of their family, carer or other supporters.
 - CLEAR CARE's potential contribution to meeting those needs.
 - CLEAR CARE's available resources to meet those needs.
 - how CLEAR CARE's services will complement other services the person receives; and
 - the best interests of the person.
- During an intake interview, the Management Team (or delegate) will assess any barriers to the person accessing services:
 - The Management Team (or delegates) will advise the person of their right to involve a support person in their dealings with CLEAR CARE.
 - The Management Team (or delegates) will provide information and support for the person to access a person of their choice, such as an advocate, to assist them to interact with the service (see *Decision Making and Choice Policy and Procedure*).
 - Where physical access issues are identified, the Management Team will consider whether CLEAR CARE is accessible for the person, and if not, how it could be made accessible.
 - Where a language or cultural barrier is identified, the Management Team (or delegates) will engage an interpreter or an appropriate external agency to support the person. See *Service Delivery and Participation Policy and Procedure*.
- The Management Team (or delegates) will contact the person or their supporter within 1 working day of the Intake Interview to advise them of the outcome. Notification will be provided by phone and or email.

- Where the participant is offered services and accepts, see the *Assessment, Planning and Review Policy and Procedure*.
- Comprehensive and clear records will be kept using the *Participant Intake Form*, detailing: the name of the applicant, how they were referred, their eligibility, and any onward referrals made.
- The Management (or delegates) will conduct all Intake Interviews. They will provide the person with information about:
 - entry and exit procedures.
 - eligibility and priority of access requirements
 - conditions that may apply to service provision; and
 - fees.
- The Management Team (or delegates) will provide the person with a Welcome Pack that outlines CLEAR CARE's entry and exit procedures, fees, hours of operation, the Participants Rights and Responsibilities statement, Privacy and Confidentiality Policy and Procedure and Feedback, Compliments and Complaints brochure.
- Where appropriate, the Management Team (or delegate) will provide this information in an alternative format such as a different language, Easy English, detailed verbal explanation or through the use of interpreters and advocates.

Appeal

- When a participant is excluded from or is ineligible for a service with CLEAR CARE the Management Team (or delegate) will advise them of their right of appeal and offer referral to more appropriate agencies, as per the *Providing Information, Advice and Referrals Policy and Procedure*.
- Appeals should be directed in writing to CLEAR CARE's Management Team and a final decision will be made by the Management.
- If required, worker will provide support for a person to make an appeal, by either transcribing their feedback for the Management Team's (or delegate's) review or referring the person to interpreter or advocacy services.
- Those not successful in their appeal will be provided written advice to this effect.
- If a person is unhappy with outcome of their appeal, they will be directed to CLEAR CARE's complaints process. As per Life CLEAR CARE's style *Feedback, Compliments and Complaints Policy and Procedure*, information on the complaints process can be provided in a variety of formats if required including support to access interpreters or advocates if necessary.

Alternative Supports

- CLEAR CARE will work collaboratively with all people refused services and (with consent) their supporters, to identify what alternative services and referrals could best meet their needs.
- With the participant's consent, relevant information will be provided by CLEAR CARE to new service providers to support the participant's seamless transition. Where appropriate, CLEAR CARE worker may also meet with worker of alternative providers to facilitate a smooth transition for the participant.

Continuous Improvement

- CLEAR CARE will maintain a record of people who have been refused a service, summarising reasons for their being found ineligible.
- Access, service refusal and referral information will be tracked to inform CLEAR CARE's continuous improvement.

RELATED DOCUMENTS

- Participant Intake and Information form
- Participant Risk Assessment
- Participant Service Agreement
- CLEAR CARE Waiting and Service Refusal Register
- CLEAR CARE Feedback, Compliments and Complaints Policy and Procedure.
- CLEAR CARE Continuous Improvement Policy and Procedure

SERVICE EXIT POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure describes the process for the exiting of participant's from CLEAR CARE 's service.

This policy and procedure applies to all potential and existing participants, their family members and carers, and other relevant stakeholders.

2.0 POLICY

- Participants have the right to terminate their service provision at any time, and this decision will not prejudice future access to the service.
- will collaborate with other services to enhance exit/transition planning to meet people's needs where appropriate.
- Exit procedures will be fair, transparent, follow due process, uphold the rights of participants and protect the safety and integrity of worker, participants, programs and services.

3.0 PROCEDURE

- All participants shall be provided with appropriate:
 - Advice and support when exiting the service
 - Referral to other services and links to the community (including those that will assist the participant's recovery and wellbeing);
 - Information relating to entering our services at a later date (this will also be provided to family members and other service providers involved in follow-up).
- Prior to the participant's exit from CLEAR CARE, the Management Team (or delegate), with the participant and family members/carer's (if nominated by the participant) will review the outcomes of the service and support, as well as inform the participant of ongoing follow-up arrangements (if any).
- All participants will be invited to complete a *Participant Survey* upon exiting the service and will be offered the opportunity to have an informal interview with the Management (or delegate).
- With the consent of the participant, the circle of friends will be involved in exit planning and follow-up arrangements to ensure continuity of care.

RELATED DOCUMENTS

- Participant Service Agreement
- Participant Survey Form
- CLEAR CARE Waiting and Service Refusal Register
- Decision Making and Choice Policy and Procedure

DUTY OF CARE POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedures prescribes CLEAR CARE 's duty of care responsibilities to its participants, circle of friends (e.g. family and advocates) and other stakeholders.

This policy and procedure applies to all worker, contractors and volunteers.

2.0 RISK

Failure to provide clear direction on the prevention and management of care concerns could lead to under-reporting of care issues, inadequate responses, and below standard service provision. Direction around care concern prevention and management aims to drive a culture of equity facilitation for people with disability and continued service improvement and worker development.

3.0 DEFINITIONS

Dignity of risk – Respecting an individual's autonomy and self-determination (or "dignity") to make informed choices and calculated risks for themselves.

Duty of care – A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to CLEAR CARE 's responsibility to provide its participants with an adequate level of care and protection against foreseeable harm and injury.

Care concerns – are defined as acts or situations where a person's health and/or wellbeing is threatened because of a failure to meet an agreed minimum standard of care. Care concerns can be minor, moderate or serious.

- Minor care concerns are deficits in accepted care standards where the observed actions of a worker member, volunteer, contractor or person on placement, or general organisational practices are likely to pose a minor risk to the safety, wellbeing and quality of life of people with disability, if intervention does not occur. Minor care concerns may include, but are not limited to:
- Poor attention to a person's grooming needs (eg nails dirty or untrimmed, teeth not brushed, clothing unclean, hair not combed etc)
- Being distracted when interacting with person (eg talking on personal mobile, listening to portable music device, watching television etc)

- Failure to participate with interest and enthusiasm in activities designed to foster a person's participation in the activities of daily living
- Restricting opportunities for a person to act independently in the absence of any real safety concerns
- Requiring reminders to meet deadlines for a person's appointments, day activities or work.
- Requiring reminders to maintain accurate records.
- Moderate care concerns are deficits in care standards where the alleged actions of a worker member, volunteer, contractor or person on placement, or general organisational practices have placed the safety, wellbeing and quality of life of people with disability at moderate risk. Moderate care concerns may include, but are not limited to:
 - Frequently ignoring direction from the supervisor/manager regarding the support needs of a person
 - Persistent teasing or making fun of a person
 - Taking unauthorised photos of a person
 - Requiring reminders and guidance to attend to a person's health needs.
- Serious care concerns are breaches in care standards where the alleged actions of a worker member, volunteer, contractor or person on placement, or general organisational practices have placed people with disability at significant risk or immediate danger of serious harm or have already caused the person with disability serious harm. Serious care concerns may include, but are not limited to:
 - Exposing the person to extreme safety risks
 - Witnessing an act of abuse or neglect without intervening and failing to make an immediate report of the abuse to the manager/supervisor
 - Restricting a person's freedom of movement without authorization
 - Intentionally withholding food or drinks from a person for a considerable period of time
 - Adding worker names to person's bank accounts or property without the approval of the person, and/or family or guardian.

4.0 POLICY

- We, at CLEAR CARE have a duty of care to ensure that people with disability are not subject to any type of abuse, harm or neglect as we have a zero-tolerance policy towards abuse, harm and neglect. This includes a moral and legal obligation to take all reasonable care in providing services, supports and to meet appropriate standards of care. The appropriate standard of care is assessed on the action a reasonable person would take in a particular situation.

4.1 Statement

- Worker must use their professional skills and experience to decide what actions they should take in each situation of potential harm. Where possible, concerns should be discussed with the Management.
- Duty of care must be balanced with an individual's dignity of risk.
- The factors to be considered in situations of potential harm are:
 - The risk and likelihood of harm;
 - The sorts of injuries that could occur and an assessment of the seriousness of those injuries;
 - Precautions that could be taken to minimise the risk or harm or seriousness of the injury;
 - The usefulness of the activity involving risk; and
 - Current professional standards about the issue.
- Avoiding harm or injury involves:
 - Determining when harm or injury is foreseeable;
 - Taking account of the seriousness of the potential harm or injury;
 - Assessing risks from the other person's perspective;
 - Recognising that some risks are reasonable;
 - Not actively harming or injuring the other person;
 - Avoiding discrimination and overly restrictive options;
 - Avoiding compromises to the rights of others;
 - Noticing risks that the person alerts you to;
 - Recognising when people are at risk of injury from others;
 - Supporting people to confront risks safely;
 - Safeguarding others from harm or injury; and
- Maintaining confidentiality.

5.0 PROCEDURES

- All CLEAR CARE, worker involved in participant care will at all times provide a standard of care that is reasonable and consistent with the policies and procedures outlined in this manual.
- Worker will not carry out tasks requiring qualifications or training that they do not have.
- Worker will promptly report concerns about the safety of participants (including environmental hazards) to Management so that appropriate action can be taken. See CLEAR CARE 's *Incident Management and Preventing and Responding to Abuse Neglect and Exploitation Policies and Procedures*.
- Participants will be encouraged to make their own decisions regarding their care at all times. This may require the support of other significant people as per the *Decision Making and Choice Policy and Procedure*.
- In managing behaviors of concern worker will first ensure their own safety and the safety of others. No punitive action will be taken and restraint will only be implemented in accordance with the *Positive Behavior Support and Restrictive Practices Policy and Procedure*.
- Participants have a right to complain about CLEAR CARE services and they and their key support person/advocate should be alerted to the *Feedback, Compliments and Complaints Policy and Procedure* and external complaints bodies.
- As a NDIS Registered business, CLEAR CARE must report to the NDIS Commission serious incidents (including allegations) arising in the context of NDIS supports or services, including:

- The death of an NDIS participant
- Serious injury of an NDIS participant
- Abuse or neglect of an NDIS participant
- Unlawful sexual or physical contact with, or assault of, an NDIS participant
- Sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity
- The unauthorised use of a restrictive practice in relation to an NDIS participant.
- An incident is an event that involves, worker and participant and/or a relevant service, if the event:
 - Disrupts the provision of a service for more than 30 minutes after the scheduled or agreed time for the provision of the relevant service; or
 - Prevents the provision of the relevant service.

In the case of a *critical incident* the worker must document the following information:

- Any injury
- Any accident
- Any violence, aggression or other life-threatening incident
- Consult with relevant authorities including any emergency response teams
- The Incident Management Register is recorded in paper form and transcribed into an Excel Spreadsheet. This document outlines the information that is needed to be complete in the event of any incident.
- In the event of an incident, the information is given to one or all the following organisations (depending on the event):
 - NDIS Commission
 - Victoria Police
- Most reportable incidents must be notified to the NDIS Commission within 24 hours of a provider's key personnel being made aware of it, with a more detailed report about the incident and actions taken in response to it to be provided within 5 business days.
- The unauthorised use of restrictive practice must be notified to the NDIS Commission within 5 business days of a provider's key personnel being made aware of it. If there is harm to a participant, it must be reported within 24 hours.
- A final report may also be required within 60 business days of submitting the five-day report. The NDIS Commission will advise providers whether a final report is required.
- In all cases, providers must assess:
 - the impact on the NDIS 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^[1].

6.0 GENERAL PRINCIPLES

- People with disability are informed of their inherent human rights and are supported to exercise these rights.
 - People with disability have the right to participate in and contribute to the social, cultural, political and economic life of the community on an equal basis with others.
 - People with disability have the right to live free from abuse, neglect, intimidation, and exploitation
 - People with disability have the right to be respected for their worth, dignity, individuality and privacy.
 - People with disability have the right to realise their potential for intellectual, physical, social, emotional, sexual and spiritual development.
 - People with disability have the right to have access to appropriate assistance and support that will enable them to maximise their capacity to exercise choice and control, and realise their potential.
 - People with disability have the right to pursue any grievances with disability service providers without fear of the discontinuation of services or of recriminations or retribution from disability service providers.
 - People with disability are empowered to determine their own best interests, including the right to exercise informed choice and take calculated risks.
 - The cultural and linguistic diversity of people with disability is respected.
 - People with disability receive quality standards of care.
 - Intervention in the lives of people with disability occurs in the least intrusive way, with the smallest infringements on the fewest rights.
 - Services and supports are based on contemporary evidence-based best practice with a strong focus on person-centered approaches.
- *[1] Information from the NDIS Quality and Safeguards Commission Reportable incidents (NDIS Providers) and National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*

7.0 RESPONSIBILITIES

CLEAR CARE is responsible for:

- fostering a person-centered service culture which supports participants' safety and wellbeing
- establishing and maintaining a safe service environment
- providing worker with training and guidance on the prevention and management of care concerns and duty of care. This may include training and guidance in:
 - disability awareness;
 - relevant legislation, policies, procedures and guidelines that may assist them in the delivery of direct support;
 - any individual processes and/or standards of support that the disability service provider has in place;
 - positive support practices and care concerns;
 - identifying and reporting allegations of abuse and deficits of care;
 - recording and reporting.
- managing care concerns by:
 - providing appropriate guidance and training
 - providing appropriate supervision

- conducting performance reviews and
- taking disciplinary action where appropriate
- reporting serious care concerns where they arise as per the *Incident Management Policy and Procedure* and *Preventing and Responding to Abuse, Neglect and Exploitation Policy and Procedure*
- debriefing participants and worker after care concerns have occurred
- conducting services reviews focusing on both the individual level and across the organisation.
- analysing reported care concerns and developing corrective strategies
- implementing reviewed corrective strategies
- protecting the confidentiality of participant information as per the *Privacy and Confidentiality Policy and Procedure*.

Workers are responsible for:

- ensuring the safety and wellbeing of participants in their care;
- acting on duty-of-care guidance and training provided;
- providing feedback on care management strategies;
- identifying and recording potential improvements to care provided;
- discussing care preferences and potentials with the participant, family and carers;
- recording care preferences in the participant's file;
- discussing improvement to care with their manager;
- identifying possible care concerns and where possible, acting to prevent them;
- responding to care concerns as they arise;
- documenting care concerns and responses in the participant file and bringing them to the attention of their supervisor;
- modelling exemplary behaviours when supporting people with disability and interacting with other worker and care providers, including families and carer's.

8.0 SERVICE CULTURE

CLEAR CARE will deliver person-centered services by ensuring:

- that participants are involved in making decisions and choices about all aspects of the support services they receive;
- that individual plans are in place that clearly document individual choices, needs, consent arrangements;
- that service delivery supports the participant's achievement of their goals;
- that services are delivered in an ethical, respectful and safe manner that focuses on human rights;
- that services promote the wellbeing, inclusion, safety and quality of life of people with disability;
- that interventions or safeguards implemented:
 - have been consented to;
 - are the least restrictive on the *fewest rights; and*
 - consider the person's particular goals, aspirations, interests, preferences, strengths and capacities.

9.0 RECORDING AND REPORTING

- **Moderate care concerns** may be Reportable Incidents if worker perceive that harm is done to the participant. Reportable Incidents should be reported to the NDIS Commission as per the *Incident Management Policy and Procedure*.

- **Serious care concerns** are Reportable Incidents and should be reported to the NDIS Commission as per the *Incident Management Policy and Procedure*.
- CLEAR CARE worker will record all care concerns and potential care concerns in the participant's file.
- The Incident Register will be used to record:
 - all participant incidents
 - deficits in care and
 - allegations of deficits in care.
- Participant, family and carer, suggestions will be recorded using the *Feedback and Complaints Form* and logged in the *Feedback and Complaints Register*.
- Any incident involving a person with disability that may constitute an offence should be reported to the Police. If it is safe, practical and appropriate to do so, worker should simultaneously, or immediately after, consult their supervisor.

10. MONITORING AND REVIEW

- This policy and procedure will be reviewed at least annually, incorporating participant and other stakeholder feedback.
- CLEAR CARE 's service delivery and satisfaction surveys will assess:
 - participant and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them.;
 - participant and other stakeholder satisfaction with CLEAR CARE 's complaints processes; and
 - the extent to which participants feel safe and protected in their dealings with CLEAR CARE.
 - CLEAR CARE 's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified.

RELATED DOCUMENTATION

- CLEAR CARE Incident Management Policy and Procedure
- NDIS Code of Conduct
- CLEAR CARE Feedback, Compliments and Complaints form
- CLEAR CARE Continuous Improvement Policy & Procedure

PARTICIPANT RIGHTS AND RESPONSIBILITIES POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

The purpose of this policy and procedure is to confirm CLEAR CARE's commitment to participants' rights.

This policy and procedure applies to the Management and worker, and all potential and existing participants, their family members and other supporters (Circle of Friends).

2.0 POLICY

- CLEAR CARE respects and fully commits to upholding the rights of all people, including those with disabilities.
- CLEAR CARE is committed to ensuring its participants are made aware of their rights and responsibilities and supported to exercise them.
- CLEAR CARE acknowledges that people with disability have the same human rights as other members of the community and that the community has a responsibility to facilitate the exercise of those rights.

3.0 PROCEDURE

Statement of Rights Participants have the right to:

- Fair treatment – regardless of gender, religion, disability, cultural and linguistic background or age.
- Honesty, respect, dignity and a regard for privacy and individuality.
- Information and support to access services in the community.
- To be an active partner in the services provided.
- Make informed decisions and choices about the services they receive.
- A safe, secure and comfortable environment whilst using the service.
- Quality services, appropriate to their needs and age.
- Support that takes into account lifestyle and cultural differences
- Pursue a grievance about the service and to have that grievance resolved in a timely and appropriate manner.
- Have a support person/advocate/ally of their choice to represent them in matters relating to their support.

Statement of Responsibilities

Participants have a responsibility to:

- respect other people's rights to a safe, secure and comfortable environment.
- treat other participants, worker and volunteers with fairness, honesty and respect.
- respect other people's rights to privacy and confidentiality.
- follow the programs' policies and procedures as they relate to participants and access to support.

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If Participants feel their rights are violated

They can:

- Speak directly to a support worker
or
- Speak with CLEAR CARE Directors or, if they are still unhappy refer them to:
 - NDIS Commission:
 - by phone on 1800 035 544 or
 - TTY 133 677. Interpreters can be arranged.or
 - Complain to the Disability Services Commissioner:
 - online at <http://www.odsc.vic.gov.au>
 - by phone on 1800 677 342 (free call)
 - TTY service for people with hearing or speech difficulties: 1300 726 563

RELATED DOCUMENTS

- CLEAR CARE Welcome Pack – Basic Human Rights + Participant Feedback Process and Form
- Participant Service Agreement
- CLEAR CARE Decision Making and Choice Policy and Procedure
- CLEAR CARE Feedback, Compliments, Complaints and Choice Policy and Procedure

PREVENTING AND RESPONDING TO ABUSE, NEGLECT AND EXPLOITATION POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure outlines CLEAR CARE's immediate response requirements following verbal assault, bullying, discrimination or racism or an allegation of physical or sexual assault that involves a participant.

The aims of the policy and procedure are to:

- ensure timely and effective responses are taken to address immediate participant safety and wellbeing;
- support participants who have experienced physical or sexual assault;
- be accountable to participants for actions taken immediately and planned in response to their experience of an assault;
- ensure due diligence and responsibilities to participants are met; and
 - hold perpetrators of physical and sexual assault accountable for their actions. This policy and procedure applies to worker, students, contractors and volunteers.

2.0 DEFINITIONS

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

- **Child abuse** – An act or omission by an adult that endangers or impairs a child's physical and/or emotional health and development. Child abuse can be a single incident but often takes place over time. Abuse, neglect and maltreatment are generic terms used to describe situations in which a child may need protection.
- **Physical abuse:** When a child suffers or is likely to suffer significant harm from an injury inflicted by a parent/guardian, caregiver or other adult. The injury may be inflicted intentionally or be the consequence of physical punishment or the physically aggressive treatment of a child. Physical injury and significant harm to a child can also result from neglect by a parent/guardian, caregiver or other adult. The injury may take the form of bruises, cuts, burns or fractures, poisoning, internal injuries, shaking injuries or strangulation.
- **Sexual abuse:** When a person uses power or authority over a child, or inducements such as money or special attention, to involve the child in sexual activity. It includes a wide range of sexual behavior from inappropriate touching/fondling of a child or exposing a child to pornography, to having sex with a child.

- **Emotional and psychological abuse:** Involves continuing behavior by adults towards children, which erodes social competence or self-esteem over time. It occurs when a person engages in inappropriate behaviors, such as rejecting, ignoring, threatening or verbally abusing a child, or allowing others to do so.
- **Racial, cultural and religious abuse:** Conduct that demonstrates contempt, ridicule, hatred or negativity towards a child because of their race, culture or religion.
- **Neglect:** Refer to definition below.

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

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

Child or Young Person – Under the Children, Youth and Families Act 2005 (Vic), a person under the age of 17 years.

Participant Incident – an event or circumstance that occurred during service delivery and resulted in harm to a participant.

Exposure to domestic/family violence: When children and young people witness or experience the chronic, repeated domination, coercion, intimidation and victimisation of one person by another through physical, sexual and/or emotional means within intimate relationships¹.

¹ Adapted from the Australian Medical Association definition.

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

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

Code of conduct – A set of rules or practices that establish a standard of behavior to be followed by individuals and organisations. A code of conduct defines how individuals should behave towards each other, and towards other organisations and individuals in the community.

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

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

- **Disability discrimination** – Discrimination on the basis of physical, intellectual, psychiatric, sensory, neurological or learning disability, physical disfigurement, disorder, illness or disease that affects thought processes, perception of reality, emotions or judgement, or results in disturbed behaviour, and presence in body of organisms causing or capable of causing disease or illness (eg, HIV virus).
- **Racial discrimination** – Discrimination on the basis of race, colour, descent or national or ethnic origin and in some circumstances, immigrant status.

- **Domestic/family violence** – The repeated use of violent, threatening, coercive or controlling behavior by an individual against a family member(s) or someone with who they have or have had an intimate relationship, including carers.
- **Duty of care** – A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility CLEAR CARE has to provide its participants with an adequate level of care and protection against foreseeable harm and injury.
- **Maltreatment** (in the context of this policy) – Physical and/or emotional mistreatment, and/or lack of care of a child or person. Examples include sexual abuse, the witnessing of family violence and any non-accidental injury.
- **Mandatory reporting** – The legal obligation of certain professionals including nurses, teachers and doctors and community members to report when they believe, on reasonable grounds, that a child is in need of protection from harm. In Victoria, the following people are mandated to report:
 - **Neglect** – The failure to provide a child with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the child’s health and development is, or is likely to be, significantly harmed.
 - **Offender** or **Perpetrator** – A person who mistreats and/or harms a child or person.
 - **Reasonable grounds** – See “Identification of Abuse, Neglect and Exploitation,” below, for indicators which supply reasonable grounds for suspecting abuse has occurred.
 - **Voluntary (non-mandated) notification** – A notification to the Department of Human Services by a person who believes that another person is in need of protection, where the notification is made out of moral obligation, rather than legislative obligation. The person making the notification is not expected to prove the abuse, and the law protects the anonymity of the person making the notification.

3.0 POLICY

- CLEAR CARE is proactive in preventing the occurrence of violence, abuse, discrimination, exploitation and neglect in its services and to its participants. This includes supporting the safety and security of people affected by family violence. We maintain a high level of awareness and response regarding the vulnerability of our participants, including children, young people and people with a disability, to incidents of abuse in all its formats.

3.1 Statement

- CLEAR CARE has a moral, ethical and legal responsibility to ensure that all participants are safe in their care, and will provide training, resources, information and guidance to support this. CLEAR CARE is committed to:
 - ensuring that the health, safety and wellbeing of participants at the service is protected at all times;
 - fulfilling its duty of care obligations under the law by protecting participants from any reasonable, foreseeable risk of injury or harm;

- ensuring that all worker, students and volunteers caring for participants at the service act in the best interests of the participant and take all reasonable steps to ensure the participant's safety and wellbeing at all times;
- supporting the rights of all participants to feel safe, and be safe, at all times;
- developing and maintaining a culture in which participants feel valued, respected and cared for;
- encouraging active participation from parents/guardians and families at the service, and ensuring that best practice is based on a partnership approach with shared responsibility for participants' health, safety, wellbeing and development; and
- educating participants of their individual rights by including personal safety education programs within CLEAR CARE.

4.0 PROCEDURE

Prevention of abuse, neglect and exploitation

CLEAR CARE will:

- ensure that all workers are aware of, trained in, compliant with, and implement this policy;
- ensure the cultural needs of participants from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds are safeguarded through training in cultural competency;
- ensure that workers are trained to recognise and prevent/minimise the occurrence or recurrence of abuse, neglect and exploitation of participants within a service delivery context;
- support worker to create an appropriate service culture in accordance with this policy and vision and values of the organisation.
- ensure there are systems in place to identify and remedy gaps which contributed to a participant experiencing abuse, neglect or exploitation;
- ensure worker are trained in early intervention approaches where potential or actual abuse, neglect and exploitation of participants is identified.

Identification of Abuse, Neglect and Exploitation

Indicators of abuse include:

- a participant alleges that abuse has occurred, by a worker member, volunteer, another participant, or other person
- a worker member or volunteer observes or is told about the alleged abuse
- a worker member or volunteer suspects that abuse has occurred (for example, a participant may have unexplained injuries, a participant may be distressed or anxious, or clothes may have been ripped)
- a participant's behavior changes significantly (this might include self-destructive behaviour, sleep disturbances, acting-out behaviour, emotional distress, or persistent and inappropriate sexual behaviour)
- a participant complains of physical symptoms or a worker member observes symptoms (this might include bruising, abdominal pain, sexually transmitted disease or pregnancy).

Where a worker member considers that a participant's behavioral changes or symptoms may be a result of abuse, they should report their concerns immediately to the Management or their supervisor.

Responding to abuse, neglect and exploitation

Allegations of abuse should always be treated seriously. The participant's feelings about themselves and their willingness to raise concerns in the future may be influenced by initial reactions to their allegation. If abuse is disclosed, or a worker member becomes aware of abuse, a helpful response may include:

- listening carefully to and reassuring the participant
- reassuring the participant who disclosed abuse that they did the right thing by telling someone about their concerns
- asking the participant what can be done to make them feel safe, and explaining the actions you will take next.

Where CLEAR CARE worker become aware of an allegation of abuse they must, so far as is possible:

- immediately ensure the safety of the alleged victim and
- prevent any further contact between the alleged victim and the alleged perpetrator. This may include reallocating worker or volunteers to alternative duties.

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

Where a worker member is the alleged perpetrator of abuse and requires medical attention, any medical practitioner called should be independent of the service where the alleged abuse took place.

As a NDIS Registered business, CLEAR CARE must report to the NDIS Commission serious incidents (including allegations) arising in the context of NDIS supports services, including:

- the death of an NDIS participant
- serious injury of an NDIS participant
- abuse or neglect of an NDIS participant
- unlawful sexual or physical contact with, or assault of, an NDIS participant
- sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity
- the unauthorised use of a restrictive practice in relation to an NDIS participant.

An incident is an event that involves, worker and participant and/or a relevant service, if the event:

disrupts the provision of a service for more than 30 minutes after the scheduled or agreed time for the provision of the relevant service; or prevents the provision of the relevant service.

- In the case of a *critical incident* the worker must document the following information:
 - Any injury
 - Any accident
 - Any violence, aggression or other life-threatening incident

- Consult with relevant authorities including any emergency response teams

The Incident Management Register is recorded in paper form and transcribed into an Excel Spreadsheet. This document outlines the information that is needed to be complete in the event of any incident.

In the event of an incident, the information is given to one or all the following organisations (depending on the event):

- NDIS Commission
- Victoria Police

Most reportable incidents must be notified to the NDIS Commission within 24 hours of a provider's key personnel being made aware of it, with a more detailed report about the incident and actions taken in response to it to be provided within 5 business days.

The unauthorised use of restrictive practice must be notified to the NDIS Commission within 5 business days of a provider's key personnel being made aware of it. If there is harm to a participant, it must be reported within 24 hours.

A final report may also be required within 60 business days of submitting the five-day report. The NDIS Commission will advise providers whether a final report is required.

In all cases, providers must assess:

- the impact on the NDIS 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^[1].

Where a participant is the alleged perpetrator

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

Worker must contact the service most directly responsible for the participant's care who will ensure that the participant has legal representation and is assisted during the investigation and hearing. (See also the *Incident Management Policy and Procedure*).

Where a worker member is the alleged perpetrator

- If a worker member is accused or suspected of harming the participant, they should be removed from contact with all participants pending an investigation
- After reporting to the Police, the Management s must be immediately notified of the report.
- Depending on the nature of the allegation, the Management's response regarding the alleged perpetrator should comply with CLEAR CARE's *Human Resources Policy and Procedure*. Responses include redirecting the worker member to alternate duties that do not involve direct participant care or standing the worker member down.

Where a worker member is the alleged victim

- Allegations of abuse of worker members by participants, while serious matters, are not reportable participant incidents under Participant Incident Management System unless there is an impact (harm) upon the participant. Other reporting obligations apply, including reporting to Victoria Police or work health and safety notifications.
- Allegations or assaults where a CLEAR CARE worker member is the alleged victim should be dealt with in accordance with CLEAR CARE's *Incident Management Policy and Procedure*.

^[1] *Information from the NDIS Quality and Safeguards Commission Reportable incidents (NDIS Providers) and National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*

Police Involvement: suspected criminal acts

Where an immediate police response is required, call 000.

If a suspected criminal act has occurred, report the incident to Victoria Police. The participant must consent to calling the Victoria Police, unless:

- the participant is under 18 years of age;
- the participant has a cognitive impairment;
- there is evidence aside from the participant's statements of a crime having been committed;
- the participant suffered serious harm;
- the participant's decision was made under duress;
- the participant or other service users are still at risk of violence or abuse.

Assist the participant to make an informed decision to participate in the Victoria Police investigation, by providing the following information to the participant:

- The matter will be or already has been reported to Victoria Police.
- The participant will be supported by the service provider throughout the investigation process.
- Victoria Police may investigate the incident.
- Police officers may want to interview the participant and take a statement. The participant may choose whether or not to participate in the police investigation.
- Victoria Police will decide whether or not to proceed with charging the alleged offender (police officers may be better placed to provide this information to the participant).

Where an incident has not been reported to Victoria Police, the incident investigation process required under this guide should still be followed (See *Incident Management Policy and Procedure*).

Assisting Police Investigations

(The following are subject to specific directions from Police)

While some discussion may be required to establish safety and a basic understanding of what has occurred, ***do not question the alleged perpetrator or victim.***

Worker should preserve any physical or documentary evidence that may be critical to an investigation by Victoria Police or the service provider. This may require discussions with Victoria Police.

The police officer may need the carer/worker's assistance to explain this procedure to the participant. CLEAR CARE worker should not assist the

Victoria Police with participant interviews (see 'Independent Third Person', below)

Additional Participant Supports

Parent, guardian or Independent Person

If the participant is under the age of 18 years, a parent, plenary guardian or Independent Person must be present if they are going to give a statement.

Independent Third Person

It is the responsibility of Victoria Police to contact the Independent Third Person. The role of the Independent Third Person is to:

- assist in interviewing participants with a cognitive impairment or mental illness or who use an alternative form of communication, such as symbols, signs or facilitated communication. facilitate communication,
- ensure that the participant understands his or her rights, and to support the participant.

CLEAR CARE worker should advise the Victoria Police if the participant may require an Independent Third Person.

CLEAR CARE worker ***should not*** act as the Independent Third Person.

Victim Support Services

Specialist victim support services including crisis care, counselling, advocacy, legal information and advice, should be considered to aid the alleged victim.

Centre Against Sexual Assault (CASA)

CASA should always be contacted in cases of alleged sexual abuse, ***with participant consent***.

Participant consent to contact CASA should be obtained, provided they have the capacity to consent and are at least 18 years old.

Consent should be obtained from the participant's guardian or next of kin, where the participant does not have the capacity to consent, or is under the age of 18 – ***unless the alleged perpetrator is the participant's guardian***.

5.0 RESPONSIBILITIES

CLEAR CARE will ensure:

that there is a culture of no retribution for any person who reports abuse, neglect or exploitation of a person with a mental illness and/or disability;

- that worker advise participants, their families and advocates about:
 - support services, which are equipped to identify abuse, neglect and exploitation and able to refer individuals to appropriate specialist services; and
 - their right to pursue grievances and complaints and access to the criminal justice system.

The Management will ensure:

- that any concerned person, including but not limited to, the person receiving services, another participant, relative, friend or person from the community is able to make a report or an allegation of abuse, neglect and exploitation, without fear of retaliation or retribution;

- that all CLEAR CARE worker supporting participants are respectful of their rights and needs; and
- the requirement – to report the abuse, neglect or exploitation of participants to the relevant authority in line with the requirements of the Incident Reporting and Investigation Guideline – is implemented.

CLEAR CARE worker will:

- support the creation a culture of no retribution for reporting of suspected abuse, neglect or exploitation;
- support other worker to create an appropriate service culture in accordance with this policy;
- provide services to participants in a manner consistent with this policy;
- report all alleged or suspected instances of abuse, neglect and exploitation in accordance with this policy, as well as the *Incident Reporting Policy and Procedure*;
- cooperate with the investigation of any complaint or grievance relating to the provision of CLEAR CARE services; and
- provide appropriate support to the person making the report.

6.0 NOTIFICATION OF NEXT OF KIN OR GUARDIAN –

CLEAR CARE must ensure that the next of kin or guardian is contacted for Participants under 18 years of age.

The Management (or delegate) must explain the following to the next of kin or guardian:

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

The Management will ask the guardian or next of kin if they wish to be present at the interview – subject to Victoria Police advice and legal requirements.

Participants over 18 years and receiving disability services

If over 18 years of age, the participant may decide whether or not to inform the next of kin of the allegations.

Where a participant with a cognitive impairment or mental illness decides *not* to advise the next of kin, it should be clearly documented how the participant demonstrated that they made an informed decision.

If the participant chooses to notify next of kin, CLEAR CARE will assist the participant to make contact, if possible. If the participant is unable to make an informed decision regarding contact and the participant does not have a guardian, the service provider should contact the next of kin as appropriate.

Participants with a legal guardian

CLEAR CARE will ensure that the legal guardian is contacted.

CLEAR CARE will explain the nature of the allegation, the standard procedure for reporting allegations to Victoria Police, that the participant may choose whether or not to participate in the police investigation and any action taken by worker since reporting the allegation (Victoria Police may also provide this information).

The guardian should be asked if they wish to be present while the participant's statement is being taken – subject to Victoria Police advice and legal requirements.

Participants on a Care by Secretary order

CLEAR CARE will contact the participant's allocated case worker and explain the nature of the allegation, the standard procedure for reporting allegations to Victoria Police, that the participant may choose whether or not to participate in the police investigation and any action taken by worker since reporting the allegation (Victoria Police may also provide this information).

The case worker should be asked if they wish to be present while the participant makes their statement - – subject to Victoria Police advice and legal requirements.

Participants on a family reunification order

CLEAR CARE will ensure that the next of kin or guardian is contacted (this is mandatory if the participant is under the age of 18).

CLEAR CARE will explain to them the nature of the allegation, the standard procedure for reporting allegations to Victoria Police, that it is a matter for the participant to decide whether or not to participate in the police investigation and any action taken by worker since reporting the allegation (Victoria Police may also provide this information). The next of kin or guardian should be asked if they wish to participate in the interview – subject to Victoria Police advice and legal requirements.

Participants receiving child protection services who do not wish their next of kin or guardian to be contacted

If the participant is a person under the age of 18 who does not wish their next of kin or guardian to be notified, this should be discussed with the departmental child protection Management. A decision in relation to notification will need to consider factors including the participant's age and capacity, where they are living and their best interests. If necessary, legal advice should be sought, and if a decision is taken not to notify the next of kin or guardian, this must be clearly documented and placed on the participant's file.

7.0 A&TSI AND CALD PARTICIPANTS

For participants who are from culturally and linguistically diverse communities or from Aboriginal and Torres Strait Islander communities, worker should consider referring the participant to specialist agencies or specialist worker for additional support.

Participants from Aboriginal and Torres Strait Islander communities

Service providers should facilitate an integrated, holistic approach with other service providers, which may include accessing both mainstream and local Aboriginal and Torres Strait Islander support services. The participant may not want to access the Aboriginal services located in the local area where they reside. Where this is the case, worker should support the participant to access services outside of their local area. Appropriate services may include the Aboriginal and Torres Strait Islander Corporation Family Violence Prevention and Legal Service or the Victorian Aboriginal Health Service.

Use of an interpreter

Where the participant uses a language other than English, an interpreter should be arranged as soon as practicable to interpret for the participant, police and other persons involved in the process. Contact the Victorian

Interpreting and Translating Service (VITS) on (03) 9280 1955 (24 hours, seven days a week).

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

In the case of alleged sexual abuse, consideration should be given to the gender of the interpreter and any impact this may have on the alleged victim.

A sign language interpreter may be needed to assist in communication with a participant who is deaf. Interpreters can be obtained via the Victorian Interpreting and Translating Service (VITS).

For further information, refer to the Language Services policy and guide: <https://dhhs.vic.gov.au/publications/language-services-policy-and-guidelines>.

Culturally-specific Centre Against Sexual Assault services

CASA should be contacted to arrange culturally-specific services for alleged victims from culturally and linguistically diverse communities.

Supporting the participant through the justice process

CLEAR CARE will assist the participant to access legal representation if required. If the participant has a designated case manager, CLEAR CARE will contact the case manager to ensure that the participant is assisted during the investigation and hearing if required.

Service providers should support participants through the justice process,

Criminal injuries compensation and victim support

Application for compensation from the Victims of Crime Assistance Tribunal may be pursued by the participant or their legal administrator after the incident has been reported to Victoria Police.

In relation to sexual abuse, a Centre Against Sexual Assault counsellor/advocate can support participants who wish to pursue compensation.

The alleged victim may also wish to contact:

- Victims of Crime: <https://www.victimsofcrime.vic.gov.au/>
- the Court Network on 1800 681 614 or at <http://www.courtnetwork.com.au/>.

Debriefing for worker and participants

Service providers are ultimately responsible for the welfare and support of their worker, including the appropriate provision of debriefing services.

Worker

CLEAR CARE will ensure:

- that worker who are witnesses or otherwise impacted by the event have access to additional management support or counselling where required.

- that people who are distressed following an abnormal event are facilitated in their recovery and helped return to their pre-incident level of functioning as soon as possible, for example by:
- allocating a safe place for retreat,
- giving worker the option of being immediately and temporarily relieved of their duties,
- providing communication with families and
- offering to organise transport home.

Participants

CLEAR CARE will ensure:

- that other participants, particularly witnesses to the alleged event, are supported.
- that the impact of the event on other participants and how they can be best supported is considered.
- that where a participant is impacted by witnessing an incident, the impact on the participant is reported through.
- that participants, and particularly witnesses, receive support or counselling, or other modifications to services, as appropriate, including:
- allocating a safe place and
- communicating with families.

Ongoing support

CLEAR CARE will ensure that any individual, including all participants, people with barriers and workers, who has experienced any form of abuse (including sexual), violence, bullying, discrimination and/or exploitation receives appropriate ongoing support to meet their needs

Responding to Racism, Discrimination and Cultural Abuse

Racism, discrimination and cultural abuse in all forms are unacceptable because they cause psychological harm, and all responses must reflect this.

Where a participant is the alleged perpetrator

Where a participant is the victim of another participant's racism acts, discrimination or cultural abuse, efforts must be made to immediately ensure the safety of the victim.

The incident will be evaluated and reported according to the "Identifying Participant Incidents" section of *Incident Management Policy & Procedure*.

Where a worker member is the alleged perpetrator

If a worker member is accused or suspected of subjecting to racism, discrimination or cultural abuse, they should be removed from contact with all participants pending an investigation.

Depending on the nature of the allegation, the Management's response regarding the alleged perpetrator should comply with the *Human Resources Policy and Procedure*. Responses include redirecting the worker member to alternate duties that do not involve direct participant care, or standing the worker member down.

Where a worker member is the alleged victim

Allegations of racism, discrimination or cultural abuse towards worker members by participants, while serious matters, are not reportable participant incidents under Participant Incident Management System.

Where racism, discrimination or cultural abuse is alleged to have occurred between worker members, including as part of management practices, the Management's response should comply with the *Human Resources Policy and Procedure*.

RELATED DOCUMENTATION

- CLEAR CARE Privacy and Confidentiality Policy and Procedure
- CLEAR CARE Feedback, Compliments and Complaints Policy & Pro
- CLEAR CARE Duty of Care Policy and Procedure
- CLEAR CARE Child Safety Policy and Procedure
- CLEAR CARE Incident Management Policy and Procedure
- CLEAR CARE Providing Information, Advice and Referral Policy
- CLEAR CARE Working with Carers and Family Members Policy
- CLEAR CARE Participant Welcome Pack
- CLEAR CARE Information form re Advocacy groups
- CLEAR CARE Incident Register and Reporting registers
- CLEAR CARE Risk Register

CHILD SAFE POLICY



1.0 PURPOSE AND SCOPE

This policy describes our commitment to child safety.

This policy and procedure should be read in conjunction with the *Preventing and Responding to Abuse, Neglect and Exploitation Policy*.

This policy applies to all Management and Worker.

2.0 POLICY

CLEAR CARE is committed to child safety.

- We want children to be safe, happy, and empowered. We support and respect all children, as well as our worker and volunteers.
- We are committed to the safety, participation and empowerment of all children.

2.1 COMMITMENT

- We have zero tolerance of child abuse, and all allegations and safety concerns will be treated very seriously and consistently with our robust policies and procedures.
- We have legal and moral obligations to contact authorities when we are worried about a child's safety, which we follow rigorously.
- Our organisation is committed to preventing child abuse and identifying risks early and removing and reducing these risks.
- Our organisation has robust human resources and recruitment practices for all worker and volunteers.
- Our organisation is committed to regularly training and educating our worker and volunteers on child abuse risks.
- We support and respect all children, as well as our worker and volunteers. We are committed to the cultural safety of Aboriginal children, the cultural safety of children from a culturally and/or linguistically diverse backgrounds, and to providing a safe environment for children with a disability.
- We have specific policies, procedures and training in place that support our leadership team, worker and volunteers to achieve these commitments.

If you believe a child is at immediate risk of abuse phone 000. We promote diversity and tolerance in our organisation, and people from all walks of life and cultural backgrounds are welcome. We:

- promote the cultural safety, participation and empowerment of Aboriginal children
- promote the cultural safety, participation and empowerment of children from culturally and/or linguistically diverse backgrounds
- ensure that children with a disability are safe and can participate equally.

2.2 Our worker and volunteers

This policy guides our worker and volunteers on how to behave with children in our organisation.

All of our worker and volunteers must agree to abide by our code of conduct which specifies the standards of conduct required when working with children. All worker and volunteers, as well as children and their families, are given the opportunity to contribute to the development of the code of conduct.

3.0 TRAINING AND SUPERVISION

Training and education is important to ensure that everyone in our organisation understands that child safety is everyone's responsibility.

Our organisational culture aims for all Management and Worker to feel confident and comfortable in discussing any allegations of child abuse or child safety concerns. We train our worker and volunteers to identify, assess, and minimise risks of child abuse and to detect potential signs of child abuse.

We also support our worker through ongoing supervision to develop their skills to protect children from abuse; and promote the cultural safety of Aboriginal children, the cultural safety of children from linguistically and/or diverse backgrounds, and the safety of children with a disability.

New employees and volunteers will be supervised regularly to ensure they understand our organisation's commitment to child safety and that everyone has a role to play in protecting children from abuse, as well as checking that their behaviour towards children is safe and appropriate (please refer to this organisation's code of conduct to understand appropriate behaviour further). Any inappropriate behaviour will be reported through appropriate channels, including the Department of Health and Human Services and Victoria Police, depending on the severity and urgency of the matter.

3.2 Recruitment

We take all reasonable steps to employ skilled people to work with children. We develop selection criteria and advertisements which clearly demonstrate our commitment to child safety and an awareness of our social and legislative responsibilities. Our organisation understands that when recruiting worker and volunteers we have ethical as well as legislative obligations.

We actively encourage applications from Aboriginal peoples, people from culturally and/or linguistically diverse backgrounds and people with a disability.

All people engaged in child-related work, including volunteers, are required to hold a Working with Children Check and to provide evidence of this Check. Please see the [Working with Children Check](http://www.workingwithchildren.vic.gov.au) website <www.workingwithchildren.vic.gov.au> for further information

We carry out reference checks and police record checks to ensure that we are recruiting the right people. Police record checks are used only for the purposes of recruitment and are discarded after the recruitment process is complete. We do retain our own records (but not the actual criminal record) if an applicant's criminal history affected our decision making process.

If during the recruitment process a person's records indicate a criminal history then the person will be given the opportunity to provide further information and context.

4.0 FAIR PROCEDURES FOR PERSONNEL

The safety and wellbeing of children is our primary concern. We are also fair and just to personnel. The decisions we make when recruiting, assessing incidents, and undertaking disciplinary action will always be thorough, transparent, and based on evidence.

We record all allegations of abuse and safety concerns using our incident reporting form ¹, including investigation updates. All records are securely stored.

If an allegation of abuse or a safety concern is raised, we provide updates to children and families on progress and any actions we as an organisation take.

5.0 ALLEGATIONS, CONCERNS AND COMPLAINTS

Our organisation takes all allegations seriously and has practices in place to investigate thoroughly and quickly. Our worker and volunteers are trained to deal appropriately with allegations.

We work to ensure all children, families, worker and volunteers know what to do and who to tell if they observe abuse or are a victim, and if they notice inappropriate behaviour.

We all have a responsibility to report an allegation of abuse if we have a reasonable belief that an incident took place (see information about failure to disclose above).

If an adult has a **reasonable belief** that an incident has occurred then they must report the incident. Factors contributing to reasonable belief may be:

- a child states they or someone they know has been abused (noting that sometimes the child may in fact be referring to themselves)
- behaviour consistent with that of an abuse victim is observed⁵
- someone else has raised a suspicion of abuse but is unwilling to report it
- observing suspicious behaviour.

6.0 LEGISLATIVE RESPONSIBILITIES

Our organization takes our legal responsibilities seriously, including:

Privacy: All personal information considered or recorded will respect the privacy of the individuals involved, whether they be worker, volunteers, parents or children, unless there is a risk to someone's safety. We have safeguards and practices in place to ensure any personal information is protected in line with the Privacy Act. Everyone is entitled to know how this information is recorded, what will be done with it, and who will have access to it

- **Failure to disclose:** Reporting child sexual abuse is a community-wide responsibility. All adults in Victoria who have a reasonable belief that an adult has committed a sexual offence against a child under 16 have an obligation to report that information to the police.²
- **Failure to protect:** People of authority in our organisation will commit an offence if they know of a substantial risk of child sexual abuse and have the power or responsibility to reduce or remove the risk, but negligently fail to do so.³

² A person will not commit this offence if they have a reasonable excuse for not disclosing the information, including a fear for their safety or where the information has already been disclosed.

Further information about the failure to disclose offence is available on the [Department of Justice and Regulation website](http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+disclose+offence)

³ Further information about the failure to protect offence is available on the [Department of Justice and Regulation website](http://www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+disclose+offence)

- Any personnel who are **mandatory reporters** must comply with their duties.⁴

7.0 RISK MANAGEMENT

In Victoria, organisations are required to protect children when a risk is identified (see information about failure to protect above). In addition to general occupational health and safety risks, we proactively manage risks of abuse to our children.

We have risk management strategies in place to identify, assess, and take steps to minimise child abuse risks, which include risks posed by physical environments (for example, any doors that can lock), and online environments (for example, no worker or volunteer is to have contact with a child in organisations on social media).

8.0 REGULAR REVIEW

This policy will be reviewed every two years and following significant incidents if they occur. We will ensure that families and children have the opportunity to contribute. Where possible we do our best to work with local Aboriginal communities, culturally and/or linguistically diverse communities and people with a disability.

www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+protect+offence

⁴ Mandatory reporters (doctors, nurses, midwives, teachers (including early childhood teachers), principals and police) must report to child protection if they believe on reasonable grounds that a child is in need of protection from physical injury or sexual abuse.

See the Department of Health and Human Services website for information about [how to make a report to child protection](http://providers.dhhs.vic.gov.au/making-report-child-protection) < <http://providers.dhhs.vic.gov.au/making-report-child-protection>>.

⁵ For example behaviour, please see [An Overview of the Victorian child safe standards](http://providers.dhhs.vic.gov.au/child-safe-standards) < <http://providers.dhhs.vic.gov.au/child-safe-standards>>.

RELATED DOCUMENTATION

- CLEAR CARE Duty of Care Policy and Procedure
- CLEAR CARE Staff Induction Plan and Position Descriptions
- CLEAR CARE Participants Rights and Responsibilities Policy
- CLEAR CARE Privacy and Confidentiality Policy and Procedure
- CLEAR CARE Feedback, Compliments and Complaints Policy
- CLEAR CARE Working with Carers and Families Policy & Procedure
- CLEAR CARE Participant Intake and Information Form
- CLEAR CARE Participant Risk Assessment Form

DECISION MAKING AND CHOICE POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy describes the process for ensuring participants are involved and participate as fully as possible in the decisions about the support they receive.

This policy and procedure applies to Management and Worker, and all potential and existing participants and their Circle of Friends (family members and other supporters).

2.0 POLICY

- CLEAR CARE is committed to ensuring all participants are involved in making decisions and choices about all aspects of the support services they receive from the organisation.
- Participants should be the person making informed decisions and choices with regard to themselves and the services they receive.
- All people have the right to maintain their personal, gender, sexual, cultural, religious and spiritual identities, and the right to dignity of risk.

3.0 PROCEDURE

- The Management (or delegate) will advise participants/parents/guardians when making appointments for an Intake Interview and subsequent reviews that they are entitled to have an independent support person at the meeting to assist them in the decision making process.
- The Management (or delegate) will support participants/parents/carer's to access any information they reasonably require to enable them to participate in decisions affecting participants' lives. This includes supporting their access to technology, aids, equipment and services that increase and enhance their decision-making and independence.
- The Management (or delegate) will be responsive to the changing needs, goals, aspirations and choices of participants and will communicate in appropriate formats to facilitate their informed decision-making and choice.
- Where CLEAR CARE is unable to meet the needs and goals of a participant or is not resourced to effectively meet the person's needs, the Management (or delegate) will refer the person to other relevant service providers or community- based organisations to facilitate their support needs.
- The Management (or delegate) will act upon the outcomes of a participant/parent/guardian's input into decision- making.
- Information about participants' rights, services and processes that impact them will be provided in a variety of formats where practicable to assist **understanding, in order** to support decision-making and choice.

Dignity of Risk

- Where a participant has the capacity for decision making, all options, risks and possible consequences must be discussed with them and all relevant stakeholders involved in the decision making process.
- If a decision doesn't place anyone at risk of harm, worker are to comply with the decision.
- Worker will support participants' access to information on which to base their decisions when they want to try new things or continue with options that may not have gone well in the past, including the benefits and risks, consequences and responsibilities to them and others.
- All worker will be trained in responding to the needs of participants, participant decision making, dignity of risk and assisting participants to make informed choices in the least restrictive way, through formal induction and training processes as well as regular team meetings.

Provision of Information

- Advice, notice or information will be offered in the language, mode of communication and terms that the participant is most likely to understand. Where possible, explanation should be given both verbally and in writing.

RELATED DOCUMENTATION

- CLEAR CARE Welcome Pack
- CLEAR CARE Feedback, Compliments and Complaints Policy
- CLEAR CARE Governance Policy and Procedure
- CLEAR CARE Continuous Improvement Policy and Procedure
- CLEAR CARE Participant Survey
- CLEAR CARE Management and Team Meeting Minutes
- CLEAR CARE Staff Induction Plan

FINANCIAL MANAGEMENT AND DELEGATIONS POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

The *Financial Management and Delegations Policy* guides how CLEAR CARE safeguards and makes the best use of the funds it manages by: providing guidelines for who can approve expenditure; ensuring that financial records are kept to a proper standard; and preventing fraud or mismanagement.

This policy and procedure applies to Management and Worker.

2.0 DEFINITIONS

Assets - non-consumable items of tangible property (including fixtures) that have a service life greater than one year. Assets can include:

- non-medical equipment;
- equipment or aids to support participants;
- electronic equipment (such as computers);
- furniture; and
- motor vehicles.

Fraud - dishonest activity causing actual or potential financial loss to any person or entity including theft of money or other property by worker members or people external to the entity and where deception is used at the time, immediately before or immediately following the activity. This also includes the deliberate falsification, concealment, destruction or use of falsified documentation used or intended for use for a non-business purpose or the improper use of information or position for financial benefit.¹

Corruption - dishonest activity in which a Director(s), Executive Manager(s), Manager, worker member or contractor of an entity acts contrary to the interests of the entity and abuses his/her position of trust in order to achieve gain or advantage for themselves or for another person or entity.²

¹ AS 8001-2008 Fraud and Corruption Control

² AS 8001-2008 Fraud and Corruption Control

3.0 POLICY

- CLEAR CARE is committed to effective management of its finances and the prevention of fraud or mismanagement of its funds. CLEAR CARE will maintain financial management and accounting systems that:
 - are transparent and accountable.
 - allow for the keeping of full and accurate records.
 - allow budgeting and reporting on an accrual basis.
 - meet applicable Australian Accounting Standards; and

- are consistent with the financial compliance and reporting requirements for any of the organisation's government funding arrangements.
- CLEAR CARE will:
- prepare financial statements according to the Australian Accounting Standards; and
- have its accounts and records audited in accordance with Australian Auditing Standards.

4.0 PROCEDURE Approvals and Delegations

- CLEAR CARE complies with the *Australian Accounting Standards* issued by the Australian Accounting Standards Board. The Management will keep up-to-date with changes to these standards to ensure compliance.
- The Management will maintain a Chart of Accounts for the entire business that ensures a consistent reporting structure, meets budget management needs and conforms with the National Australian Standard Chart of Accounts.
- The Management will continuously monitor the financial position of the organisation to minimise the risk of fraud and ensure that expenditure complies with the budget, is accounted for correctly, and is properly authorised prior to expenditure being incurred.
- The Management will maintain a Register of Bank Accounts for the entire business, containing holding bank details, open and close dates, interest rates, fees, credit and debit card holders and expiry dates for credit cards.
- The Management has responsibility for all expenditure.
- Access to Internet Banking and EFT transfers is restricted to the Management and controlled by a user ID and password, both of which must remain confidential, and under no circumstances be divulged to anyone else.
- Receipts for all expenditure must be provided to and retained by the Management.
- The Management will authorise and make reimbursement payments for worker work-related expenses.
- The Management will maintain a Petty Cash float of \$250.00. This will be kept in a safe or lockable cabinet. Receipts must accompany all claims for expenditure.

Bank Accounts

- The Director(s) is the signatory for CLEAR CARE's bank accounts.
- The Management (or delegate) will maintain a Contingency Bank Account for the organisation, to provide cash interest and to deposit:
 - worker accruals;
 - surplus funds;
 - long service leave, sick leave and accumulated annual leave entitlements;
 - assets replacement funds;
 - training funds; and
 - maintenance funds.
- The Management (or delegate) will ensure that all debts are settled in a timely manner and will not allow ordinary operating expenses to become

undischarged debts beyond a three-month period from the time they were incurred.

- The Management will manage the Contingency Account. It will be reconciled monthly and funds can only be accessed with the signature of the Management.

Assets

- Details of all assets owned by CLEAR CARE will be recorded in the *Asset Register*.
- When an asset is sold or otherwise disposed of, the details of the disposal (such as sale proceeds) will be recorded in the financial records and recorded in the *Asset Register*.
- Where an asset is lost, damaged, or destroyed CLEAR CARE will repair or replace the asset if it is still required.
- Asset depreciation will be recorded in accordance with *Australian Accounting Standards*.

Insurances

- The Management is responsible for ensuring all people and equipment associated with CLEAR CARE 's operations are covered by relevant insurances.
- The Management will maintain an *Insurances Register*, noting the type of insurance, the name and number of the policy, the annual premium and expiry date of the current policy. The Management will ensure that costs of insurance reflect the market situation and that policies are renewed no less than 14 days before expiry.

Budget processes

- The Management will prepare an annual itemised budget for the forthcoming financial year in consultation with an independent accountant.
- The budget will be developed based on analysis of the current and previous year's income and expenditure, taking into consideration any known changes to funding arrangements.
- The Management will set annual budgets for the programs under their control, according to the available funding.
- All monies received by the organisation must be recorded.
- The Management will prepare a quarterly report of expenditure against the budget.
- The Management (or delegate) will prepare Financial Statements for submission to funding bodies at required intervals as specified in any funding contracts. These will be endorsed by the Management and independent accountant prior to submission where required.
- The Management (or delegate) will conduct a financial reconciliation annually in consultation with the independent accountant and prepare a Financial Report for the Directors.
- The Financial Report will include:
 - Profit & Loss year to date;
 - Balance Sheet for the year to date;

- General Ledger for the year to date; and
- Budget vs. Actual for the year to date.
- In each new financial year, the Management will ensure that the previous year's financials are documented, archived and labelled.
- Other specific areas of financial management, such as Asset Management and Payroll, will be managed in accordance with general policies and procedures for these areas.

Reporting

- CLEAR CARE will comply with the *Australian Equivalents to International Financial Reporting Standards (AIFRS)*.

Payroll

- Where workers are employed, payroll processes will be overseen by the Management. Workers will submit the required documentation prior to the closing of the payroll period in order for salaries to be paid.
- Payment advice will be issued to workers by email following the processes of the fortnightly pay.

Tax Obligations and Superannuation

- Tax installments must be deducted for all payments of salary in accordance with details provided by worker members via *Tax Declaration Form*.
- Payment Advices covering the preceding year are to be provided to ATO by 21 July annually. These should include any "grossing up" of salary packaging component relevant to the FBT year (where relevant).
- Superannuation obligations must be met at the end of each month.
- On a monthly basis, the ATO must receive CLEAR CARE's group taxation payments.
- An accurate sum of taxation held for the month period must be recorded and forwarded to the ATO.

Fraud and Corruption Control

- CLEAR CARE fraud and corruption prevention activities include:
 - The Management will raise general awareness amongst workers (where applicable) about what fraudulent practices are, identifying potential fraud, how to report fraud and to make it very clear that fraudulent practices within CLEAR CARE will not be tolerated;
 - CLEAR CARE's employment screening processes (see *Human Resources Policy and Procedure*); and
 - Worker training.
- All instances of suspected fraud or corruption reports must be reported to:
 - the Management (unless that person may be implicated); or
 - Police.
- All reports of fraud or corruption should be treated in confidence.
- When a report or allegation of fraud or corruption is received, every effort must be made to deal with such reports quickly and decisively.
- The Management (or delegate) will record all reports of actual and suspected fraud or corruption, noting the nature of the report, the time

received and remedial actions planned and taken. A copy of these records shall be provided to the relevant authorities upon their request.

- In examining cases of suspected fraud, management and worker must ensure that their inquiries do not prejudice any subsequent investigation. If in doubt, do not pursue any further investigations and the Management shall contact the Police.
- All cases should be treated in confidence and on a need-to-know basis. False rumours and innuendo must be avoided to protect reputations of innocent people. It is also important to avoid alerting any person who may be suspected of fraud, or who is under investigation. This is necessary to minimise the chance of a cover up or of vital evidence being destroyed.
- All discipline or misconduct investigations relating to CLEAR CARE worker will be conducted in accordance with the *Human Resources Policy and Procedure*.

National Disability Insurance Scheme (NDIS)

- The Management will ensure that all of CLEAR CARE 's financial arrangements regarding NDIS service delivery comply with:
 - the *NDIS Act 2013 (Cwth)*, the NDIS Rules, all relevant NDIS guidelines, and all policies issued by the NDIA including the *NDIS Terms of Business and Guide to Suitability*; and
 - any other relevant Commonwealth or State law or other requirements.
- The Management will develop pricing structures for CLEAR CARE 's services that align with the price controls and quoting requirements in place for NDIS supports, in accordance with the *NDIS VIC/NSW/QLD/TAS Price Guide*.
- The Management (or delegate) will maintain full and accurate accounts and financial records of the supports delivered to NDIS participants, along with records of all Service Agreements.
- All financial transactions, including receipts and payments related NDIS service provision, must be clearly identifiable and easily tracked within CLEAR CARE 's financial accounts.
- CLEAR CARE 's accounts and financial records will be maintained on a regular basis and in such detail that the National Disability Insurance Agency (NDIA) is able to accurately ascertain the quantity, type and duration of support delivered.
- Financial records and accounts relating to NDIS service provision will be retained for a period of no less than 7 years from the date of issue.
- The retention of all records will also comply with all relevant statutes, regulations, by-laws and requirements of any Commonwealth, State or Local Authority.

Service Agreements

- A NDIS Service Agreement will be used to formalise the supports CLEAR CARE will provide NDIS participants.
- CLEAR CARE will work collaboratively with participants and their supporters to develop their Service Agreement.
- CLEAR CARE will declare prices to all participants before providing services and include all fees Service Agreements along with detailed information about the supports to be provided. Fees charged will not exceed the price controls set by the NDIA.

- No other charges will be added to the cost of supports provided, including credit card surcharges, additional fees such as 'gap' fees, late payment fees or cancellation fees.
- Service Agreements will clearly set out the costs to be paid for supports, when delivery of supports is to be performed and the method of payment required. See the *Assessment, Planning and Review Policy and Procedure* for more information on what the *Service Agreement* will contain.
- The participant must sign the *Service Agreement* before service delivery can commence.
- Through its invoicing and statement arrangements, CLEAR CARE will ensure that participants are regularly provided with details of services delivered and the amount charged for those services.
- Service Agreements will be consistent with the NDIS' pricing arrangements, guidelines and the requirements of the *A New Tax System (Goods and Service Tax) Act 1999* regarding the application of the GST.
- Participants, their supporters and other stakeholders have access to the organisation's feedback, compliments and complaints processes to raise issues about financial management of their supports without fear of retribution.

Fee Payments

- Accounts are calculated each week and are to be paid weekly.
- Receipts will be provided at time of payment and reprints provided upon request.
- Fees are to be paid by cheque, EFTPOS, online, direct bank transfer or credit card, either weekly as supports are provided. Cash will not be kept on the premises and CLEAR CARE will not accept cash payments.
- Statements of services provided will be issued by mail or email at the beginning of each quarter for the supports provided in the previous quarter.
- CLEAR CARE will submit claims for payment to the NDIA within a reasonable timeframe, and no later than 60 days for the end of the support booking.

Outstanding Accounts

- Where a participant's fees are outstanding for more than one week, the Management (or delegate) will call them requesting payment.
- Where fees are outstanding for two weeks, provision of supports will be cancelled.
- Where a participant has difficulty paying their fees, they are encouraged to discuss this with CLEAR CARE so that mutually acceptable payment arrangements can be put in place.

RELATED DOCUMENTS

- CLEAR CARE NDIS Service Agreement for Participants
- CLEAR CARE Business Plan
- CLEAR CARE Governance Policy and Procedure

GOVERNANCE AND OPERATIONAL MANAGEMENT POLICY



GOVERNANCE

The service does not have a formal Board as a governing body; however a defined structure is implemented outlining that the Directors have the responsibility to meet the organisations financial, legislative, regulatory and contractual responsibilities, and to monitor and respond to quality and safeguarding matters associated with delivering supports.

Directors have clearly defined position descriptions, with responsibilities, authority and accountabilities documented. Where gaps in knowledge are identified, specialist professionals are engaged, including a lawyer, accountant and NDIS Consultant.

The skills and knowledge required for management to lead effectively are identified, and relevant and ongoing training is undertaken by members of the governing body to address any gaps.

By means of CLEAR CARE's Feedback Policy, annual Participant Surveys, and Strategic & Business Planning process, the opportunity is provided by the service for people with disability to contribute to the governance of the organisation and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of rights.

STRATEGIC PLANNING

The Strategic Plan is a document developed by Management. The plan is the document used to communicate with the organisation the organisations goals, the actions needed to achieve those goals and all of the other critical elements developed during the planning exercise.

CLEAR CARE undertakes this management activity to set priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are working toward common goals, establish agreement around intended outcomes/results, and assess and adjust the organisation's direction in response to a changing environment.

It is a disciplined effort that produces fundamental decisions and actions that shape and guide what our niche sector does, who it serves, and why it does it, with a focus on the future.

The undertaken to achieve the process include:

- Clarifying the Vision, Strengths & Weaknesses – through undertaking a SWOT analysis
- Gather and Analysing Information – particularly that gathered from stakeholders, legislative requirements, operational risks and the needs of worker and participants.
- Formulating a Strategy – broken down into who, and by when will they be achieved.
- Implementing the Strategy – the document is communicated to all stakeholders.
- Ongoing Evaluation and Control – reported on at each Annual General Meeting

BUSINESS PLANNING

The service acknowledges the need for a strong business plan that outlines not only what is to be achieved, but also to provide a roadmap to get there.

The organisations Business Plan is a document written annually and reviewed every quarter.

It includes:

- business profile
- vision, mission and goals
- market research
- operational strategy
- products and/or services
- marketing plan
- financial strategy.

The Business Plan is a culmination of meetings and input from worker, government agencies and the community and relates to yearly objectives. It identifies those delegated with responsibilities and corresponding authority to complete objectives.

BUDGETING

The service recognises that budgets are one of the most important business financial statements, as it allows monitoring the financial impact business decisions and operational plans.

The service prepares an annual budget, through the undertaking the following steps:

- **reviewing** the approved business operating plan and note all required activities for the budget period
- **separating** activities into existing and new for the new budget period
- **identifying** and document all assumptions made for the budget period
- **reviewing** the previous year's profit and loss statements by regular periods – monthly, quarterly
- **preparing** the profit and loss budget for the selected period

Regular monitoring of the budget against actual results provides information on whether plans are on track to meet the goals set, and also to help minimise future variances. Overall, it enables CLEAR CARE to implement new or improved activities to be in the best position for financial sustainability and achieve documented strategic goals.

Based on the definition of Key Personnel set out in the *National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Act 2017*

RELATED DOCUMENTATION

- CLEAR CARE Organisational Chart
- CLEAR CARE Continuous Improvement Policy and Procedure
- CLEAR CARE Feedback, Compliments and Complaints Policy and Procedure
- CLEAR CARE Business Plan 2021
- Legislative Compliance Register
- NDIS Act 2013
- Australian National Audit Office, 1999.

STRATEGIC AND OPERATIONAL PLANNING POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

Strategic and operational plans identify the organisation's specific objectives and the requirements for achieving these objectives. The operational plan guides the organisation's actions, determines service delivery models, and allows monitoring of progress and achievement.

This policy and procedure applies to the Management, and any additional worker, where employed.

2.0 DEFINITIONS

Strategic Plan – A set of statements describing the purpose and ethical conduct for the organisation, together with the specific strategies designed to achieve the targets set for each of these.

Operational Plan – A practical plan used to outline how strategies will be achieved.

3.0 POLICY

- CLEAR CARE is committed to working to an agreed organisational vision and set of values, and to using these to inform planning and service delivery.

4.0 PROCEDURE

- CLEAR CARE's Management develops, works to and annually reviews a three-year Strategic Plan, which identifies the key outcomes that the organisation wants to achieve, in line with the agreed vision and values of the organisation.
- In reviewing the Strategic Plan, the Management will seek input from participants and other stakeholders, as appropriate.
- The Management will formally review and update the Strategic Plan each financial year and at times of significant and unanticipated change.
- Annual Operational Plans form the basis of the Management's expectations of each year, and are subject to regular monitoring and review.

RELATED DOCUMENTS

- CLEAR CARE Business Plan 2021
- CLEAR CARE Continuous Improvement Policy and Procedure
- Business Continuity Plan

RISK MANAGEMENT POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure guides how CLEAR CARE assesses and responds to risks which are inevitably encountered in managing and delivering services.

This policy and procedure applies to the Management, workers, students, contractors and volunteers.

2.0 DEFINITIONS

Risk – “a possible effect on an expected outcome.” More specifically, ‘risk’ indicates a potential danger to the organisation, to the success of its services, strategies, projects and processes, its financial viability, its reputation, or the health and safety of its participants and worker.

Risk assessment – the process in which risk is identified, analysed and evaluated.

Risk Management – coordinated activities to direct and control an organisation with regard to risk.

Risk treatment – a measure, process or system that eliminates a risk where possible or, if not possible, reduces the risk so far as is reasonably practicable.

3.0 POLICY

- CLEAR CARE is committed to the responsible identification and management of risks which may arise during the delivery of services and the general management of the organisation, including risks relating to compliance, finance, safety and health, environmental risk and operational risk.
- The Management is ultimately responsible for identifying and managing risks that impact the organisation. Nonetheless, CLEAR CARE
 - expects all worker (where employed) to responsibly minimise risks to themselves and others, and report hazards and other risks as soon as they are noticed;
 - values the risk assessments, evaluations and recommendations gathered from internal and external audits and from stakeholder feedback.
- CLEAR CARE’s approach to risk management, including its Risk Management Model and Principles, is aligned with *Australian and New Zealand Standard AS/NZS 31000:2009 (Risk Management Principles and Guidelines)*.

4.0 PROCEDURE Overview

- The Risk Management Process involves five steps:
- Identify: Identify the risk events that may prevent or delay the achievement of strategic goals and objectives.
- Analyse: Outline the causes, impacts and existing treatments in order to assess the consequence and likelihood of the risk and determine the risk rating.
- Treat: Implement existing and future treatments to prevent or mitigate the risk.
- Monitor: Continually monitor and evaluate the risks and treatments to maintain the effectiveness and appropriateness of the organisation's risk management.
- Report: Provide regular reports and updates in order to assure the organisation and its stakeholders that risks are being appropriately managed and treated.

Identifying and Analysing Risk

- Identifying risk means considering:
 - factors that impact positively or negatively; and
 - factors that make CLEAR CARE 's strategic priorities and goals susceptible to risk.
- Worker are encouraged to identify hazards and to report them to supervisors and the Management.

- CLEAR CARE monitors the following categories of risk:
 - Human Resources and Safety – risks to worker health and wellbeing, including (but not limited to) workplace injury, worker turnover, Industrial Relations issues.
 - Finance/Assets including (but not limited to) reduced income or increased costs, damage to assets, fraud and corruption, longer term viability, physical/property risks, administration and IT
 - Governance including (but not limited to) business continuity, emergency planning, legal issues.
 - Participant care – includes all aspects of service provision to participants, including management and operations, service delivery, health impacts on participants, areas of identified need to improve internal quality, adverse events that may impact on the trust or credibility of the organisation with participants and other stakeholders.
 - Strategic – includes any risks of reputational or relationship damage, changes in community/participant need influencing strategic directions, changes in funding.
 - Compliance and Legal – including (but not limited to) non-compliance or non-conformance with current policies/procedures; changes in local, State or Federal government regulations/legislation; compliance with industry standards; litigation of liability costs; and any identified risk of impact on contractual or commercial operations.

- CLEAR CARE uses the following 3 Step risk assessment:
- Identify the degree of risk in a particular sector of operations
- Estimate the likelihood of an event occurring
- Calculate a Risk Rating See Risk Assessment Matrixes below.

Step 1. Qualitative Measure of Consequence or Impact

- Use the example table below to estimate the consequence of risks in a particular sector of operation.
- **Exposure Category:** indicates the severity of a negative event.
- **Consequence Category:** indicates the sector in which risk occur.

CONSEQUENCE CATEGORY	
EXPOSURE CATEGORY	A: HR & SAFETY

Exposure Category		B: Finance & Assets					
1	Insignificant	Reduced income or increased costs <0.5%		Almost negligible damage to assets.		No interruption to operations	
2	Minor	Reduced income or increased costs 0.5% > <2.5%			Minor asset damage.	<5 days interruption to parts of the operations	
3	Moderate	Reduced income or increased costs 2.5% > <5%			Severe asset damage.	< 30 days interruption to parts of the operations	
4	Major	Reduced income or increased costs 5% > <10%			Major system damage.		30 > <60 days interruption to parts of the operations
5	Catastrophic	Reduced income or increased costs	>10%.		Loss of system or Plant		>60 days interruption to operations,

Exposure Category		C: Governance									
1	Insignificant	No measurable operational impact.		Do not initiate Business Continuity (BC) / Emergency & Disaster Management Plan (E&DMP)		No impact on new business/projects. No impact on Board oversight.					

2	Minor	Minor service interruption localised disruption.		May need to initiate Business Continuity (BC)	/ Emergency & Disaster Management Plan (E&DMP)		No impact on new business/projects. No impact on Board oversight.			
3	Moderate	Significant degradation of operations, multiple business areas affecting sustainable operations.	Need to initiate Business Continuity (BC) / Emergency & Disaster Management Plan (E&DMP)	Some impact on new business/projects.	Board to be notified <2 days.					
4	Major	Significant degradation of operations, multiple business areas affecting sustainable operations.	Immediate actioning of Business Continuity (BC) / Emergency & Disaster Management Plan (E&DMP) Delayed Impact on new business/projects.				Board to be notified immediately.			
5	Catastrophic	Widespread or total degradation of operations, cross functional impact.		Operational performance		Immediate actioning of Business Continuity (BC) / Emergency & Disaster	Management Plan (E&DMP)	New business / projects lost.	Board and SMT to action immediately	

Exposure Category		D: Participant Care							
1	Insignificant	No impact, no profile or no negative publicity item.		No/minimal health impact to consumers (residents/participants)		Identified areas of need for internal quality		Community / Stakeholders / Participant adverse impact on trust & credibility of clinical care service delivery is nil.	
2	Minor	Substantiated, low impact, low negative publicity.		Some Community/ Stakeholders / Participant impact on trust and credibility of clinical care service delivery.	Assets, business or services are not available for > 2 < 7 hours.		Minor injuries managed internally		Minor incident/recommendation
3	Moderate	Substantiated, impact to reputation, moderate impact, moderate negative publicity.		Community / Stakeholder / Participant impact on trust and credibility of clinical care service delivery is in doubt as a result as evidenced by a formal complaint from a stakeholder.		Resident injury requiring medical treatment/interventions.			
4	Major	Substantiated, public embarrassment.	High impact, high negative news profile. Third party		Resident injury resulting in hospitalisation.		Result of internal audits – below 70% of compliance in the design		Unmet outcomes in more than 1 standard.

			actions.				ated categories.		
5	Catastrophic	Substantiated negative public media involvement. High impact, high negative news profile. Third party actions.		Resident injury resulting in death.		Result of internal audits – below 60% of compliance in the designated categories.		Sanctions applied.	

Step 2.

Use the table below to estimate the *likelihood* that an event will occur.

PROBABILITY	EXAMPLE OF DESCRIPTION	FREQUENCY
A	The event is expected to occur in most circumstances	Once per week
B	The event will probably occur in most circumstances	Monthly
C	The event should occur at some time	6 monthly
D	The event could occur at some time	Within a year
E	The event may occur only in exceptional circumstances	Once a year

Step 3

Use the table below to determine the Risk Rating using indicators from Tables 1 & 2

	CONSEQUENCE RATING				
LIKELIHOOD RATING	1	2	3	4	5
	INSIGNIFICANT	MINOR	MODERATE	MAJOR	EXTREME
A - CERTAIN	HIGH	HIGH	EXTREME	EXTREME	EXTREME
B - LIKELY	MEDIUM	HIGH	HIGH	EXTREME	EXTREME
C - POSSIBLE	MEDIUM	HIGH	HIGH	EXTREME	EXTREME
D - UNLIKELY	LOW	MEDIUM	MEDIUM	HIGH	HIGH
E - RARELY	LOW	LOW	MEDIUM	MEDIUM	HIGH

CLEAR CARE will not accept a residual risk rating above the bold line

Implementing Controls and Treatments:

- With the risk rating determined, it is necessary to consider the effectiveness of the controls that are already in place to manage the risk, and whether additional controls may be required.
- CLEAR CARE will accept and monitor lower priority risks.
- For those risks identified as moderate or higher, we need to consider the appropriate risk treatment options that will reduce the risk rating to an acceptable level.
- Controls are strategies to manage risk balanced against the cost and inconvenience of the control. Common controls include:
 - worker training;
 - provision of information;
 - the use of safe or safer equipment;
 - maintaining adequate insurance;
 - changes in procedures or practices; and
 - personal checks including referee checks, driver's licences, motor vehicle registrations, professional registrations, criminal history checks etc.
 - All identified risks and appropriate controls must be recorded on the Risk Register.

Monitoring and Reporting Risk

- Regular monitoring and review of the performance of the risk management system is conducted, and includes changes to business initiatives and other internal processes:
- Risk register – the organisational risk register is a living document that is updated regularly by the Management
- Risk assessments should be completed quarterly (see *Internal Review and External Audit Schedule*). Controls are monitored for effectiveness against the impact and likelihood ratings. Risk assessments are also required to be completed for each participant on the commencement of service. These risk assessments should be reviewed, at a minimum, quarterly.
- All worker are responsible for managing risk within their areas of influence.
- Upon commencement, all worker, students and contractors will undergo Induction, which will include risk management training.
- Where workers are employed, regular Performance Reviews will assess worker awareness of this policy and procedure and their roles and responsibilities in respect to risk management. Additional on-the-job and formal training will be provided where required.
- The Management will ensure that all necessary insurance policies are in place to protect CLEAR CARE as an organisation, as well as its Management, worker, volunteers, participants, contractors and visitors.

The Management will foster a risk aware service culture by including risk awareness and identification on agendas for worker meetings (where applicable).

RELATED DOCUMENTS

CLEAR CARE's Risk, Emergency, Complaints, Incidents Registers

COMPLIANCE POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure ensures that CLEAR CARE complies with the range of legislative, regulatory and contractual requirements that apply to its operations and keeps abreast of changes to these requirements.

This policy and procedure applies to the Management, and any additional worker, students, contractors and volunteers.

2.0 POLICY

- CLEAR CARE is committed to maintaining compliance with all regulatory, legislative and contractual requirements, and to using these to inform planning and service delivery.

Specific Compliance Requirements

- CLEAR CARE will comply with all data collection, service delivery and financial reporting requirements of all relevant Victorian and Commonwealth government agencies.

NDIA Registered NDIS Provider Compliance

- As a NDIA Registered NDIS Provider, CLEAR CARE must comply with the *NDIS Terms of Business* and the *NDIS Guide to Suitability*.
- CLEAR CARE will continue to assess its compliance with the *Terms of Business* and *Guide to Suitability* as part of its annual self-assessment against the Victorian *Human Services Standards*.

3.0 PROCEDURE

Overview

- Management is responsible for ensuring CLEAR CARE is, and remains, compliant.
- Management (or delegate) will monitor changes to legislation and service standards and ensure regulatory compliance via ongoing contact with relevant government agencies, websites, and membership of peak organisations, and via internal reviews and external audits. Policies and procedures will be updated accordingly as compliance requirements change. Workers will be immediately advised of any changes.
- Management (or delegate) will foster a compliance-aware workplace by including updates to relevant requirements and regular information sharing sessions on agendas for worker meetings, ensuring workers understand their compliance responsibilities.
- Management (or delegate) is responsible for ensuring all external reporting requirements are met.

- Management (or delegate) is responsible for internal reviews and external audits, in accordance with the attached *Internal Review and External Audit Schedule*. These will be tracked in the *Quality Management System*.
- All workers are responsible for managing compliance within their areas of influence.
- Upon commencement, all workers will undergo Induction, which includes information and training on compliance responsibilities.
- Participant's feedback/ survey contributes to this policy.

Reporting Compliance Failure

- CLEAR CARE encourages proactive reporting of compliance failures, breaches, issues, incidents and complaints.
- All workers must notify the Management once they become aware that a compliance failure has occurred or is likely to occur, or that a compliance-related complaint has been made.
- Management must address compliance failures or compliance-related complaints upon becoming aware of them, in order to re-establish compliance and provide protection to the organisation as quickly as possible.

INTERNAL AUDIT SCHEDULE

An internal audit schedule will be developed for each audit program conducted, with the focus to ensure that the planned activities (as per the policies and procedures and activities defined in this manual) are effectively implemented and maintained.

RELATED DOCUMENTS

- CLEAR CARE Internal Audit Schedule
- Legislative Compliance Register
- CLEAR CARE Continuous Improvement Policy and Procedure
- NDIS Act 2013

VEHICLE SAFETY POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

To ensure that the use of motor vehicles in the course of performing work duties with CLEAR CARE is safe and complies with legislative requirements.

This policy and procedure applies to the Management, and any additional worker, students, contractors and volunteers. It should be read in conjunction with the *Workplace Health and Safety Policy and Procedure*.

2.0 POLICY

The health and safety of all CLEAR CARE worker, volunteers, contractors, participants and visitors are of utmost importance, including when service delivery requires the use of vehicles.

3 PROCEDURE

Overview

- All vehicles used on CLEAR CARE business must be maintained in a roadworthy condition. Worker are required to sign the *Private Motor Vehicles Details Form* for each private vehicle used on CLEAR CARE business to confirm the vehicle is registered and roadworthy.
- Worker shall not drive a vehicle on CLEAR CARE business unless they hold a current Driver's Licence. There are **no circumstances** under which worker should not comply with all road and traffic rules when undertaking work duties.
- Worker must advise their supervisor in writing of any motoring offences which may disqualify them from driving legally as soon as possible after notification by the relevant authority.

Compliance with Road Rules

Worker must be aware of, and comply with, all road and traffic rules when driving a company vehicle, or driving a private vehicle for CLEAR CARE business including:

- wearing of seatbelts, including expander belts where required (both driver and passengers);
- observing speed limits, traffic lights and road signs;
- not driving when under the influence of alcohol, drugs, or prescription medication which may affect driving ability.
- not using a hand-held mobile phone while the vehicle is moving, or is stationary but not parked.
- Worker are responsible for any traffic or parking infringements they incur while driving a private vehicle on CLEAR CARE business.

Emergency Transport

Company or private vehicles should not be used for emergency transport. An ambulance or other emergency response vehicle should always be called in an emergency.

Participant Transport

Participants should not be transported if there is any concern for the safety of the driver or passengers, for example, concern related to a participant distracting the driver. The driver is in charge of the vehicle and takes responsibility for how people behave in the vehicle. Where there is any concern about the behaviour of passengers, worker should pull over and park the vehicle.

As the driver of the vehicle, worker may determine the number of passengers they are comfortable transporting, however this must not exceed the allowable number for the vehicle being driven. The vehicle must have seat restraints for all passengers carried. Where appropriate restraints are not fitted (e.g. baby capsule or bolster seat for participant's child), worker must not transport the participant; rather, they should organise a taxi or public transport.

Breakdowns and Accidents

In the event of any accident which involves injury or property damage, worker should inform the Management as soon as practicable.

An Incident Report must be completed for all motor vehicle accidents, including minor ones.

Worker are encouraged to comprehensively insure their vehicle as CLEAR CARE does not accept responsibility for any damage which might occur to worker vehicles.

In the event of a breakdown, worker should contact their Roadside Assistance provider and inform their supervisor as soon as practicable. Should the worker member experience a breakdown while providing a service for a participant, the worker member will discuss the appropriate action with their supervisor.

Smoke Free Environment

Smoking is prohibited in company and private vehicles when transporting passengers on CLEAR CARE business. Where worker do smoke in their private vehicle, they are responsible for ensuring the air is clear of smoke prior to transporting passengers.

RELATED DOCUMENTS

- CLEAR CARE Risk Management Policy and Procedure

NDIS CONFLICT OF INTEREST POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy outlines the process CLEAR CARE must take in managing any perceived or actual conflicts of interest in relation to the contracting and delivery of supports to participants of the National Disability Insurance Scheme (NDIS).

CLEAR CARE is committed to ensuring that any potential conflicts of interest are identified and managed in a manner that ensures participants retain choice and self-determination in relation to the use of their funding and the integrity of the organisation is protected.

Under the NDIA Terms of Business, registered providers must not 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.

This policy and procedure applies to the all CLEAR CARE NDIS services.

2.0 DEFINITIONS

Conflict of Interest: A conflict of interest may occur in the situation where CLEAR CARE as a registered provider enters into a Service Agreement with a participant to deliver Plan Management, or Coordination of Supports and other funded supports included in a participant's plan.

3.0 POLICY

Conflict can occur between the organisation's interest and the participant's interest. For example, a conflict of interest exists when an organisation is able to benefit by both managing a participant's plan *and* providing Support Coordination and other types of supports to a participant, when it may not be in the participant's best interests to receive both from the same provider.

A conflict of interest can occur when CLEAR CARE, through their Plan Management or Support Coordination (where provided), refers the participant to another service offered by CLEAR CARE when there are alternative organisations that provide the same type of service, and which may better meet the needs of the participant. In some locations there may be limited-service options available, but the participant has a right to know what options are available to them.

In these circumstances, it is incumbent on CLEAR CARE to ensure participants are provided with transparent information and advice about the full range of options available to them, so they can exercise informed choice. There may also be occasions when a participant exercises their choice to receive both types of supports from the same organisation because they prefer to deal with a single provider or have an on-going trusting relationship with that provider.

Once the participant makes an informed choice and the NDIA has been consulted where necessary, the conflict of interest will have been appropriately dealt with.

4.0 PROCEDURE

Managing Conflicts of Interest

When a potential conflict of interest has been identified, and before a service quote or Service Agreement is developed, CLEAR CARE must:

- Advise the participant of the potential for a conflict of interest and explain how this can occur
- Advise the participant of alternative options for receiving Plan Management, Coordination of Supports or other supports from different providers
- All advice and information provided to a participant about support options (including those not directly delivered by CLEAR CARE) will be transparent and promote choice and control
- Ensure the participant understands the potential conflict of interest by asking them to explain in their own words their understanding of what it means (this ensures informed consent)
- Obtain the participant's consent to proceed with the service quote or Service Agreement by drawing to their attention the consent clause contained in the Service Agreement with CLEAR CARE and the participant
- It may be appropriate for the Management to contact the NDIA for advice before proceeding.
- CLEAR CARE will manage conflicts of interest as they arise in line with NDIS Operational Guidelines or pricing arrangements and guidelines.

Further:

- Where CLEAR CARE operates as a financial intermediary, systems will be in place to ensure funds that are allocated to participants remain independent of funds used for other organisational purposes and will only be used for the purposes intended. Clear guidelines will be in place regarding the allocation of NDIS funds, the independence of funds and the process of managing a participant's funds as stipulated in the participant's plan.
- CLEAR CARE worker or volunteers will not accept any offer of money, gifts, services or benefits that would cause them to act in a manner contrary to the interests of the participant.
- CLEAR CARE or its worker or volunteers will have no financial or other personal interest that could directly or indirectly influence or compromise the choice of provider or provision of supports to a participant. This includes the obtaining or offering of any form of commission.
- NOTE: CLEAR CARE are aware of the conflict of Interest Issue related to Support Coordination and Plan Management service delivery and will continue to ensure no future or potential incidents occur.

Recording a Conflict of Interest

All identified conflicts of interest are to be reported to the Management who will record them in the Conflicts of Interest Register.

The Conflicts of Interest Register will document:

- The participants name;
- The participants NDIS number;
- The nature of the conflict of interest; and
- A summary of how the conflict was managed, including any advice from the NDIA.

RELATED DOCUMENTS

- CLEAR CARE Participant Welcome Pack (*Participants informed*)
- Staff Conflict of Interest Form.

NDIS CANCELLATION POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy provides a framework for CLEAR CARE's processes and obligations, should a participant's parent/guardian request a cancellation of services.

This policy and procedure applies to the Management, worker, students, contractors and volunteers and all potential and existing participants, their family members and other supporters.

2.0 DEFINITIONS

Cancellation – Refers to an individual notifying CLEAR CARE, in advance, that scheduled hours of service are not required or unable to be received. There are two categories of cancellation:

- Short notice – where less than a minimum of 24 hours' notice is provided.
- Reasonable Notice – where 24 hours or greater notice is provided.

No Show – Refers to an individual not attending or being unavailable without notice for a booked/scheduled service, or where the individual is not at the agreed location at the agreed time for the service.

3.0 POLICY

- CLEAR CARE is committed to transparent processes by which services can be cancelled.
- This policy complies with NDIA and NDIS Policy on the management of cancellation of services by a participant.

4.0 PROCEDURE

- If a participant makes a short-notice cancellation, which is after 3pm the day before the service, the provider may charge up to 90% of the agreed price for the cancelled appointment. A fee may be charged against a participant plan up to 12 times per year for personal care and community access supports. Beyond this threshold, the NDIA will require the provider to demonstrate they are taking steps to actively manage cancellations.
- For other cancellations, where the participant has provided notice of cancellation prior to 3pm the day before the scheduled service, providers may not charge a cancellation fee
- Individual NDIS Service Agreements, booking request and/or other confirmation documentation provided to participants/parents/guardians will outline requirements for service cancellation notification.
- Where the participant attends for only part of the scheduled service, without notice, payment for the entirety of the booked service may be charged.
- Where the participant fails without notice to attend for the planned service, CLEAR CARE will make every effort to contact the participant and/or Carer/guardian to confirm the planned attendance.
- Where notice is given with less than 24 hours (short notice), CLEAR CARE will try where possible to offer and book the scheduled service to an alternative participant.

- Where the service cannot be offered to an alternative participant, the hours of service may be forfeited by the original participant and CLEAR CARE will be paid as per the scheduled fee as if the service had occurred.
- For instances where CLEAR CARE initiates the cancellation of a service due to operational reasons, the service will be rescheduled at no penalty to either party.
- Should either party wish to end the Service Agreement they must give 14 days' notice. If either party seriously breaches this Service Agreement the requirement of notice will be waived.
- All new Service Agreements between participants and CLEAR CARE will include details of advice periods for cancellations and possible forfeit of the booked service.

Notice Period before Scheduled Service Action Fee

- Where Reasonable Notice is provided, there will be no penalty and CLEAR CARE will reschedule the service with the participant.
- Where the participant provides Short-Notice the participant forfeits the service if it cannot be offered and booked to another participant and CLEAR CARE is paid as if the Service occurred. As per scheduled service fee.
- Where the participant provides No Notice (No Show) the participant forfeits the service and CLEAR CARE is paid as if the Service occurred. As per scheduled service fee.

5. RELATED DOCUMENTS

- Participant Service Agreement
- CLEAR CARE Welcome Pack
- CLEAR CARE Service Exit Policy and Procedure
- NDIS ACT 2013

CONTINUOUS IMPROVEMENT POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

The purpose of this policy and procedure is to set out how CLEAR CARE delivers quality services through an effective Quality Operation Management System that is fully planned, implemented and maintained and subject to continual review and amendment for maintenance of system activities and system improvement.

This policy and procedure applies to all CLEAR CARE management and worker.

Documents relevant to this policy and procedure:

- *All policies and procedures*
- *Continuous Improvement Register*
- *Compliance Register*
- *Complaints Register*
- *Incident Register*
- *Risk Register*
- *Schedule 2.0 Internal Review and External Audit Schedule*

2.0 DEFINITIONS

Continuous improvement – continual focus to improve planned, processes and services to ensure meeting quality objectives for participants. Recognising the need for change can emanate from recognising improvement opportunities promoted by participants and their circle of friends, from management and worker and from internal audits. Change can also be related to the changing needs of legislation and statutory requirements and community needs and organisational innovation.

3.0 POLICY

CLEAR CARE is committed to promoting and implementing a culture of continuous improvement in its Quality Management System (Governance, Operational Management and Service Delivery practices, activities and processes).

Continuous improvement is incorporated into all practices of CLEAR CARE Governance and Operations; (the implemented system is appropriate to the business's size and the classes of NDIS supports it provides).

CLEAR CARE includes its management, worker, participants, and other relevant stakeholders e.g., community, in its continuous improvement activities.

4.0 PROCEDURES

CLEAR CARE systems and processes and policies and procedures are consistent with service delivery implementation, that complies with the *NDIS Practice Standards* and all relevant Commonwealth and State legislation and regulations. Policies and procedures are formally reviewed, through internal audit, annually, annually and incorporate worker, participant and other stakeholder feedback. Outcomes are shared with worker at weekly and three-monthly meetings.

All management worker are required to:

- Trained in all policies and procedures and their implementation.
- critically review policies and procedures and test them against future needs e.g., at audit and team meetings
- make positive and constructive suggestions about current policies and procedures and the development of new ones.

To support continuous improvement, the Management Team will arrange, monitor and report on internal reviews and external audit and report findings during formal meetings. Where possible, stakeholders (participants, families, carers and advocates) will be included in each formal review or audit procedure undertaken by the organisation.

All service planning, delivery and evaluation activities will include worker, participant and other stakeholders and their feedback.

Management and worker are responsible for identifying and actioning opportunities for continuous improvement. They will be made aware of their responsibilities through formal Induction and training processes as well as ongoing workplace practices.

The Agenda for Management Team meetings will include a standing item on continuous improvement, including worker and participant feedback and complaints.

All continuous improvement issues or opportunities identified will be reported to and tracked by the management team, in CLEAR CARE *Continuous Improvement Register*. The *Continuous Improvement Register* is a 'living document', updated as and when improvements are identified. For any specific improvement identified, the register includes the:

- improvements identified.
- actions to be taken.
- person responsible for taking action.
- worker, participant or another stakeholder participation required.
- date of completion; and
- review date.

The *Continuous Improvement Plan and Register* will also track improvements identified as a result of reviews of:

- CLEAR CARE *Complaints Register*.
- CLEAR CARE *Risk Register*.
- CLEAR CARE *Incident Register*.
- feedback opportunities offered to participants, families, carers and advocates.
- planning, service delivery, plan review, exit, service refusal and referral information contained in CLEAR CARE participant Operation Management system.
- results from internal reviews and external audits.
- CLEAR CARE performance against its Vision, Mission and goals as set out in its strategic and operational planning.
- learning and reflection opportunities for worker.
- worker supervision and performance review processes and outcomes.
- reporting and data provided to the NDIS Commission and other agencies; and
- collaborative relationships with similar organisations and networks.

5.0 MONITORING AND REVIEW

This policy and procedure will be reviewed at least every annually by the Operation

Annual worker and participant satisfaction surveys will assess stakeholder satisfaction with CLEAR CARE continuous improvement practices and the quality of services provided.

CLEAR CARE *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of any their implementation. Where relevant, this information will be fed into CLEAR CARE service planning and delivery processes.

RELATED DOCUMENTS

- Continuous Improvement Register and Plan
- Feedback, Compliments & Complaints, Risk, Incident, Registers
- Management and Team Meeting minutes
- Participant Surveys
- Internal Audit Schedule

INCIDENT MANAGEMENT POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure provides guidelines for reporting, investigating and applying appropriate control measures when an accident, incident (including critical incidents) or near miss occurs. It addresses both participant and worker incidents.

This policy and procedure applies to the Management, and any additional worker, students, contractors and volunteers.

This policy and procedure should be read in conjunction with the Preventing and Responding to Abuse, Neglect and Exploitation Policy and Procedure.

2.0 DEFINITIONS

Accident- an unforeseen event that causes damage to property, injury or death.

Incident - an occurrence that causes (or could have caused, in the case of a 'Near Miss') damage to property, injury/illness or death.

Incident investigation - A formal process of collecting information to ascertain the facts, which may inform any subsequent criminal, civil, disciplinary or administrative sanctions.

The purpose of an incident investigation by a service provider is to determine whether there has been abuse or neglect of a participant by a worker member (including a volunteer) or another participant, pursuant to an allegation in a participant incident report.

An investigation involves the planned and systematic gathering and analysis of all relevant facts by interviewing witnesses, examining documentation, skilled observation and obtaining expert opinion where appropriate.

Incident review - Analysis of an incident to identify what happened, determine whether an incident was managed appropriately, and to identify the causes of the incident and subsequent learnings to apply to reduce the risk of future harm.

Near Miss - any incident that occurred at CLEAR CARE, which, although not resulting in any injury, illness or damage, had the potential to do so.

Hazard- a situation that has the potential to harm a person (cause death, illness or injury) or environment or damage property.

Hazard identification - A process that involves identifying all foreseeable hazards in the workplace and understanding the possible harm that each hazard may cause.

Hazard management - A structured process of hazard identification, risk assessment and control, aimed at providing safe and healthy conditions for worker members, contractors and visitors while on the premises.

Harm - Includes death, or injury, illness (physical or psychological) or disease that may be suffered by a person as a consequence of exposure to a hazard.

Restrictive practice' means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability

Reportable incidents - incidents, or alleged incidents, that must be reported to the NDIS Commission are those that:

- Arise from acts, omissions, events or circumstances occurring in connection with providing supports or services to a person with disability AND resulted in, or could have resulted in, harm to the person with disability; OR which
- Arise from acts by a person with disability that cause, or risk causing, serious harm to another person.

Section 73Z(4) of the *National Disability Insurance Scheme Act 2013* defines a reportable incident as:

- The death of a person with disability
- Serious injury of a person with disability including fractures, burns, deep cuts, extensive bruising, concussion, and any other injury requiring hospitalisation.
- Abuse of a person with disability behavior management including verbal, psychological and financial abuse.
- Neglect of a person with disability behaviour management that is seriously inappropriate or improper.
- Unlawful sexual or physical contact with, or assault of, a person with disability by a worker or another NDIS participant
- Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity
- Unauthorised use of a restrictive practice in relation to a person with disability.

For further examples, consult the NDIS Quality and Safeguards Commission Reportable Incidents Guidance.

3.0 POLICY

Workers are required to be vigilant in reporting incidents when they occur so that appropriate support can be provided to those affected and the circumstances can be analysed to reduce the likelihood of a similar event occurring again.

All worker, contractors, volunteers and students have a responsibility to ensure that details of any incident are recorded and reported to their immediate supervisor (or Management, as appropriate).

4.0 PROCEDURE

Note: incidents may need to be reported to several agencies.

Workplace Incidents

Responding to Incidents

- Assess the situation to ensure a safe and secure environment. Remove the source of danger or the person from the source of danger if safe to do so.
- In urgent cases, call Victoria Police and other emergency services should be called immediately (e.g., where a crime is suspected or alleged, or where there is ongoing danger).
- If any person requires immediate medical attention, a medical practitioner or ambulance should be called, or the participant conveyed to the nearest hospital accident and emergency department.
- The site where the incident occurred should not be disturbed until WorkSafe Victoria, Victoria Police or the Management lift the requirement to preserve the area.

- Where injuries do not require immediate attention, support the person to see a doctor for assessment and treatment of any injuries, including psychological trauma.

Responding to Participant Incidents

- Assure the participant that the incident will be taken seriously, discuss their options with them and ask them how they would like to be supported throughout the process.
- If a worker member is accused or suspected of harming the participant, they should be removed from contact with all participants pending an investigation. Where the participant is a child, report the matter under the Reportable Conduct Scheme to the Commission for Children and Young People.
- Where a participant is accused or suspected of harming another participant, they should be removed from contact with other participants, where possible, pending an investigation.
- Consider the impact of the incident on the other participants within the setting and provide them with appropriate support. It is important that they are not treated simply as potential witnesses.
- If they can provide informed consent to contact and receive specialist services, the participant (or, if not, his or her key support person) should be asked whether he or she wishes to contact specialist/victim support services such as crisis care, counselling, advocacy, a legal information service or a lawyer.
- Notify other service providers known to be working with that participant, if appropriate. Refer to the fact sheet issued by NDIS Incident management and reportable incidents for further information. [<https://www.ndiscommission.gov.au/sites/default/files/documents/2020-08/factsheet-incident-reporting-management-and-prevention.pdf>]
- Agreed actions for the participant's immediate and ongoing needs must be recorded on the *Participant Support Plan*. This must include:
 - Steps being taken to ensure the participant's ongoing safety and wellbeing
 - Treatment or counselling the participant may access to address their safety and wellbeing
 - Modifications in the way services are provided (for example, same gender care or placement)
 - How best to support the participant through any action the participant takes to seek justice or redress, including making a report to police
 - Any ongoing risk management strategy required where this is deemed appropriate.

Reporting Workplace Incidents

- All incidents and near misses must be reported to the Management (or delegate) as soon as practicable and within 24 hours through completion of an *Incident Report*.
- The Management will inform:
 - The Victorian Police Service and/or other relevant authorities;
 - SafeWork Victoria, by phone immediately after becoming aware of the incident and in writing within 48 hours.

- If an incident is Reportable (or it is not certain whether it is Reportable) it must be reported to the Management immediately. Information required includes the:
 - Name and address of the person giving notice.
 - Date and time of the event.
 - Place where the event happened.
 - Apparent cause.
 - Nature and extent of the damage.
 - Work that was being carried out at the time of the incident; and
 - Name and contact details of any injured or affected parties.
- The Management must ensure that all incidents are reported to the relevant agency or agencies.
- Under the *Work Health & Safety Act 2011*, CLEAR CARE may be obliged to notify WorkSafe in the event that there is an incident at a workplace. For more information, refer to the WorkSafe website: <https://www.worksafe.vic.gov.au/>
- Accidents, incidents and near misses are to be reported to the Management Team monthly by the Management as part of their WHS reporting.
- The Management will track progress and outcomes of accidents, incidents and near misses in the Incident Report Register and refer any relevant items for inclusion in the Continuous Improvement Plan.

Investigating and Resolving Workplace Incidents

- The Management will work with WorkSafe Victoria and/or other relevant authorities to investigate the incident.
- The Management or their nominated representative will:
 - Commence investigations immediately upon receiving a completed Incident Report
 - (Where a worker member is injured), involve them in the investigation;
 - Implement the most effective controls practicable that do not introduce other hazards, and monitor and review these;
 - Consult with worker who are, or are likely to be, directly affected;
 - Provide information and feedback to the Management Team; and
 - Track all relevant information in the *Incident Register*.
- Upon completion of the investigation the Management must finalise the relevant *Incident Report* form and record the outcomes in the *Incident Register*. The completed *Incident Report* should be stored on the relevant worker member's file.

Debrief and Support

- For all persons involved in an accident, incident or near miss, if required, the Management must:
 - facilitate an informal debrief amongst supervisors, colleagues or peers; and
 - ensure appropriate support and access to counselling is made available.
- See also the *Return-to-Work Policy and Procedure*.

[NDIS Commission: Reportable Incidents Incident management and reportable incidents \(NDIS providers\) | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](#)

Reporting

- Reportable Incidents may also qualify as Notifiable Incidents (see glossary above), criminal incidents or child-related incidents, and should be reported to all appropriate agencies.
- Reportable Incidents - including alleged incidents - must be reported to the NDIS Commissioner.
- The Management is responsible for reporting all Reportable Incidents unless the role is otherwise delegated.
- If a person with disability discloses an incident that occurred in the past, it should generally be treated in the same way as any other reportable incident, noting that the immediate response may differ.
- The reporting officer must provide the following information to the NDIS Commission where it can be collected:
 - The name and contact details of:
 - The registered NDIS provider,
 - The person making the notification.
 - The name and contact details of the persons involved in the incident (alleged victim and alleged offender);
 - A description of the reportable incident, including:
 - The nature of any injuries sustained, and details such as time, date and place it allegedly occurred,
 - A description of the impact on, or harm caused to, the person with disability (Note: where the reportable incident is a death this does not need to be provided),
 - The immediate actions taken by the provider in response to the reportable incident including any actions relating to the health, safety and wellbeing of the participant, involved in the incident including medical treatment provided, or whether the incident has been reported to the police or any other body.

Forms and Timeframes

- Unauthorised use restrictive practices must be reported to the NDIS Commission within 5 business days.
- Forms are available at <https://www.ndiscommission.gov.au/document/656>
- All other Reportable Incidents must be reported immediately (within 24 hours of key personnel becoming aware of the incident)
- Forms are available at <https://www.ndiscommission.gov.au/document/661>

Working with Police

- A police investigation takes priority over a reportable incident investigation.
- Clearance must be obtained from police before taking any action that might compromise the investigation. CLEAR CARE will manage any ongoing risk and should maintain an open dialogue with police about any investigation they are conducting.

- CLEAR CARE will inform the NDIS Commission where a Police investigation delays conducting a required investigation and finalising a report.

5.0 NDIS COMMISSION:

Investigating Incidents

- CLEAR CARE will investigate and respond to all Reportable Incidents. The nature of any investigation or actions following an incident will be proportionate to the harm caused and any risk of future harm to people with disability.
- If the NDIS Commission requires a Reportable Incident to be investigated, either internally or by an external independent investigator; CLEAR CARE will fully comply with the Commission's requests.
- Where an incident relates to potential worker-to-participant abuse or poor quality of care, some degree of independence is required for the investigation. Depending on the nature of the incident and the organisation, one of the following may be appropriate to conduct the investigation:
 - An area of the organisation that is sufficiently independent from worker who are the subject of any allegations, such as another division or an independent investigative function.
 - Another service provider independent from the worker who are the subject of any allegations.
 - An external investigative body.
- An investigation must:
 - Be in proportion to the nature and significance of the incident and any associated allegations.
 - Include the identification of any previous relevant allegations that should be considered regarding the relevant individuals;
 - Include a degree of independence appropriate to the seriousness of the incident.
 - Adopt a person-centered and rights-centered approach, taking into account what is important to the participant;
- Abide by the standard principles of good investigations:
 - Procedural fairness
 - Confidentiality and privacy appropriate interview techniques evidence based
 - Properly documented result in an investigation report.
- Internal and external investigators must be appropriately trained in conducting serious workplace investigations, including investigating serious incidents that may involve a criminal element.
- The Management (or delegated investigator) will appropriately assess and/or investigate all incidents having regard to the views of any person with disability impacted by an incident and including the following:
 - Whether the incident could have been prevented;
 - How well the incident was managed and resolved;
 - What, if any, remedial action needs to be undertaken to prevent further similar incidents from occurring, or to minimise their impact;
 - Whether other persons or bodies need to be notified of the incident.

Investigation Reports

- If required, CLEAR CARE will supply details to the NDIS Commission in connection with any internal or external investigation or assessment that has been undertaken in relation to the reportable incident, including:
- The name and position of the person who undertook the investigation;
- When the investigation was undertaken;
- Details of any findings made;
- Details of any corrective or other action taken after the investigation.
- A copy of any report relating to the investigation.
- Information about whether persons with disability impacted by the incident (or their representative) have been kept informed of the progress, findings and actions relating to the investigation or assessment.
- Any other information required by the NDIS Commission.
- The details outlined above should be included in the final report to the NDIS Commission which must be provided within 60 business days following the initial notification. The NDIS Commission may extend the period for providing the final report - for example, if there is a concurrent police investigation the reportable incident investigation will be justifiably delayed.
- The notification must be made in writing, by completing a form approved by the NDIS Commission and returning it to the NDIS Commission via email.

NDIS Commission: Corrective and Restorative Action

- Participants affected by incidents will be provided information about how the incident has been managed and the measures taken to ensure against recurrence.
- All investigations should determine whether corrective and/or restorative measures are required. The NDIS Commission may require CLEAR CARE to take corrective and/or measures. The NDIS Commission may work with CLEAR CARE to implement the measures and monitor progress.
- Restorative measures may include, but are not limited to:
- Providing ongoing support to people with disability impacted by reportable incident
- Giving an apology
- Corrective measures may include, but are not limited to:
- Disciplinary action
- Training or education of workers
- Modification of the environment
- Development or amendment of a policy or procedure
- Changes to the way in which support or services are provided
- Other practice improvements

NDIS Commission: Record Keeping

- Records of all reportable incidents that occur or are alleged to have occurred must be kept for a period of seven years from the date of notifying the NDIS Commission.
- CLEAR CARE will retain:
- Completed reportable incident notification forms
- Records of investigations, including

- Records of interviews, evidence collected, any relevant correspondence,
- Investigation reports and outcomes.
- Incidents involving participants under 18 years old should be kept until the participant turns (or would have turned) 25 years old.
- The Management (or delegate) will be responsible for creating and maintaining incident records, while the provider will be required to retain them.

Supporting Participants through the Justice Process

Participant Incidents and alleged criminal acts

- If a participant is suspected of committing a criminal act, report the incident to Victoria Police.
- While some discussion may be required to establish safety and a basic understanding of what has occurred, ***do not question the alleged perpetrator or victim without Victoria Police approval.***
- If the participant needs to talk about what happened, listen and support the participant.

CLEAR CARE will support participants through the justice process, including police investigation, prosecution and crimes compensation processes as appropriate.

Criminal injuries compensation and victim support

- Application for compensation from the Victims of Crime Assistance Tribunal may be pursued by the participant or their legal administrator after the incident has been reported to Victoria Police.
- In relation to sexual abuse, a Centre Against Sexual Assault counsellor/advocate can support participants who wish to pursue compensation. The alleged victim may also wish to contact:
- Victims of Crime: <https://www.victimsofcrime.vic.gov.au/>
- Court Network on 1800 681

RELATED DOCUMENTS

- Preventing and Responding to Abuse, Neglect and Exploitation Policy and Procedure
- Continuous Improvement Register and Plan
- Feedback, Compliments & Complaints, Risk, Incident, Registers
- Management and Team Meeting minutes
- Participant Support Plan
- Participant Surveys
- Participant Support Plan Participant Support Plan
- Return to Work Policy and Procedure

FEEDBACK, COMPLIMENTS AND COMPLAINTS POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure set out how any person can provide feedback and make complaints about any aspect of CLEAR CARE 's operations and the process of addressing or responding to feedback and complaints.

This policy and procedure apply to the Management, worker, participants and circle of friends (e.g. family). The policy also applies to other service providers, government agencies and members of the community.

2.0 DEFINITIONS

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

Complaint - an expression of dissatisfaction made to or about an organisation, related to its products, services, worker or the handling of a complaint, where a response or resolution is explicitly or implicitly expected.¹

3.0 POLICY

Compliments, complaints, and other feedback provide: a valuable information about participant satisfaction and an opportunity to improve upon all aspects of CLEAR CARE service.

CLEAR CARE records and handles feedback effectively to:

- 3.1.1 Identify areas for improvement.
- 3.1.2 Coordinate a consistent approach to complaint resolution.
- 3.1.3 Reduce the potential for future complaints; and
- 3.1.4 Allow for reporting and efficient allocation of resources.

CLEAR CARE 's feedback, compliment and complaint handling system address the principles of:

- 3.1.5 Visibility and accessibility.
- 3.1.6 Responsiveness.
- 3.1.7 Assessment and investigation.
- 3.1.8 Feedback.
- 3.1.9 Continuous improvement; and
- 3.1.10 Service excellence.

CLEAR CARE seeks to build a responsive, efficient, effective, and fair complaint management system. Resolving complaints at the earliest opportunity in a way that respects and values the person's feedback can:

Aid in recovering the person's confidence about CLEAR CARE services.

Help prevent further escalation of the complaint.

CLEAR CARE 's approach to feedback, compliments and complaints management ensures:

- People understand their rights and responsibilities.
- information on the feedback, compliment and complaint management process is easily accessible.
- Increased satisfaction of participants in the management of their compliments and complaints.
- The recording of data to identify existing or emerging trends or systemic issues.
- Workers demonstrate an awareness of CLEAR CARE's feedback, compliments and complaints management processes;
- Workers develop the range of skills and capabilities required to manage compliments, complaints and feedback; and
- An organisational culture that is focused on effective, person-centered complaints resolution and utilizing, feedback for continuous improvement.

4.0 PROCEDURE

- CLEAR CARE will promote best practice, continuous improvement and an open, supportive, respectful culture that encourages and supports worker, participants and other stakeholders to make complaints and report concerns without fear of retribution.
- CLEAR CARE's *Participant Welcome Pack* and a *Feedback, Compliments and Complaints Brochure* provide participants, their families and carer's, and all other stakeholders with information about this policy and procedure, in an, easy to understand format. This will include information on how feedback and complaints will be addressed and who to contact to provide feedback and complaints to external agencies, including external advocacy and support agencies. Information will be clearly displayed in CLEAR CARE and provided by worker when requested.
- Information about providing feedback and making complaints will be provided in a variety of formats where appropriate, including in Easy English and alternative languages. Interpreters and referrals to advocates can be provided.
- CLEAR CARE will provide all participants, their families and carer's with this policy and procedure when they first access the service and, throughout

service delivery, remind them of the policy and their right to make a complaint without fear of affecting their service.

- All personal information CLEAR CARE collects to manage feedback or complaints will be handled in accordance with privacy legislation and the *Privacy and Confidentiality Policy and Procedure*. Feedback and complaints will be dealt with in a confidential manner and will only be discussed with the people directly involved. All information regarding feedback and complaints will be kept securely in accordance with the *Records and Information Management Policy and Procedure*.

- Complaints and feedback can be lodged by a third party on behalf of another person, if their consent has been provided.
- Where required, an advocate or someone sensitive to the participant's cultural needs will be appointed to assist in providing feedback or making a complaint.
- The Management Team will track and analyse feedback and complaint data to identify any ongoing issues and opportunities for service improvement.

Feedback

- Provision of feedback to CLEAR CARE is voluntary.
- Feedback will be collected regularly:
 - After each major interaction with the service (e.g., initial assessment and planning; reviews; exit);
 - During participant service delivery;
 - At participant forums; and
 - Through satisfaction surveys.
- Where feedback is provided verbally, the receiving worker member will transcribe the feedback onto a *Feedback and Complaint Record*.

Complaints Management Process

- CLEAR CARE 's complaints management process is one of fairness can be simplified into five steps:
 1. Receive
 2. Record
 3. Acknowledge
 4. Resolve; and
 5. Communicate resolution.

1. Receive

- To lodge a complaint, individuals are encouraged to speak directly to a worker member first, in an attempt to resolve the matter without recourse to the complaints and grievances procedures.
- Worker will:
 - Listen – openly to the concerns being raised by the complainant.
 - Ask – the complainant what outcome they are seeking.
 - Inform – the complainant clearly of the complaint process, the time the process takes and set realistic expectations.
 - Be accountable – and empathic towards the affected person and action all commitments made.
 - Assess – situations that pose an immediate threat, danger or require a specialised response.
- All complaints and grievances will be referred to the relevant Worker member (or Management) for resolution.
- The relevant worker member will discuss minor complaints directly with the party involved as a first step towards resolution.

- If the complaint cannot be resolved promptly or within 24 hours, Management will treat it as a grievance (advising the individual of their right to lodge a grievance if they have not already done so, with the assistance of a support person or advocate if they wish).
- *Feedback and Complaints Form's* will be made available to the individual to lodge their grievance, however it is not mandatory that they use the form. The *Feedback and Complaints Form* can be used to make anonymous complaints.
- Grievances can be lodged:
 - directly with a worker member, either verbally or by providing a completed *Feedback and Complaints Form*;
- At any time, individuals can make a complaint directly to the National Disability Insurance Agency (NDIA); Victorian Department of Human Services or the Disability Services Commissioner.
- All participants making a complaint will be encouraged to use an advocate of their choice to act on their behalf if they wish. The advocate may be a family member or friend, or sourced (with the assistance of a worker member if required) through the National Disability Advocacy Program.
- If a complaint alleges actual or possible criminal activity or abuse or neglect, it will be referred to the Management immediately. The Management will follow the *Incident Management Policy and Procedure*, reporting the complaint and working with the relevant authority to investigate the allegation.
- Worker will take all reasonable steps to ensure a complainant is not adversely affected because a complaint has been made by them or on their behalf.

2. Record

- The Management will:
 - Record – all information that is relevant to the compliment or complaint, in its original and simplest form, in CLEAR CARE 's *Feedback and Complaints Register*.
 - Store and protect – the *Feedback and Complaints Register* in a secure file, accessible only to the Management Team.

3. Acknowledge

- The Management will:
 - Acknowledge – receipt of the grievance within 2 working days to build a relationship of trust and confidence with the person who raised the complaint.
 - Provide anonymity – a person may request to remain anonymous in their lodgment and therefore contact may not be possible or expected.
 - Seek desired outcomes – provide realistic expectations and refer the matter to other organisations were identified as being more suitable to handle.
 - Avoid conflict of interest – by appointing a person unrelated to the matter as an investigator if necessary.
 - Provide timeframes and expectations – to the complainant where possible.

4. Resolve

In resolving a complaint or grievance, the Management will:

- Involve the complainant – keep them informed of the progress of the complaint and discuss any disparities identified in the information held.
- Request additional information – when required but apply a timeframe that limits when it is to be provided by.
- Consider extensions – only where necessary and always communicate any additional time requirements to the complainant with an explanation of the need.
- Record all decisions or actions of the complaint investigation in CLEAR CARE 's Feedback and *Complaints Register*.
- Focus on the identified complaint matters only. A complaint is not an opportunity to review a whole case.
- Investigation of complaints will not be conducted by a person about whom a complaint has been made. If required, the Management Team will determine the appropriate person to undertake the investigation.

5. Communicate resolution

- CLEAR CARE will respond to all complaints and grievances as soon as possible and within 28 days from acknowledgement.
- If a complaint or grievance cannot be responded to in full within 28 days of acknowledgement, an update will be issued to the complainant. The update will provide the date by which a full response can be expected. The update should be provided verbally in the first instance then confirmed in writing.
- The Management (or delegate) will:
 - Discuss the outcome – where possible, verbally with the complainant before providing written advice and allowing them the opportunity to make further contact following receipt of the written advice.
 - Provide a further review – to enable the first investigation to be reviewed for soundness and allow additional information not available in the first complaint to be included.
 - Identify opportunities – relay complaint outcomes to the Directors of CLEAR CARE for action to improve service delivery.
 - Seek Feedback – from the participant, family or carer regarding their experience of the complaints process.
- Support will be provided to assist participants understand correspondence regarding complaints and grievances where required (e.g. interpreters, referral to advocates, etc.).
- Options for actions responding to a complaint include but are not limited to:
 - explaining processes, rectifying an issue, providing an apology, ongoing monitoring of issues plus training or education of worker.
- CLEAR CARE 's *Feedback and Complaints Register* will be used by CLEAR CARE 's Management (or delegate) to record every complaint, track investigation progress and outcomes and how the outcomes have been communicated to stakeholders.

COMPLAINTS ESCALATION AND DISPUTE RESOLUTION

- If a complainant remains dissatisfied with the outcome of their complaint or grievance, they will be provided with the details of other agencies they can use to assist them to achieve a resolution.
- Escalated complaints will be tracked in the *Feedback and Complaints Register* in the same manner as other complaints and the same communication processes as outlined above will be applied.
- Complaints to the **NDIS Commission** can be lodged via:
 - Web: <https://www.ndiscommission.gov.au/>
 - email: feedback@ndis.gov.au
 - phone: 1800 035 544 or TTY 133 677. Interpreters can be arranged.
- Complaints about the National Disability Insurance Agency (NDIA) or participant plans can to be made to the NDIA or to the Commonwealth Ombudsman.
- NDIS participants purchasing products and services also have rights and protections under the Australian Consumer Law (ACL), including provisions on participant guarantees and unfair contract terms. Consumer Affairs Victoria provides information and advice, and in some cases, dispute resolution services for participant disputes under the ACL. See <https://www.consumer.vic.gov.au>.
- Complaints to the Disability Services Commissioner can be lodged:
 - online at <http://www.odsc.vic.gov.au>
 - by phone on 1800 677 342 (free call)
 - TTY service for people with hearing or speech difficulties: 1300 726 563
- NDIS participants purchasing products and services also have rights and protections under the Australian Consumer Law (ACL), including provisions on participant guarantees and unfair contract terms. Consumer Affairs Victoria provides information and advice and, in some cases,, dispute resolution services for participant disputes under the ACL. See <https://www.consumer.vic.gov.au>.

RELATED DOCUMENTS

- Continuous Improvement Policy and Procedure
- Continuous Improvement Register and Plan
- Feedback, Compliments & Complaints, Risk, Incident, Registers
- Incident Management Policy and Procedure
- Management and Team Meeting minutes
- Participant Surveys
- Worker Complaints Policy and Procedure
- Management Review Meeting

RECORDS AND INFORMATION MANAGEMENT POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure guides management of information, both paper-based, and electronic, to meet the accountability and compliance requirements, and ensure efficiency and business continuity.

This policy and procedure applies to the Management, and any additional worker, students, contractors, and volunteers.

2.0 DEFINITIONS

Documents - all manuals, reference books, registers and files in hard copy or electronic data format.

Forms - all single or multi-part paperwork that has an approved layout used to record information. When data is recorded on forms, they become records. Forms may be computer generated or pre-printed.

Records - Records are generated because of some activity and are a statement of facts existing at the time and cannot be revised. Superseded documents (or revised documents) can become records.

Records Management - the efficient and systematic control of the creation, receipt, maintenance, use and disposal of records, including processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records.

Information - Knowledge communicated or received. The result of processing, gathering, manipulating and organising data in a way that adds to the knowledge of the receiver.

Information management - supports effective and efficient management of information and is concerned with the creation, production, collection, organisation, storage, protection, retrieval, and dissemination of information resources that may be in any format and available from internal or external sources.

3.0 POLICY

- CLEAR CARE is committed to maintaining clear and accountable information systems to support and record management processes and service delivery to participants, and which protect rights of worker and participants, regarding privacy and confidentiality.

4.0 PROCEDURE Policies and Procedures

- CLEAR CARE maintains a register of policies, procedures, and forms, that have been approved for use by the Management (*Quality Management System Document Review Schedule*).
- Only the Management may amend or approve these documents.

- Worker and participants are encouraged to identify improvements to approved policies. Any suggested improvement will be considered by the Management (or delegate) and where approved, the Management will ensure the policy is updated and all workers are informed of this change.
- The *QMS Document Register* will be updated to reflect any approved amendments and maintain version control of approved documentation.
- Superseded documents must be immediately removed from circulation and destroyed.

Personal Information

- All documents and electronic records that contain private and confidential information about participants, worker, or the organisation, will be retained in locked cabinets with access restricted to the Management (or delegate). A secure filing system for paper and electronic documents and records will be maintained.

Storage and Access

- All hard copy records are kept in appropriate conditions and protected from known risks, degradation and unauthorised access.
- Electronic records are stored securely, password protected and are backed up regularly.
- Where participant files are transported out of the office, the records should be moved securely in a non-transparent container (e.g., locked briefcase).

Archiving

- CLEAR CARE will maintain a secure archive system for records and information no longer in use. Contents of individual archive boxes will be attached to the outside of each box and kept for the period specified in relevant legislation. Participant files will be kept for a period of seven (7) years and general correspondence and documents for two (2) years.
- Financial records will be archived in order of financial year in which they occur and kept for a minimum period of seven (7) years.
- Participant records, files and information will be stored, accessed and used in accordance with CLEAR CARE 's policies on privacy and confidentiality.
- Worker files (including paid worker and volunteers) will be stored securely with access limited to the Management. Personnel files of ex-worker members will be kept on file for a period of seven (7) years.
- Records which may be required for the federal Royal Commission into Institutional Responses to Child Sexual Abuse must not be destroyed even if there is a disposal authorisation in place.
- Obsolete documents containing personal information will be shredded or disposed of in such a way that no identifying information is visible.

Freedom of Information

CLEAR CARE will provide participants and government agencies access to records in accordance with any applicable legislation, including Freedom of Information legislation.

RELATED DOCUMENTS

- Management and Team Meeting minutes
- Management Review Meeting
- Records archive system
- QMS Document Register

HUMAN RESOURCES POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure set out recruitment and selection, worker management and exit procedures and demonstrates CLEAR CARE's commitment to effective, transparent and fair human resources practices.

This policy and procedure also apply to Management and Worker and contract workers.

2.0 DEFINITIONS

NDIS Worker Screening Definitions: The Worker Screening Check is an assessment of whether a person who works, or seeks to work, with people with disability poses a risk to them. It aims to ensure workers who pose an unacceptable risk of harm to NDIS participants are not engaged by registered providers to work in the NDIS environment.

All new workers in risk assessed roles for CLEAR CARE as a registered NDIS provider, require NDIS Worker Screening Unit (WSU) Clearance from the Victorian Justice service before they can start work. This includes:

- volunteer workers
- workers engaged through third parties such as labor-hire agencies

Risk Assessed Roles:

1. Key personnel, including CLEAR CARE Directors or potential board member.
2. Any role that directly delivers a set of specified supports or services defined in the [NDIS \(Practice Standards – Worker Screening\) Rules 2018](#)
3. Any role where normal duties are likely to require 'more than incidental contact' with people with disability including physically touching, building rapport with or having contact with multiple people with disability, the direct delivery of a specialist disability support or service, or the delivery of supports or services in a specialist disability accommodation setting.

As a registered NDIS provider, CLEAR CARE is responsible for identifying which roles are risk assessed roles. More information on risk assessed roles can be accessed on link , '[risk assessed roles.](#)'

Criminal history record check – a full-disclosure, Australia-wide criminal history record check issued by a police force or other authority of a state or territory, or the Commonwealth. It may also be referred to as a National Police Certificate or Police Records Check.

Child-related work – work in providing respite care or other support services primarily for children with a disability unless the work does not ordinarily involve contact with children for extended periods without other adults being present.

Clearance – a decision in response to an application for an NDIS worker screening check that clears the applicant to work with people with disability in a risk assessed role, when that decision is current and operative. (See also **Exclusion**)

Confidential Information/data – Records and information about a child are considered confidential if they are of a sensitive nature in relation to their health and well-being and the information has been provided in confidence. Where information held is simply the name, address or other contact details of children they are not considered confidential.

Australian Citizenship

Generally, you become an **Australian citizen** automatically if you are born in **Australia** and one or both of your parents are **Australian citizens** or permanent residents when you are born. ... The other way to become an **Australian citizen** is to apply to the Minister.

3.0 POLICY

- CLEAR CARE is committed to recruiting worker members who are suitably qualified and experienced and who have the competence and appropriate qualities to undertake their role within our organisation. Recruitment and selection procedures will be in accordance with employment legislation and NDIS Worker Screening Unit requirements related to Victoria.

4.0 PROCEDURE

IMPORTANT NOTE: From the 1st February 2021 all NDIS workers working for NDIS registered providers, require a NDIS worker screening check This check is carried out by the Worker Screening Unit (WSU) of the NDIS in each state. In Victoria, all workers need to apply and pay for this check through the Victorian Justice System. Refer to link Victoria: [Department of Justice and Community Safety](#)

Prior to its registration: CLER CARE will conduct worker screening by:

- Perform risk assessments on each role in the organisation,
- Ensure all its workers have:
 - Police checks,
 - Working with Children checks (as required)
 - Disability Working Exclusion checks (DWES) under Victoria's state-based worker screening policies

General Recruitment

- The Management will confirm the identity (through photo identification) and qualifications (through sighting a copy) of all prospective worker prior to their appointment.

- All roles at CLEAR CARE will be risk assessed to determine the screening process for each position. This will include contractors, students, and volunteers.
- If qualifications are a mandatory requirement of the role, original qualifications must be copied, certified as being a true copy of the original and dated by the relevant delegate then returned to the applicant.
- The Management is responsible for maintaining a record for all CLEAR CARE workers including their qualifications, training, and NDIS worker screening status and WWC check status, as required. The Management will ensure these have been sighted, a photocopy taken, and these details maintain in each worker record.
- Employment contracts will stipulate that all workers are obligated to:
 - Advise the Management if they are charged with a criminal offence which is punishable by imprisonment or, if found guilty, could reasonably affect their ability to meet the inherent requirements of their job; and
 - Disclose any formal disciplinary action taken against them by any current or former employer. This includes any finding of improper or unprofessional conduct by any Court or Tribunal of any kind and any investigations that the worker member has been subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country.

Recruitment and selection

- CLEAR CARE worker will meet the minimum qualification and experience requirements set down by the NDIA for the delivery of supports to NDIS participants.
- CLEAR CARE worker will also meet the minimum experience requirements set down by the NDIA's *Guide to Suitability*.
- Minimum qualification and experience requirements will be included in recruitment documentation and Position Descriptions.
- The Management (or delegate) is responsible for recruiting worker and will:
- develop Position Descriptions and selection criteria for each position based on the requirements for each position.
- advertise positions through local networks (which may include online job advertisement sites such as 'Seek'), respond to enquiries and email application forms if requested.
- convene a selection and interview panel appropriate to the position being recruited
- contact applicants and arrange interviews (including interview panels);
- speak with nominated referees and seek opinion about the applicant's qualities, skills and capacity to fulfil the role
- support selected applicants through the appointment process, including mandatory checks and contract negotiations; and
- notify unsuccessful applicants in writing or verbally, offering feedback on application.
- Selection will be fair, transparent, and based on merit and have respect to the *Disputes and Grievances and Equity, Anti-Discrimination and Workplace Harassment Policies and Procedures*.

Mandatory Checks

NOTE: For Registered Providers, the NDIS Worker Screening Check is conducted by the Worker Screening Unit in the state or territory where a person applies for it. The Worker Screening Unit also decides whether a person is cleared or excluded. Registered NDIS providers are required to

ensure that they only engage workers who have been cleared in certain roles, called risk assessed roles.

Preliminary Checks

- The Management will confirm the identity (through photo identification) and qualifications (through sighting a copy) of all prospective worker prior to their appointment.
- If qualifications are a mandatory requirement of the role, original qualifications must be copied, certified as being a true copy of the original and dated by the relevant delegate then returned to the applicant.

NDIS Worker Screening

Safety Screening Checks

- The mandatory checks applicable to CLEAR CARE worker under the NDIS Worker Screening Unit are:
 - identity checks.
 - Evidence of Australian Citizenship or equivalent for those on working Visas
 - the Victorian Police National Police Records Check.
 - International Police Checks (where applicable)
 - the Victorian Working with Children Check, if required (renewed every 5 years)
- New workers must be screened under the National Disability Worker Screening Unit (NWSU) against the Disability Worker Exclusion List in Victoria

CLEAR CARE commitment

- Where CLEAR CARE provides services to NDIS-managed participants, it must:
 - conduct risk assessments for all positions not automatically specified by the NDIS Commission.
 - ensure that workers in roles identified in risk assessments hold valid and appropriate employment checks.
 - record and store risk assessments and the reasons for requiring checks for any nominated role.
- All workers in Risk Assessed Roles require clearances. A Risk Assessed Role falls into one of three categories, as indicated above.
- As a NDIA Registered Provider, CLEAR CARE must screen new and existing workers, volunteers, students and contractors who work directly with people with disability before they are employed or appointed.
- The Management is responsible for maintaining a worker record for all CLEAR CARE worker including their qualifications, training, and criminal history and WWC check status. The Management must ensure these have been sighted and maintain the details on each worker record.
- Employment contracts will stipulate that all workers are obligated to:
 - advise the Management if they are charged with a criminal offence which is punishable by imprisonment or, if found guilty, could reasonably affect their ability to meet the inherent requirements of their job; and
 - disclose any formal disciplinary action taken against them by any current or former employer. This includes any finding of improper or unprofessional conduct by any Court or Tribunal of any kind and any investigations that the

worker member has been subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country.

- Where CLEAR CARE provides services to NDIS-managed participants, it must:
- conduct risk assessments for all positions not automatically prescribed by the NDIS Commission.
- ensure that workers in roles identified in risk assessments hold valid and appropriate employment checks.
- record and store risk assessments and the reasons for requiring checks for any nominated role.
- CLEAR CARE must ensure workers hold valid and appropriate screening checks where required.

Contractors

- Where contractors are employed as part of the ordinary activities of service delivery operations, CLEAR CARE will verify, as necessary:
- criminal history screening status
- insurances
- qualifications
- In engaging contractors to perform risk assessed roles, CLEAR CARE will:
- identify each risk assessed role to the sub/contractor.
- enter into an appropriate contract with the sub/contractor; and
- take reasonable steps to ensure that the sub/contractor has an appropriate clearance.
- An appropriate contract (above) includes the following obligations. The contractor must:
- ensure that they, or their subcontractors, have an appropriate clearance; and
- only allow a subcontractor to engage in a risk assessed role if the subcontractor may disclose, to CLEAR CARE, information about a risk assessed role, including but not limited to information about:
 - the making of an application for an NDIS worker screening check.
 - an interim bar.
 - a suspension.
 - an exclusion.
 - the closure of an application for a worker screening clearance.
 - the revocation of a clearance.
 - the expiry date of a clearance.
- Cooperate with any reasonable request from the registered NDIS provider for information relating to whether a member of other personnel has a clearance, or is subject to an exception in this Division; and
- Cooperate with any reasonable request from the registered NDIS provider for assistance to investigate any complaint made to the NDIS provider about the conduct of, or any reportable incident involving, any member of other personnel engaged in a risk assessed role; and
- Cooperate with any reasonable request from the registered NDIS provider for information relating to whether and how it is complying with its obligations under the appropriate contract; and
- Impose the above obligations on any other party with whom the subcontractor enters into an arrangement, which involves or allows for the provision of services by the other personnel to the NDIS provider.

Responsibilities

- CLEAR CARE *will*:
- screen new and existing worker, volunteers, students, self-employed people/contractors, and board members (where applicable), who work directly with people with disability before they are employed or appointed, irrespective of how that their labor is sourced or deployed (see Definitions – *Risk Assessed Roles*).
- confirm the identity (through photo identification) of all prospective worker prior to their appointment.
- (where qualifications are a mandatory requirement of the role) store certified copies of original qualifications documents in the worker member’s file.
- determine risk assessed roles by considering:
 - the degree of contact the role affords or requires (see Definitions – *Contact and More than incidental contact*)
 - whether the worker provides a Specified Service or Support (see Definitions – *Specified Supports/Services*)
 - whether the worker has access to confidential participant information (see Definitions – *Confidential Information/data*).
- ensure that all workers occupying risk assessed roles have appropriate clearances:
 - at least one referee check and criminal record check prior to employment (for new worker); and
 - subsequent criminal record checks at least once every four years.
- acquire a NDIS Worker Screening Unit clearance for risk assessed roles.
- maintain a record each worker member including their qualifications, training and criminal history and WWC check status (see below);
- maintain a record of all risk assessed roles as required – including subcontracted positions (see below – *Record Keeping*)
- require workers to disclose circumstances as they arise which may impact on their ability to retain criminal history clearances.

- CLEAR CARE *will not*:
- allow a person to work in a risk assessed role if:
 - they have been convicted of a “prescribed criminal offence”.
 - their clearances are subject to a bar or interim bar.
 - they cannot be located, in the online verification process.
- Workers will:
 - update personal details attached to their Working with Children Check within three months of changes in circumstances information.
 - advise the Management if they are charged with a criminal offence which is punishable by imprisonment or, if found guilty, could reasonably affect their ability to meet the inherent requirements of their job; and
 - disclose any formal disciplinary action taken against them by any current or former employer. This includes any finding of improper or unprofessional conduct by any Court or Tribunal of any kind and any investigations that the worker member has been subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country.

- inform CLEAR CARE within seven days if they have been issued with an Interim Negative Notice or Negative Notice, or if they have a relevant change in circumstances: and
- not engage in child-related work if they have been issued with a Negative Notice.

Police checks for student placements.

- For students aged 17 years or younger, police checks are not required, however referee checks with teachers, parents or other adults who personally know the students must be undertaken.
- A police check is required for students aged 18 years and older. These checks must be administered by the relevant course coordinator in the educational institute or the student can obtain a Police Check through the Victorian Police website.

Working with Children Check

- Where worker have any contact with children in the course of their duties, all CLEAR CARE worker must have and maintain a clear Working with Children (WWC) check. This includes contact by telephone or other form of electronic contact. This requirement applies to all volunteers and students unless:
 - they are working under the direct supervision of an educator who is over 18 years of age and holds, or is actively working towards, an approved Diploma- level education and care qualification
 - parents, family members and guardians closely related to children attending the service.
- The Management will:
 - ensure worker or volunteers issued with a Negative Notice do not undertake child- related work; and
 - periodically check the status of all worker members and volunteers with WWC Check cards using Check Status function on the Department of Justice WWC Check website.
- Worker and volunteers must:
 - inform CLEAR CARE within seven days if they have been issued with an Interim Negative Notice or Negative Notice, or if they have a relevant change in circumstances: and
 - not engage in child-related work if they have been issued with a Negative Notice.

Other Checks

- The Management will confirm the identity (through photo identification) and qualifications (through sighting a copy) of all prospective worker prior to their appointment.
- If qualifications are a mandatory requirement of the role, original qualifications must be copied, certified as being a true copy of the original and dated by the relevant delegate then returned to the applicant.

Record Keeping: Role Risk Assessments

- CLEAR CARE will maintain a written list of risk assessed roles in the organisation, including:
 - the title used for the role and a description of the role.
 - the reasons why the role is a risk assessed role.
 - the date the role was assessed and the name and title of the person who made the assessment.
- CLEAR CARE will maintain a written list of all workers who engage in risk assessed roles.
 - The list must include:
 - the name, date of birth and address of the worker
 - the risk assessed role in which the worker engages.
 - whether or not the worker is eligible for an exemption, the start and end date of the exemption and the name of the worker's supervisor during, this period.
 - the worker's application number or check number and outcome expiry date
 - records relating to an interim bar, suspension, exclusion or any action taken by the provider in relation to those decisions.
 - allegations of misconduct against a worker with a clearance and the action taken by the provider in response to that allegation.
- CLEAR CARE will:
 - update the records as required.
 - keep the records for seven years from the date the record was made.
 - keep the records in an organised, accessible and legible manner such that the NDIS Commission or quality auditor may know which workers were engaged in a risk assessed role on any given day in the past seven years.

Personal Information

Collection and Storage of documentation and confidentiality

The *Pre-Employment Collection Form* will inform the potential worker member:

- that information is being collected.
- the purposes for collection
- who will have access to the information.
- the right to seek access to, and/or correct, the information; and
- the right to make complaint or appeal decisions about the handling of their information.

Personal information

Personal information is collected in compliance with the privacy act and assists in:

- assessing employment applications
 - processing payment of salaries, salary sacrifice payments, and the payment of superannuation and taxation
 - obtaining relevant security clearances
 - providing a duty of care in your employment, particularly in relation to any disclosed medical conditions
 - contacting family, carer's, or other third parties as and if required; and
 - ensuring you hold a, current drivers-license and private motor vehicle registration as required to perform your role within CLEAR CARE.
- Further,

- worker will be advised, during the induction process, where this policy is located on the CLEAR CARE intranet (or hard copy).
- all personal worker information will be placed on their personal file, held in both electronic and hard copy formats. Both formats will be securely held, with access limited to worker members where needed in the performance of their roles or duties.

All workers shall notify CLEAR CARE of any changes to their personal information such as address, bank details, superannuation fund, or a private motor vehicle being used for work purposes.

At regular intervals CLEAR CARE will issue all worker, via email, a worker details form to complete and return to ensure personal information is up to date.

Accessing personal information

Worker can request and be granted access to their personal information, subject to exceptions allowed by law.

Requests to access personal information must state:

- the information to be accessed.
 - the preferred means of accessing the information,
- and should be forwarded to the Management in writing to: POST BOX 4078, NARRE WARREN SOUTH, 3805, VIC

The Management will assess the request to access information, taking into consideration current issues that may exist with the worker member, and whether these issues relate to any lawful exceptions to granting access to personal information.

Should the Management decide that access to personal information will be denied, they must, within 30 days of receipt of the request, inform the worker member in writing of:

- the reasons for denying access and
- the mechanisms available to complain or appeal.

Should access be granted, the Management will contact the worker member within 30 days of receipt of the request to arrange access to their personal information.

Should CLEAR CARE be unable to provide the information in the means requested, the Management will discuss with the worker member alternative means of accessing their personal information.

Complaints

Questions or concerns about CLEAR CARE's privacy practices should be brought, in the first instance, to the Management's attention.

If concerns cannot be resolved and the worker member wishes to formally complain about how their personal information is managed, or if they believe CLEAR CARE has breached an APP and/or IPP, they may send their concerns in writing to:

Office of the Victorian Information Commissioner Email:

'privacy@cpdp.vic.gov.au'

Phone: 1300 666 444, or through the online form available at [public/privacy-public-make-complaint](https://www.cdpd.vic.gov.au/public/privacy-public-make-complaint) <https://www.cdpd.vic.gov.au/menu-privacy/privacy->

Training and Development

- Records of induction, training and organisational and professional development provided to all worker will be kept on each worker
- record as well as in CLEAR CARE 's *Training and Development Register*.

Induction

- Upon commencement and prior to engaging with participants, CLEAR CARE will prepare new worker member and/or volunteer with timely and appropriate orientation to their role, the service and organisation. Where any specific training and/or support needs are identified during the recruitment and selection, CLEAR CARE will ensure these are met for the new worker member/volunteer.
- The Management is responsible for ensuring worker and volunteer induction includes (but is not limited to) the provision of the following information.

The Management is supported by the management team in delivering training and information in:

- CLEAR CARE's Mission and Vision and Strategic and Operational Plans.
- CLEAR CARE s compliance responsibilities, including obligations under relevant legislation, regulations and standards and its Policies and Procedures.
- Worker roles and responsibilities and CLEAR CARE's Worker Code of Conduct.
- CLEAR CARE's organisational and governance structures, team processes, communication channels, working, supervision arrangements and accountabilities;
- Continuous improvement, risk management and WHS, including, incident reporting and emergency procedures.
- Worker entitlements and working conditions.
- Obtaining feedback and handling complaints.
- Privacy and confidentiality and CLEAR CARE's records and information management processes;
- Supporting participants to actively participate in their service delivery, including family members and supporters in service delivery and alternative communication needs and aids.
- Cultural, linguistic and disability diversity.
- The needs of vulnerable people including children, people with complex needs, and culturally and linguistically diverse and Aboriginal and Torres Strait Islander people.
- Responsibilities under anti-discrimination legislation.
- Use of interpreters and translators.
- The service's access and exit/transition processes.
- Referral processes, including target response and referral timeframes and how to make appropriate referrals.
- CLEAR CARE 's assessment, planning and review processes.
- Evidence-based, person-centered approaches to service delivery and how to use a strengths-based approach to identifying participant needs and life goals.
- CLEAR CARE 's financial management processes, including supporting participants' control over their finances.
- CLEAR CARE 's service delivery and participation processes.
- Duty of Care requirements.
- Child protection and interacting appropriately with children.

- How to respond to actual or potential signs of abuse and neglect, including their responsibilities for responding.
- Risks, that may, be experienced by people with different needs.
- Positive behavior support strategies.
- Where possible, cultural awareness training will be delivered by local A&TSI and CALD groups to ensure it is tailored to the organisation's service areas.
- Ongoing training will be provided in these areas where required.
- Feedback on the induction process will be sought to contribute to CLEAR CARE 's continuous improvement.

Ongoing Training and Development

- CLEAR CARE is committed to ensuring worker and volunteers have the necessary skills and knowledge to competently undertake their duties.
- CLEAR CARE will provide:
 - ongoing training and development opportunities for worker
 - opportunities for advancement within the organisation.
- Regular worker Performance Reviews will:
 - identify training and development needs in consultation with their Manager
 - encourage worker engagement in their ongoing development.
- The Management will be responsible for overseeing training and development needs for CLEAR CARE.

They will:

- track training undertaken and future needs in CLEAR CARE's Worker Training and Development Register; and
- plan and publicise, to all workers, upcoming training and development opportunities using a Training and Development Calendar distributed.
- Where CLEAR CARE's capacity and resources allow, worker will be supported to pursue further education or training that will contribute to their professional development, but which may not be a requirement directly relevant to their current position.
- CLEAR CARE will provide equity of access to professional development opportunities for all workers, taking into account, the organisation's needs and the needs and skills of worker.
- At the Management's discretion, taking into account any impact on service delivery or other worker, the worker member may be:
 - permitted to take annual leave or unpaid leave that would assist them to participate in the activity; and
 - granted up to two days' study leave as necessary to attend examinations.

Worker management and retention

- Worker performance and retention are supported by the following organisational policies and procedures:
 - Human Resources.
 - Financial Management.
 - Continuous Improvement.
 - Worker Code of Conduct.
 - Worker Complaints.
 - Equity, Anti-Discrimination and Workplace Harassment; and
 - Workplace Health and Safety.
- Worker are expected to attend regular team meetings, where they will have access to information sharing, training and development, and debrief opportunities.
- All workers will receive supervision (debrief and mentoring) sessions monthly with their immediate supervisor.

Worker supervision

- Supervision processes will be in place in order to meet organisational, professional and personal objectives for worker, including access to their supervisor by phone and email for informal and formal supervision and support.
- All worker will receive operational supervision in the course of their duties, through individual contact with their supervisor, team meetings and group supervision.
- Professional allied health worker should engage the services of a professional supervisor (external to the organisation) to ensure practice standards are upheld.

Performance Reviews and Management

- Performance Reviews will be conducted for all worker on a regular basis. These will assess worker capability to perform their role and their understanding and application of CLEAR CARE's policies and procedures and provide an opportunity to set future professional goals.
- Performance Reviews will seek to:
 - Clarify any issues relevant to the worker member's job description and performance standards.
 - Identify the worker member's strengths.
 - Identify areas where the worker member needs to improve.
 - Identify and confirm the actions to be taken to maintain, enhance or improve performance; and
 - Set future professional goals.
- The supervisor will complete a *Worker Performance Review*. This will be signed by them and the worker member.
- Where strategies for performance improvement are required, a *Worker Performance Improvement Plan* must be completed and signed by the worker member and Senior Manager.
- A copy of the completed Performance Appraisals will be placed on the worker member's file and a copy given to the worker member.

Termination of Employment

- Should worker choose to end their employment with the organisation, they are required to give the Management written notice in advance, as stated in the relevant industrial Award or instrument.
- The Management has the discretion to pay the worker member their notice period in lieu of having them attend work for the notice period.
- All salary and entitlements are paid to the worker member within 14 days of the end of their employment with the organisation.

Disciplinary Action

- Worker may face disciplinary action if they:
 - they are not performing satisfactorily.
 - preventing other worker members from carrying out their duties; or
 - are not complying with CLEAR CARE's Code of Conduct, Policies and Procedures or their Employment Contract.
- CLEAR CARE's management workers are responsible for identifying problems as soon as they arise and taking action. They must maintain records of all performance-related discussions and counselling sessions and keep these on worker records.

- If managers identify unsatisfactory performance of a worker member, they must advise the worker member.
- An opportunity must be provided for the worker member to improve their performance within a reasonable timeframe. Training may be required to improve the standard of the worker member's performance.
- If the worker member's performance does not improve to the required standard after assistance and training has been provided within the specified time, the supervisor must document specific performance problems.
- If misconduct occurs, the Management must document the issues with the worker member, detailing relevant incidents and behaviours.
- The supervisor will meet with the worker member and inform them that a report will be written, and they will be provided with a copy.
- The following disciplinary process will then be followed:
- Discussion/Counselling – between the supervisor, Management, and the worker member. The problem will be explained, and the worker member asked to respond. The worker member is entitled to have a support person present. If misconduct or non-performance is proved, the Management will advise the worker member of the corrective action they need to take. The Management will record details of the disciplinary session. All parties present must sign the report. Where this report is presented by email, the worker member may acknowledge the report as true by return email.
- First warning - if the incident of misconduct is repeated or performance does not improve, the Management will issue a first written warning. If the case is considered severe enough, the first warning can be regarded as the first and final warning.
- Final warning - if the problem persists, the Management will issue a final written warning to the worker member. If the issue is not resolved, the Management will take action to dismiss the worker member.
- The Management will maintain formal records of each counselling/disciplinary session and keep them confidential. All records must be sighted and signed by the relevant worker member as true. Such records will provide important evidence if the matter proceeds to the Fair Work Commission.
- In all processes the principles of natural justice must be followed. This means the worker member must have an opportunity to state their point of view before action is taken and that the decision maker must not be biased.

Dismissal

Worker members may be dismissed, on the basis of:

- their conduct, capacity or performance.
- operational requirements, e.g., the position is no longer required; or
- other reasons sufficient to justify termination.
- If a worker member engages in serious misconduct so that it is unreasonable for CLEAR CARE to continue their employment, they may be dismissed instantly. Such action must be supported by a high level of evidence. Examples of serious misconduct include theft, assault, and fraud.
- CLEAR CARE must comply with all State and Federal legislation and the worker member's Employment Contract in relation to disciplinary action and employment termination.
- CLEAR CARE must ensure:
- dismissal is not for an unfair reason.
- the worker member knows the reason for dismissal and has an opportunity to respond in relation to that reason; and
- it gives the worker member appropriate notice or compensation in lieu of notice.

RELATED DOCUMENTS

- CLEAR CARE Duty of Care Policy and Procedure
- CLEAR CARE Child Safety Policy and Procedure
- CLEAR CARE HR Policy and Procedure sub sections (listed below)
- HR Staff Requirements Spreadsheet
- Interview Report Proforma
- Role Risk Assessment
- Staff Induction Plan
- Staff Training Plan Form
- Training and Development Register
- Performance Review Form
- Staff Details Form
- NDIS Act 2013
- [Worker screening requirements \(NDIS registered providers\) | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](#)

a. WORKER CODE OF CONDUCT

1.0 PURPOSE AND SCOPE

This policy and procedure provides ethical guidelines for worker, volunteers and students engaged in CLEAR CARE business.

This policy and procedure applies to the Management and Workers, and any additional worker, students, contractors and volunteers.

2.0 RISK

Two main forms of risks are associated with worker conduct: risks associated with worker as representatives of the organisation and the particular risks associated with working with people with disabilities.

As representatives of the organisation, worker conduct can influence public perception, the standing of the organisation within the community and the success of the organisation. Risk treatment begins with clear guidelines for worker conduct (this policy). This must be reinforced with, a culture of procedural fairness in informal and formal discussions about conduct; a culture of no retribution for responsibly reporting suspected infringements of the code of conduct (*Preventing and Responding to Abuse, Neglect and Exploitation Policy and Procedure*); and a culture that promotes a sense of mutual responsibility between the organisation and its worker.

As workers in the disability sector, worker must be able to distinguish between appropriate and inappropriate care between themselves and participants and be able to express the participant/worker relationship appropriately. The guidance this policy provides should be reinforced with a culture of openness and support to assist workers discuss and manage relationships with participants.

3.0 POLICY

CLEAR CARE prides itself on its professionalism and on its worker's ability to meet participant and other stakeholder needs. The organisation strives to be a leading service provider and to provide a safe, healthy and happy workplace. This Code of Conduct is designed to ensure that all worker,

participants and other stakeholders are treated in a manner that reflects the Mission, culture and legal obligations of the service.

4.0 PROCEDURE NDIS CODE OF CONDUCT

CLEAR CARE adheres to the NDIS Codes of Conduct for providers and workers. Worker, students and volunteers are required to observe the NDIS Code of Conduct

The NDIS Code of Conduct requires workers and providers delivering NDIS supports to:

- act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with relevant laws and conventions
- respect the privacy of people with disability.
- provide supports and services in a safe and competent manner with care and skill.
- act with integrity, honesty, and transparency
- promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability.
- take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect, and abuse of people with disability
- take all reasonable steps to prevent and respond to sexual misconduct.

Guiding Principles

In determining whether a person's conduct is in breach of these Codes, a range of factors, including the nature of the conduct and the circumstances in which the conduct takes place, will be considered.

Supervising worker are encouraged to ensure that all worker, volunteers and students under their supervision achieve the highest possible standards of conduct.

Guiding principles for the Code of Conduct:

- **RESPECT** - for people and the law
- **INTEGRITY** - all actions are honest and ethical.
- **ACCOUNTABILITY** - decisions and actions in all areas of service delivery are transparent, fair and legal.
- **DILIGENCE** - worker, volunteers and students carry out their duties honestly and to the best of their ability.

RESPECT

CLEAR CARE worker, volunteers and students will carry out their duties with respect for participants, worker, the organisation and its work. Individuals will refrain from public comments that portray the organisation and/or its work in a negative way.

Respect for the law: CLEAR CARE worker, volunteers and students will observe all the laws of the State and the Commonwealth.

Worker and volunteers must immediately inform the Management if charged with a criminal offence punishable by imprisonment, or if found guilty of the

offence and the outcome would significantly affect their ability to perform their normal duties.

Respect for persons: CLEAR CARE will strive to create an environment where all persons are treated equitably and with respect and where people's rights are upheld. This involves individual and collective responsibilities to:

- respect the rights, privacy and confidentiality of participants, worker, office bearers, volunteers, students, and agents.
- promote a positive public image of people with a disability, and their families and carer's.
- make decisions which are procedurally fair.
- have respect for the opinions of others and approach any differences in opinion in an open and non-judgmental manner.

Worker, volunteers, and students should recognise that their obligation to respect the rights and privacy of all persons associated with CLEAR CARE continues after they cease employment with CLEAR CARE.

Respect for persons emphasises the obligation of office bearers, worker, volunteers, and students to refrain from behavior which is or may be construed as sexual-, racial- or gender- based harassment. They should never behave towards other persons in a manner which may reasonably be perceived as intimidating, overbearing, or bullying. All worker, volunteers and students must ensure that co-worker relationships are always dignified and respectful. (See also *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*)

INTEGRITY

Worker, volunteers, and students are placed in a position of trust when they manage or have access to CLEAR CARE resources and information or make decisions that affect the interests of others.

Worker, volunteers, and students will not undertake activities for personal gain while conducting business of the organisation.

People who have exited the organisation should not disclose to any future employer or use for their own purposes any confidential information, records, documents, or materials they may have had access to during their involvement with CLEAR CARE.

Worker, volunteers and students should make all reasonable efforts to avoid conflicts between their private and/or professional interests and CLEAR CARE responsibilities and must always avoid situations where there are reasonable grounds for the perception of such a conflict.

Personal relationships: A conflict of interest may occur when a worker member or volunteer participates in decisions affecting another person with whom they have a close or personal relationship. Situations where such a conflict may occur include, but are not limited to:

- the appointment, supervision or promotion of worker,
- decisions being made that are of a nature to directly benefit the other person the awarding of tenders, or
- other forms of financial assistance.

CLEAR CARE recognises the right of worker and volunteers to engage in personal or intimate relationships with people of their own choosing. However, relationships between office bearers, worker and volunteers should be, professional, at all times. Personal or intimate relationships should not intrude, or be seen to intrude, on the CLEAR CARE environment or the workplace in general.

When a personal or intimate relationship creates a clear conflict, the worker member should withdraw from the situation. Where there is any possibility of a perceived conflict, the worker

Member should discuss the matter with a senior worker member or the Management.

Personal or intimate relationships between worker/volunteers and participants are not permitted and any deviation from this may be considered a serious breach of conduct and addressed in accordance with the Human Resources Policy.

Worker and volunteers should also refrain from unnecessary self-disclosure of personal information during their contacts with participants.

External environments: Worker or volunteers representing CLEAR CARE in public must conduct themselves with propriety and be accountable for their conduct and decisions made on behalf of CLEAR CARE. Where a worker member or volunteer is unsure of the capacity in which they are acting, they should seek clarification from a senior worker member.

Alcohol and illicit drug consumption: During the usual day-to-day conduct of their duties, worker and volunteers **must never** consume alcohol or illicit substances and must be free from the influence of any substance prior to commencement of a shift. Any deviation from this practice will be viewed as a serious breach of conduct and will be addressed in accordance with the *Human Resources Policy and Procedure*.

Whilst alcohol consumption may be permissible, or may be available, at certain business functions, worker and volunteers should refrain from excessive consumption of alcohol whilst representing CLEAR CARE. Worker and volunteers are encouraged to use commonsense to maintain CLEAR CARE 's interests and professional image, as well as their own welfare.

Dress standards: Dress standards are more a matter of etiquette rather than ethics. However, worker, volunteers and students must present a professional image and maintain an appropriate standard of appearance whilst engaged in CLEAR CARE business.

Senior worker have a responsibility to counsel worker members, volunteers and students whose dress standards do not comply with the above.

Gifts and benefits: Worker, volunteers and students must never ask for gifts, or encourage gift giving of any kind in connection with the performance of official or work duties. Personal gifts from participants must be declared and recorded in the Gift Register. Any gifts that are above a nominal value must not be accepted.

Intellectual property and copyright: The Copyright Act provides creators with certain rights. This includes the right to be named in connection with their work and against false authorship. When using someone else's work in a presentation or document, authorship should be appropriately acknowledged. Ownership of all materials produced during the course of working for CLEAR CARE is vested in the organisation.

Compliance with laws and CLEAR CARE 's governance

Worker and volunteers and visitors must comply with all lawful and reasonable directions given by CLEAR CARE.

Worker and volunteers and, where applicable, visitors must comply with CLEAR CARE 's policies and procedures at all times.

Worker and volunteers and visitors must comply with all relevant legislation, regulations, codes, standards, guidelines and policies that are applicable to CLEAR CARE 's operations irrespective of location.

Company property

CLEAR CARE property includes:

- equipment, vehicles, and premises.
- intellectual property (including trade and business secrets) of CLEAR CARE or affiliated entity.
- information concerning worker, volunteers and any contractors that provide a service to CLEAR CARE; and
- any information of a commercial, operational, marketing, business, technical or financial nature relating to the business of CLEAR CARE or any affiliated entity.

Worker and volunteers must only use company property for authorised and appropriate work purposes and must take all reasonable care when doing so.

On termination of employment, for whatever reason, worker and volunteers must transfer to the Management all information in their possession, including all material in writing, software or databases on hard drive or any other means of storage.

If requested by the Management, office bearers, worker or volunteers must immediately return all CLEAR CARE property in their possession or under their control.

OUTSIDE WORK BEHAVIOUR

Worker and volunteers must conduct their personal affairs in a manner that does not affect their duties and responsibilities to CLEAR CARE.

Worker and volunteers should be aware that their activities or behavior outside working hours could damage CLEAR CARE 's reputation. Worker and volunteers must avoid conduct outside of work that breaches this Code. If CLEAR CARE becomes aware of such conduct, and the conduct is of a type that could have an adverse impact upon CLEAR CARE, disciplinary or other remedial action may be taken against the worker.

ACCOUNTABILITY

All worker and volunteers have an obligation to carry out official decisions and policies faithfully and impartially.

Senior worker members have a responsibility to ensure that sufficient, accurate and appropriate information is provided to enable office bearers to make decisions that are procedurally fair, transparent and timely.

Worker and volunteers who have responsibility for the day-to-day management and delivery of CLEAR CARE services will provide accurate and regular reports.

Fraud, corrupt conduct and maladministration are detrimental to Lifestyle Community Care

and participants. Any worker member or volunteer who reasonably suspects that this may be occurring are encouraged to speak with the Management as soon as possible. Were,

disclosure of any of these activities occurs, the person disclosing the information will not be subjected to any acts of retribution.

Unfounded reports that are of a malicious or vengeful nature will not be pursued. Appropriate action will be taken against any person who is found to have made malicious or unsubstantiated claims.

DILIGENCE

CLEAR CARE aims to achieve best practice in service delivery. All worker and volunteers contribute to achieving this aim by carrying out their duties honestly and to the best of their ability.

All worker and volunteers should support the CLEAR CARE 's aims and objectives, and work within policy and procedural guidelines.

CLEAR CARE 's equipment and resources are not available for private use or private gain and appropriate care and security of equipment should be a priority.

CLEAR CARE 's resources, equipment and property should be used with economy and without undue waste. All equipment will be used with due care and respect and, if necessary, worker and volunteers should seek guidance in the use and appropriate storage of equipment.

All worker, volunteers and students have access to appropriate technology related to their role in the organisation.

Worker, volunteers, and students who are authorised to use computers are permitted to use Internet and email for purposes directly related to their duties and for educational or self- development purposes consistent with other CLEAR CARE policies and practices.

Inappropriate use of internet and email, including viewing, downloading, storage or forwarding of materials of a pornographic or illegal nature will be considered as a serious breach of this Code of Conduct and disciplinary action up to and termination of employment will be pursued as a matter of urgency.

Reporting Breaches of the Code of Conduct

Breaches or suspected breaches of the Code of Conduct, should, in the first instance, be reported to the Management. Trivial, unfounded or vexatious complaints may result in disciplinary action.

Any person who complies with the Code of Conduct in reporting a breach must not be discriminated against and must be protected from reprisal. Confidentiality will be maintained at the highest level possible.

b. CHILD SAFE CODE OF CONDUCT

1.0 PURPOSE AND SCOPE

This Code of Conduct outlines the expected standards of behaviour with and in the company of children, including online conduct.

This policy and procedure applies to the Management, and any additional worker, students, contractors and volunteers.

2.0 CODE OF CONDUCT

All personnel are required to observe child safe principles and expectations for appropriate behaviour towards and in the company of children, as described below.

All personnel are responsible for supporting the safety, participation, wellbeing and empowerment of children by:

- adhering to the “*Child Safe Policy*” at all times
- taking all reasonable steps to protect children from abuse.
- treating everyone with respect
- listening and responding to the views and concerns of children, particularly if they are telling you that they or another child has been abused and/or are worried about their safety or the safety of another.
- promoting the cultural safety, participation, and empowerment of Aboriginal children (for example, by never questioning an Aboriginal child’s self-identification)
- promoting the cultural safety, participation, and empowerment of children with culturally and/or linguistically diverse backgrounds (for example, by having a zero tolerance of discrimination)
- promoting the safety, participation, and empowerment of children with a disability (for example, during personal care activities)
- ensuring as far as practicable that adults are not left alone with a child.
- reporting any allegations of child abuse to the Management and ensure any allegation to reported to the police for child-protection.
- reporting any child safety concerns to the Management.
- if an allegation of child abuse is made, ensure as quickly as possible that the child(ren) is safe
- encouraging children to ‘have a say’ and participate in all relevant organisational activities where possible, especially on issues that are important to them.

Worker and volunteers must not:

- Develop any ‘special’ relationships with children that could be seen as favouritism (for example, the offering of gifts or special treatment for specific children)
- Exhibit behaviours with children which may be construed as unnecessarily physical (for example inappropriate sitting on laps. Sitting on laps could be

appropriate sometime, for example while reading a storybook to a small child in an open plan area)

- Put children at risk of abuse (for example, by locking doors)
- Do things of a personal nature that a child can do for themselves, such as toileting or changing clothes
- Engage in open discussions of a mature or adult nature in the presence of children (for example, personal social activities)
- Use inappropriate language in the presence of children
- Express personal views on cultures, race or sexuality in the presence of children
- Discriminate against any child, including because of culture, race, ethnicity or disability
- Have contact with a child or their family outside of our organisation without our child safety officer's knowledge and/or consent (for example, no babysitting). Accidental contact, such as seeing people in the street, is appropriate.
- Have any online contact with a child or their family (unless necessary, for example providing families with e-newsletters)
- Ignore or disregard any suspected or disclosed child abuse.
- By observing these standards you acknowledge your responsibility to immediately report any breach of this code to the Management.

If you believe a child is at immediate risk of abuse phone 000.

c. LEAVE POLICY AND PROCEDURE

1.0 PURPOSE AND SCOPE

This policy and procedure sets out the accrual and accessing of leave provisions. This policy and procedure applies to all worker.

2.0 DEFINITIONS

Immediate family – a worker member's:

- spouse
- de facto partner
- child
- parent
- grandparent
- grandchild
- sibling, or a
- child, parent, grandparent, grandchild or sibling of the worker member's spouse or de facto partner

3.0 POLICY

CLEAR CARE complies with the leave provisions for worker employed under the *Social, Community, Home Care and Disability Services Industry Award 2010* (SCHADS Award) (Cwlth) and the National Employment Standards (NES).

4.0 PROCEDURE

- Full-time and part-time worker are entitled to annual leave as set out in the National Employment Standards. **Casual worker are not entitled to annual or personal leave.**
- In summary, the National Employment Standards provide 4 weeks of paid annual leave for full-time worker members for each year of service with the company. Part time worker members receive a pro rata entitlement.

Paid Leave

All requests for paid leave must be made on a *Leave Application Form*.

Annual Leave:

All full-time worker members accrue 152 hours per annum based on ordinary hours worked and pro-rata for part time worker members, based on ordinary hours worked per annum.

Worker members who work more than four (4) ordinary hours on ten (10) or more weekends are entitled to an additional week's annual leave on the same terms and conditions. Additional leave must be approved by a senior worker member.

Personal / Carer's Leave:

Full time worker members are entitled to 76 hours of paid personal/carer's leave each year and pro-rata for part-time worker members based on ordinary hours worked each year. Paid personal/carer's leave accrues progressively on a worker member's ordinary hours of work and accumulates from year to year.

Personal/carer's leave can be taken when the worker member is unfit for work due to personal ill health or injury or to provide support to a member of their immediate family or household who requires support due to ill health or injury or an unexpected emergency affecting the worker member.

All worker members, including casual worker members are entitled to two (2) days unpaid carer's leave when a member of their immediate family or household requires care and support due to illness, injury or an unexpected emergency.

Full-time and part-time worker members are only eligible for two (2) days unpaid carer's leave if they do not have any paid personal / carer's leave left.

Compassionate Leave:

All worker members, including casuals are entitled to two (2) days compassionate leave when a member of their immediate family or household has sustained a life threatening injury or illness. Compassionate leave may also be taken after the death of a member of the worker member's immediate family or household.

Casual worker members are only eligible for unpaid compassionate leave.

Notice and Evidence Requirements:

For annual leave, worker members are required to provide at least two (2) weeks' notice prior to taking the annual leave.

Worker members taking personal/carer's leave or compassionate leave must, when requested, provide evidence that would satisfy a reasonable person that the leave was taken as per the above guidelines. For example, a certificate from a doctor for absences due to illness or injury that require two (2) or more consecutive days absence from the workplace or in other circumstances, a Statutory Declaration.

Unpaid Leave

Unpaid leave can be applied for in extenuating circumstances when all other leave entitlements are used up, and where requests fall outside of those prescribed in the SCHADS Award and the NES.

Requests for unpaid leave of absence must be made in writing, stating the period of leave requested, reasons for the leave and should include any documentation that supports the

request. Requests for unpaid leave of absence in excess of six (6) weeks generally will not be considered. However, applications will be considered on a case-by-case basis by the Management.

Assessment of each application will take into consideration organisational implications for the specific program within which the worker member works, any short and/or long-term effects the absence may have for participants and the extent to which

CLEAR CARE may have to engage the services of a replacement worker member or absorb the worker member's agreed working hours within the existing quota of worker.

Where unpaid leave of absence is granted, and a replacement worker member is engaged, the replacement worker member will be informed in writing of the temporary nature of their employment.

If, during a period of approved absence, the worker member's circumstances change, to the extent that their employment with CLEAR CARE, written notification to the employer must be provided as soon as practicable. The worker member must also notify the employer if their contact details and/or address change during their period of leave.

Any request for variation in approved unpaid leave conditions must be made in writing to the Management.

If a worker member wishes to change the return-to-work date, the request must be submitted in writing. Where an earlier return to work date is requested, consideration will be given to the arrangements already in place with the replacement worker member or stand in worker. Where CLEAR CARE has entered into an employment agreement with another worker member for the duration of the leave of absence, the terms of the contract/agreement will take precedence over the request for change.

A worker member on unpaid leave of absence must contact the Management two (2) weeks prior to their return-to-work date and confirm their intention to return. Where the worker member does not contact the employer and does not return to work on the agreed date, it may be assumed that they have abandoned their employment with CLEAR CARE and a letter to this effect will be forwarded to the worker member.

When the leave of absence has been for a period of six (6) weeks or more CLEAR CARE may require the worker member to undertake orientation and/or training to meet any changed requirements associated with the position.

Parental Leave

Worker are entitled to unpaid parental leave (which includes maternity, paternity, adoption and parental leave) as set out in the National Employment Standards.

Domestic and Family Violence Leave

- Domestic and Family Violence Leave entitlements apply to all worker covered by an industry or occupation award.
- Worker covered by an award are entitled to 5 days of unpaid family and domestic violence leave each year, immediately they start work.
- Family and domestic violence means violent, threatening or other abusive behaviour by a worker member's family member that:
 - seeks to coerce or control the worker member
 - causes them harm or fear.
- Worker can take the leave if they need to deal with the impact of family and domestic violence and it's impractical to do so outside their ordinary hours of work. For example, this could include:
 - making arrangements for their safety, or safety of a family member (including relocation)
 - attending court hearings, or
 - accessing police services.

Accessing Domestic and Family Violence Leave

- Leave may be accessed as single days, multiple days or the full 5 days.
- Where CLEAR CARE agrees, leave may be taken for less than 1 day at a time, or for more than 5 days.
- Leave taken does not break the worker member's period of continuous service
- Leave taken does not count as service against accumulated entitlements such as paid leave.

Notice and evidence

- Worker members applying for family and domestic violence leave, must notify the Management of:
 - when leave will be required or as soon as possible after the leave has started
 - the duration of leave required.
- CLEAR CARE *may* request reasonable evidence demonstrating that leave is or was required to deal with family and domestic violence. Evidence might include:
 - documents issued by the police service
 - documents issued by a court
 - family violence support service documents, or
 - a statutory declaration.

- CLEAR CARE may ask employees to provide evidence for as little as 1 day or less off work.
- CLEAR CARE may decline a family and domestic violence leave application where requested evidence is not provided.

Confidentiality

- Information about a worker member's experience of family and domestic violence is sensitive.
- CLEAR CARE will work with the worker member to determine how this information will be handled.
- CLEAR CARE will take all practicable steps to keep information about a worker member's situation confidential, including information about giving notice, the leave and evidence provided.
- CLEAR CARE may disclose information if:
- it's required by law, or is necessary to protect the life, health or safety of the employee or another person.

d. RETURN TO WORK POLICY AND PROCEDURE

1.0 PURPOSE AND SCOPE

This policy and procedure provides guidance where a worker member has been injured during the course of employment.

This policy and procedure applies to worker, students, contractors and volunteers.

2.0 POLICY

CLEAR CARE strives to prevent injury and illness by providing a safe and healthy working environment. It is committed to the return to work of its injured workers and will:

- Support the injured worker and ensure that early return to work is a normal expectation; participate in the development of an injury management plan and ensure that injury management commences as soon as possible after the work is injured;
- Provide suitable duties for an injured worker as soon as possible;
- Ensure that injured workers (and anyone representing them) are aware of their rights and responsibilities – including the right to choose their own doctor and approved workplace rehabilitation provider, and the responsibility to provide accurate information about the injury and its cause;
- Consult with worker and, where applicable, unions to ensure that the return to work program operates as smoothly as possible;
- Maintain the confidentiality of injured worker records;
- Not dismiss a worker as a result of a work related injury within six months of becoming unfit for employment;

3.0 PROCEDURE

Return to work

- The Management will arrange a suitable person to explain the return-to-work process to the injured worker.
- The Management will ensure that the injured worker is offered the assistance of a WorkCover-approved workplace rehabilitation provider if it becomes evident that they are not likely to resume their pre-injury duties, or cannot do so without changes to the workplace or work practices.
- The Management will arrange for the worker's early return to work (subject to medical and rehabilitation provider advice).

Suitable duties

- The Management will develop an individual return to work plan when the worker according to medical advice, is capable of returning to work.
- The Management will provide suitable duties that are consistent with medical advice and that are meaningful, productive and appropriate for the injured worker's physical and psychological condition depending on the individual circumstances of the injured worker. Suitable duties may be:
 - at the same worksite or a different worksite
 - the same job with different hours or modified duties
 - a different job
 - full time or part time

Dispute resolution

- CLEAR CARE will work together with the injured worker and their union representative to resolve any disagreements about the return to work program or suitable duties.
- If disagreements cannot be resolved, CLEAR CARE will involve other parties such as the worker's treating doctor, the agent/insurer, an approved workplace rehabilitation provider or an injury management consultant.

e. EQUALITY, ANTI-DISCRIMINATION AND WORKPLACE HARASSMENT POLICY AND PROCEDURE

1.0 PURPOSE AND SCOPE

This policy and procedure demonstrates CLEAR CARE 's commitment to equal opportunity and a workplace free from discrimination and harassment.

This policy and procedure applies to the Management, and any additional worker, students, contractors and volunteers.

2.0 DEFINITIONS

Equity – treating all persons fairly and without discrimination.

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

Discrimination is unlawful under both federal and state anti-discrimination legislation. Discrimination is unlawful on the grounds of age, sex, marital

status, pregnancy, religion, race, colour, nationality, sexual preference, physical or intellectual impairment, family responsibilities, political preference, criminal record and medical records.

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

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

Racial discrimination – Discrimination on the basis of race, colour, descent or national or ethnic origin and in some circumstances, immigrant status.

Sex discrimination – Discrimination on the basis of sex, marital or relationship status, pregnancy or potential pregnancy, breastfeeding, family responsibilities, sexual orientation, gender identity or intersex status.

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

Workplace bullying – Workplace bullying is repeated less favourable treatment of a person, which may be considered unreasonable and inappropriate. Bullying can either be perpetrated by an individual or a group and can be psychological, verbal or social. Often bullying can also create a risk to the physical and or mental health and safety of workers. Workplace bullying is defined as repeated and unreasonable behaviour directed towards a worker or a group of

workers that creates a risk to health and safety and intimidates, humiliates and/or undermines a person or group.

Workplace harassment – repeated behaviour, other than behaviour amounting to sexual harassment, of one worker member or group of worker members that is unwelcome, unsolicited and considered to be offensive, intimidating, humiliating or threatening by another worker member.

3.0 POLICY

- CLEAR CARE is committed to providing a workplace that is free from harassment, discrimination and bullying. This responsibility is at the heart of the values of the organisation; it reflects how people should treat each other through building relationships based on trust, respect and safety.
- CLEAR CARE considers all types of harassment, discrimination, bullying and workplace violence to be unacceptable forms of behaviours that will not be tolerated under any circumstances. CLEAR CARE believes all worker and participants should be treated with respect, fairly and in a reasonable way. Harassment, discrimination, bullying and workplace violence are illegal under a range of Federal and State legislation.
- If any worker breaches this policy, it will result in disciplinary action which may include termination of employment. It is the responsibility of all worker to act in such a way as to create a working environment which is free of any form of discrimination or harassment.

CLEAR CARE 's commitment to equity accords with the *Sex Discrimination Act 1984* (Cwlth), *Racial Discrimination Act 1975* (Cwlth), *Disability Discrimination Act 1992* (Cwlth), *Age Discrimination Act 2004* (Cwlth), and the Australian Human Rights Commission Act 1986 (Cth).

4.0 PROCEDURE

Expected Workplace Behaviours

Under work health and safety laws, worker and other people at our workplaces must take reasonable care that they do not adversely affect the health and safety of others. Discrimination and harassment put health and safety at risk.

CLEAR CARE expects worker to:

- Behave in a responsible and professional manner;
- Treat others in the workplace with courtesy and respect
- Listen and respond appropriately to the views and concerns of others;
- Be fair and honest in their dealings with others; and
- Provide all worker, and potential worker, equal access to employment, training and career opportunities including employment related benefits

This policy applies to behaviours that occur:

- In connection with work, even if it occurs outside normal working hours;
- During work activities;
- At work related events; and
- On social media where workers interact with colleagues or participants and their actions may affect colleagues or participants either directly or indirectly.

Responding to Harassment, Discrimination and Bullying

CLEAR CARE will not tolerate discrimination, sexual harassment or bullying in our workplace. Any breaches of this policy will be taken very seriously and may lead to the termination of your employment with CLEAR CARE.

Any form of discrimination or workplace harassment or bullying must be reported either by those either subject to the behaviour, or by a witness. A person can raise a complaint either verbally or in writing by:

- a) Informing their supervisor, or the Management s;
 - b) Using CLEAR CARE 's established reporting procedures such as incident reports or the worker grievance process.
- All breaches of this policy and procedure will be taken seriously.
 - Worker members who feel they are the subject of discrimination or harassment should:
 - Approach the Management to discuss appropriate actions or options; or
 - Lodge a formal complaint or grievance which will be dealt with by the Management in accordance with CLEAR CARE 's *Disputes and Grievances Policy and Procedure*.

- Complaints will be dealt with promptly and in accordance with relevant State and Federal legislation and CLEAR CARE policies and procedures.
- All complaints will remain confidential.

f. WORKER COMPLAINTS POLICY AND PROCEDURE

1.0 PURPOSE AND SCOPE

This policy and procedure guides the processes around worker complaints.

This policy and procedure applies to the Management, and any additional worker, students, contractors and volunteers.

2.0 POLICY

- Worker have the right to raise a complaint within the management structure of the organisation where they feel their treatment is unjust or unfair.
- CLEAR CARE seeks an organisational culture that is non- threatening, in which complaints can be expressed and addressed without fear of retribution. No person with a complaint shall be subject to reprisal as a result of their registering a complaint.
- Worker are entitled to their privacy; complaints must be treated confidentially by all members of worker involved.
- The organisational culture, however, also encourages worker to use informal means of conflict resolution and to resolve complaints, where possible, at the point of conflict with the person(s) concerned or as close as possible to the level where the conflict has occurred. CLEAR CARE takes formal complaints seriously and it is equally important that the worker member takes responsibility for initiating a complaint.
- Worker members have a right to appeal the decision made on their complaint if they are not content with the outcome and have the right to have their chosen representative present at any time in a complaint or dispute process.

3.0 PROCEDURE

Formally lodging grievances

- If a dispute cannot be resolved, the worker member should lodge a grievance in writing to the Management.
- This should detail:
 - Description of the decision/s or behaviour/s that are the subject of the dispute;
 - The manner in which the decision or behaviour has adversely affected the worker member;
 - The time and date of the decision/s or behaviour/s;
 - Names of witnesses;
 - Attempts made to resolve the dispute; and
 - The action the worker member deems necessary to resolve the grievance.

Investigating grievances

- Once a formal grievance is lodged, the Management (or delegate) will investigate the matter within five working days.
- If the Management has a conflict of interest in the matter, an independent party will conduct the investigation.
- The following parties will be interviewed:
 - the worker member who lodged the grievance;
 - the worker member against whom the grievance has been lodged;
 - any witnesses; and
 - the relevant supervisor(s).

Resolving grievances

- Where necessary, the Management will:
 - appoint an independent mediator to help resolve disputes; and
 - encourage the participation of a support person, union or professional association representation and involvement in dispute resolution procedures.
- If the investigation reveals that the grievance is valid, and depending on the nature of the complaint and its seriousness, the worker member against whom the grievance was lodged may be:
 - required to apologise to the worker member who lodged the grievance;
 - given a written warning, counselling, transfer or demotion; or
 - subject to dismissal processes.
- If the grievance cannot be substantiated because of a lack of evidence, the organisation may:
 - remind all worker members of their obligations under the *Code of Conduct* and the

Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure;

- ask all worker members to undertake training in negotiation skills and dispute resolution;
- ask supervisors to identify potential conflicts among their worker members and offer counselling.
- If the grievance is found to be a frivolous claim, and depending on the seriousness of the allegations, the worker member making the complaint may be:
 - asked to undertake counselling;
 - make a written apology to the worker member complained about;
 - given a written warning, transfer or demotion; or
 - subject to dismissal processes.
- Worker have the right to appeal decisions relating to disputes. Appeals should be directed in writing to the Management who will make a final decision. Worker who are not successful in their appeal will have the original decision reconfirmed.

g. WORKING FROM HOME POLICY

1.0 PURPOSE AND SCOPE

CLEAR CARE is committed to creating flexible working arrangements in order to assist our worker in balancing their work and personal responsibilities. As part of this commitment, the Company offers worker members the opportunity to apply to work from home. This policy provides a framework for allowing worker members to work from home when it is appropriate. The opportunity to work from home is not an entitlement or a right. The objectives of this framework are to:

- Clarify who will be allowed to work from home and in what circumstances;
- Ensure that adequate provision is made for workplace health and safety where worker members work from home; and
- Ensure worker members are aware of their obligations and responsibilities in relation to working from home.

This policy and procedure applies to the Management, and any additional worker, students, contractors and volunteers.

2.0 DEFINITIONS

For the purpose of this policy:

- **Home-based worksite** means a designated workplace within an employee's home where the employee will perform home-based work.
- **Home-based work** means the performance of duties at the home-based worksite as agreed between the Company and the employee.
- **Working from Home ("WFH") Agreement** means the written agreement (signed) that outlines the conditions of a working from home arrangement between the Company and the employee, and includes relevant checklists relating to, but not limited to work health and safety requirements.

3.0 POLICY

Any employee who is authorised to work from home is responsible for:

- insurances in accordance with this policy;
- complying with policies and procedures whilst working from home, including occupational health and safety policies and procedures; and
- ensuring the zoning restrictions of the employee's home allows the employee to work from home (see further below).

Authorisation to work from home

Worker members must not work from home unless they are expressly authorised to do so. Authorisation may be on an occasional basis, or it may be for a long-term arrangement. Authorisation may be varied or revoked at any time. Any authorisation is subject to compliance with this policy.

The Company will consider each application to work from home on its merits, taking employee and Company needs into account. The Company will consider the nature of the work to be performed at home, the home-based worksite and facilities, the potential effects on co-workers and participants, and whether service delivery may be impacted. Some positions may not be suited for home-based work. These positions may include, but are not limited to positions that:

- Are predominantly participant-facing;
- Need on-site access to Company information, equipment or systems;
- Require a high degree of supervision to perform the role efficiently; and
- Require worker members to undertake management responsibilities.

Policies and Procedures

Worker members who work from home are to comply with all Company policies and procedures and do all things reasonably necessary to ensure the Company may comply with all such policies and procedures. If at any point an employee working from home is unable to access policies and procedures relevant to their work, they should contact the Company. Likewise, if an employee feels a policy or procedure does not adequately address a circumstance or issue they face in relation to working from home, this should be raised with their manager as soon as practicable. Failure to comply with Company policies and procedures may result in disciplinary action, up to and including termination of employment.

Zoning

It is the employee's responsibility to ensure that no zoning restrictions, or other similar regulatory instruments, prevent or restrict the employee from working from home (e.g. local government zoning restrictions). When an employee applies to work from home, the Company is entitled to assume the employee has made all appropriate enquiries in relation to these issues and has disclosed any restrictions that may apply. The employee must also report any changes to zoning restrictions or other regulations that may affect the employee's ongoing ability to work from home. The employee must also comply with any zoning or regulatory conditions that do apply.

Property and Equipment

Where an employee requires additional equipment to work from home, the employee should discuss these requirements with his or her HR Manager. Where it is agreed that the equipment is necessary, the equipment will be provided at the Company's expense, subject to this policy and any reasonable conditions.

All property and equipment belonging to the Company, or which the Company provides to an employee to assist them to perform home-based work, must only be used as authorised by the Company. Such equipment must be stored safely and securely and must be treated with all due care by the employee. This includes taking all reasonable security precautions in the home to prevent burglary, theft, loss or damage.

Any fault, failure, damage or loss relating to the Company's property or equipment must be reported to the Company immediately. Where an employee's negligence leads to loss or damage of property or equipment, the Company is entitled to reasonable reimbursement. This may include repayment of any insurance excess paid by the Company.

At any time, the Company may require the return of any property or equipment it has provided. Where authority to work from home is revoked, or where employment ends, all such property and equipment must immediately be returned to the Company, or otherwise dealt with as the Company specifies.

Insurances

Where the Company's public liability and other insurances do not fully cover the WFH agreement (including property and equipment), those insurances policies may need to be extended. Worker members are responsible for third parties who visit their home-based worksite and therefore may agree to take out their own public liability insurance. The Company may require an employee to provide evidence of any personal insurance policies which provide coverage for the WFH agreement.

Worker members should be aware that working from home may affect their domestic insurance coverage. It is the employee's responsibility to check these issues with their own insurer. The Company does not take any responsibility for the impact that working from home has on such insurances.

Workplace Health and Safety

The Company must ensure the provision and maintenance of a work environment without risks to health and safety, so far as is reasonably practicable. Where an employee works from home, their home becomes a workplace for the purposes of workplace health and safety legislation and it becomes less practicable for the Company to monitor and maintain safety in that workplace. In turn, it increases the onus on individual worker members who are working from home, both to take reasonable care for their own health and safety, and to ensure their work from home does not adversely affect the health and safety of others. This includes being diligent in assessing and reporting risks, as well as consulting and co-operating with the Company about work health and safety matters. The following minimum steps are required:

- A risk assessment should be undertaken before an employee is allowed to work from home. Where an existing employee has already commenced working from home, a risk assessment should be scheduled as soon as possible. Periodic and occasional workplace inspections may also be conducted by the Company.
- The employee is to allow Company representatives to inspect their home workspace at any time during work hours, or at other times as agreed (including any incidental areas which may be used during breaks, such as kitchen and bathroom facilities).
- Where a risk is identified, the employee and the Company should consult about and take steps to eliminate or control the risk (e.g. installation or provision of suitable equipment, training in safe use of equipment, tagging of electrical equipment, elimination of fire hazards etc.)
- The Company should ensure that adequate first aid facilities are provided when the employee is working from home. This requires the provision of a First Aid Kit (unless the employee provides and maintains an acceptable kit) and may include First Aid training.

- Specific procedures and policies may need to be developed for the particular home environment. In particular, the Company must develop an emergency & evacuation plan specific to the location.

The employee must:

- Keep the home-based worksite clean and free from obstructions;
- Comply with the Company's policies, procedures and directives in relation to health and safety matters;
- Take reasonable care for their own health and safety;
- At all times, ensure they have access to a telephone to allow for immediate contact with emergency services and/or the Company should it be required;
- Take reasonable care to ensure their home-based worksite does not adversely affect the health and safety of others (including, for example, family or household members, including children, or visitors to their home); and
- Notify the Company if they experience any safety related issues or concerns in relation to the WFH arrangement and consult and co-operate with the Company to resolve these where reasonably practicable.

Attendances at the Office

Even where an employee is allowed to work from a home-based worksite on an ongoing basis, the employee may be required to attend the Company's offices or other venues at any time during work hours.

Working Hours

Part of the reason for allowing work from home is to provide the employee with flexibility. In some cases, this may include flexibility of working hours. However, the Company is also required to ensure that the working hours of all worker members do not breach legislative and award requirements (including rules about meal breaks, overtime and penalty rates). Also, the Company has a general obligation to ensure that working hours are safe and healthy. In light of these obligations, the Company expects worker members to comply with all working hours directives while they are working from home. The Company may also require worker members to nominate and/or record their working hours.

Childcare and Domestic Duties

Working from home may assist an employee to balance family responsibilities, for example by reducing or eliminating travel time between home and work. However when working from home, except during authorised breaks, an employee remains expected to devote the whole of their time, skill and attention to work matters, as they would if working in the office.

Where an employee wishes to vary the times during which they will perform work at home to accommodate family responsibilities better (e.g., splitting work hours around childcare responsibilities), the Company must first approve the changes. To confirm the hours that will be work hours and

differentiate them from personal time, the employee may be required to vary their employment contract.

Performance Management

The Company's usual performance management systems will continue to apply to worker members working from a home-based worksite. Additional systems may be implemented specifically to assess the WFH agreement.

Where an employee experiences any direct or indirect performance problems with a WFH agreement, this should be reported to HR Manager. Such problems may include things like:

- communication difficulties or delays when dealing with the office;
- frequent distractions which interfere with work (e.g. interruptions by visitors, family members or other residents);
- general feelings of isolation from interaction with co-workers.

Breach of this Policy

Any employee who is found to have breached this policy may be subject to disciplinary action, up to and including termination of employment.

h. ALCOHOL AND OTHER DRUGS POLICY

1.0 PURPOSE AND SCOPE

CLEAR CARE is committed to providing a safe, healthy and productive work environment. The Company also endeavours to maintain a positive professional profile with customers, suppliers and other members of the public. It is Company's policy to promote and maintain a workplace that is free from the risks associated with alcohol and other drugs and to support the health and wellbeing of all persons in the workplace.

This policy and procedure applies to the Management, and any additional worker, students, contractors and volunteers.

2.0 POLICY

Definitions

For the purposes of this policy:

- **Drugs** means Prohibited Drugs and Non-Prohibited Drugs;
- **Non-Prohibited Drugs** means prescriptions or over-the-counter drugs;
- **Prohibited Drugs** means all drugs whose use, possession, sale or manufacture is prohibited by law;
- **Workplace** (for the purpose of this policy) means any of the Company's premises; the premises of the Company's customers and suppliers; the premises of a Company function or event; a Company owned or leased motor vehicle and any venue at which the person is acting as a representative of the Company.

Non-Prohibited Drugs

- If a person is required to take a Non-Prohibited Drug he or she must consult his or her doctor or pharmacist prior to taking the Non-Prohibited Drug to learn of any side effects that may affect the person's ability to perform normal duties and maintain a safe working environment.
- If a person is required to take a Non-Prohibited Drug that may potentially impair his or her ability to drive, operate machinery or equipment or otherwise perform work safely, the person must notify his or her relevant Manager of the medication and its likely affects. Such notification must be given before the person commences work under the influence of such Non-Prohibited Drug.

A person:

- Must ensure that any Non-Prohibited Drug is taken strictly as directed; and
- Must not operate plant or equipment where the safety or welfare of the person or others may be at risk.

The Company reserves its right to require a person to undergo a medical assessment by the Company's choice of medical practitioner for the purpose of ascertaining the effect of the Non- Prohibited Drug on the person's ability to perform his or her work in a safe manner.

When requested by the Company, a person is required to submit to examination by the Company's choice of medical practitioner and authorise the Company and the examining medical practitioner to exchange information relating to his or her work or employment at the Company and the examination findings.

If a person has been taking a Non-Prohibited Drug and then, whether on instruction from a medical practitioner or otherwise, discontinues the use of the Non-Prohibited Drug, the person must notify his or her relevant Manager of the likely affects of discontinuing use of the Non- Prohibited Drug, if discontinuing use of the Non-Prohibited Drug may potentially impair his or her ability to drive, operate machinery or equipment or otherwise perform work safely. Such notification must be given before the person discontinues the use of such Non-Prohibited Drug.

Prohibited Conduct

The following conduct will constitute serious misconduct and may be grounds for a person's summary dismissal and/or removal from the Workplace:

- the use or possession of Prohibited Drugs at the Workplace:
- making an offer to sell Prohibited Drugs or Non-Prohibited Drugs at the Workplace.

The Company may take whatever other action it deems necessary, or action it is required to take by law when dealing with allegations of prohibited conduct by persons covered by this policy.

Being Under the Influence of Prohibited Drugs or Alcohol

All persons must be free from the influence of Prohibited Drugs whilst at the workplace and/or whenever operating Company equipment.

Alcohol may only be brought on site with prior approval of the Manager who will specify the conditions under which alcohol will be permitted.

Requirement to Hold Valid Motor Vehicle License

Where a person is required to operate a registered motor vehicle on a public road as part of his or her work, the person must report to his or her Manager any matter that results in him or her ceasing to hold a current driver's licence (including suspension) due to an Alcohol or Drug- related driving offence.

Testing for Alcohol and Other Drugs

Where the Company has reason to suspect that a person is under the influence of Alcohol or Drugs in possible contravention of this policy, the Company may direct the person to undergo an Alcohol and/or Drug test.

If a person is directed to participate in an Alcohol and/or Drug test and he or she refuses to undergo such a test, this may be considered to be a refusal of a reasonable and lawful direction which may result in disciplinary action which may include termination of employment or services for refusal to obey a lawful and reasonable direction.

Breach of this policy

Any employee who is found to have breached this policy may be subject to disciplinary action, up to and including termination of employment.

ASSESSMENT, PLANNING AND REVIEW POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure sets out the approach to assessment, planning and review in respect to participant support plans, once a person has been offered and accepted CLEAR CARE 's services.

This policy and procedure applies to the all potential and existing CLEAR CARE participants, their family members and carers, and other relevant stakeholders.

2.0 POLICY

- This policy and procedure aligns with the planning requirements as set out in the *Disability Act 2006 (Vic)* and *NDIS Act 2013 (Cwlth)* of participation, choice and control, engaging as equalpartners in decisions and including families, carers and other significant people.
- Should a person request assistance with support planning that is beyond the scope of this policy and procedure, the person should be directed to a relevant support coordinator (see point above). Referral and support to connect the person to the relevant agency or service provider will be provided within a service benchmark of 5 working days.

3.0 PROCEDURE

Overview

- Worker involved in assessment, planning and review activities have the relevant skills (or the capacity to acquire skills) in order to provide:
 - Active engagement and early intervention strategies, including with families;
 - Strength-based planning, assessment and review;
 - Holistic and collaborative approaches to service delivery; and
 - Capacity building of families and carers.

All documentation relating to assessment, planning and review will be maintained on participant files.

- During all assessments, planning and review activities, worker will discuss participants' rights and responsibilities with them. They will confirm participants' understanding verbally, using an interpreter or advocate where required.

- Worker will advise the person of their right to involve a support person in their dealings with CLEAR CARE , including assessment, planning and review processes. This may also be an appropriate person is sensitive to and understands their cultural needs.
- Where required, participants will be provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. See *Decision Making and Choice Policy and Procedure*.
- In accordance with the *Privacy and Confidentiality Policy and Procedure*, respect for and protection of participants' privacy and confidentiality will be reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.
- If necessary and with the participant or their supporter/s consent, other parties such as service providers who deliver existing or complementary services to participants will be included in assessment, planning and review activities.
- Worker will take into account the participant's wishes in regard to accepting or rejecting particular support options.

Assessment and Planning

- Following their Intake Interview, where a participant is offered services and accepts, worker will work with the participant and their supporter/s to assess their needs, develop and agree upon a Service Agreement.
- Worker will meet with the participant and their Circle of Friends as soon as practicable for an Assessment and Planning Interview.
- CLEAR CARE will engage in joint assessment and planning activities where the NDIS, Local Area Coordinator, Support Coordinator or Plan Management provider in negotiating appropriate supports for the participant. All activities undertaken with, or on behalf of, the participant will be documented in the participant file.
- The *Participant Service Information and Support Needs Assessment* will take into account:
 - The participant's needs (including health, wellbeing and safety needs), goals and longer- term aspirations;
 - The supports that CLEAR CARE can provide to meet those needs, goals and aspirations.
 - The participant's preferred links to family, friendships and other support networks.
 - The participant's and their supporters' age, ability, gender, sexual identity, culture, religion or spirituality.
 - Any barriers to community participation and strategies that could be put in place to help participants overcome them;
 - How, when, and where the participant requires the supports to be delivered; and
 - The participant's NDIS Plan.
- Where possible, services provided to participants will:
 - Support them to develop, maintain and strengthen independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances; and

- Help participants to take control of and responsibility for their choices and enhance their autonomy, independence and community participation.
- Where required, worker will identify and provide referrals and linkages in accordance with the *Information, Advice and Referrals Policy and Procedure* to other services and activities that will enhance the participant's community participation and provide support and assistance to help them access these, including training, employment, health, wellness, cultural and community services.
- Worker will work with the participant and their supporter/s to formalise the supports to be provided in an *NDIS Service Agreement*.
- Worker must ensure the participant (and their supporter/s) understands their Service Agreement, or is supported to understand it, and provide the participant a copy. A copy will also be kept on the participant's file.
- The participant must sign the Service Agreement before service delivery can commence.
- Worker will complete a *Participant Risk Assessment* with the participant (and their carer/support person) prior to the delivery of services.
- All worker working with a participant must be aware of the contents of individual plans and any identified risk and safety issues for the people they provide support to.

Review

- Worker, with the relevant stakeholders, will review the provision of supports for each participant quarterly with the participant and their supporter/s, or at any time where the participant's needs have changed. The participant can also request a review at any time.
- Participants are encouraged to be actively involved and participate in the monitoring and review of their assessment and planning and will be provided access to support during these processes (including to support person/s who are sensitive to and understand their cultural needs).
- Reviews will include:
 - Case conferences/case management meetings with other stakeholders occurring prior to the review with the participant (and their support person where applicable)
 - Assessing changes to the participant's needs (including health, wellbeing and safety needs), goals and longer-term aspirations;
 - The participant's progress towards addressing their needs and achieving their goals;
 - Assessing whether the participant has been given opportunities to meet their goals
 - Recognition and celebration of the participant's progress;
 - Any barriers to community participation and strategies to help participants overcome them;
 - Whether a change to the supports provided is necessary.
- Reviews will consider the participant's NDIS Plan and incorporate any changes to the Plan where practicable.

RELATED DOCUMENTS

- CLEAR CARE Duty of Care Policy and Procedure
- CLEAR CARE Position Descriptions
- CLEAR CARE Service Delivery Policy and Procedure
- Participant's Service Agreement with CLEAR CARE
- Participant Intake and Information Form
- Participant Risk Assessment
- Participant Service Information and Support Needs Plan
- Participant Goal Progress
- Participant Review Form

SERVICE DELIVERY POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

The purpose of this policy and procedure is to describe person-centred principles that guide the service delivery to participants of CLEAR CARE .

This policy and procedure applies to all potential and existing CLEAR CARE participants, their family members and carers, and other relevant stakeholders.

2.0 POLICY and PROCEDURE

- All aspects of CLEAR CARE 's person-centered service delivery promote participants' active participation in their community and support participants to develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances.

2.1 Statement

- CLEAR CARE promotes a person-centred approach to its service delivery whereby individuals lead and direct their services and are supported to maintain connections with their family, friends and communities.
- CLEAR CARE supports participants to own and have full access to their own possessions.
- CLEAR CARE recognises the importance of carers, and respects the carer as an individual with his or her own needs; and that the carer has special knowledge of the person in his or her care.
- CLEAR CARE is committed to the involvement of carers in the services provided to the participant.
- CLEAR CARE will communicate with participants to develop a response plan to any natural disaster or interruption of participant services as they occur to deliver supports to an agreed arrangement that is suitable to CLEAR CARE participants and worker.

2.2 Service Delivery Process and Principles

- CLEAR CARE will assist all participants to reach their desired goal/s through collaborative and innovative processes with participants decision making and choice at the Centre of service delivery.
- CLEAR CARE workers will maintain records of participants' progress towards their goals in the Participant Goal Progress template. These records will be written from the participants perspective on what they achieved, liked or disliked during their session with CLEAR CARE workers.

- Where required, worker will identify and provide referrals and linkages to services and activities that will enhance people's community participation and provide support and assistance to help participants access these. See CLEAR CARE 's

Providing Information, Advice and Referrals Policy and Procedure.

- Where possible, CLEAR CARE services will support participants to develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances.
- CLEAR CARE will work collaboratively with disability-specific and mainstream services to provide holistic service delivery to its participants.
- CLEAR CARE will use a strengths-based approach to identifying individual participant needs and life goals, particularly in relation to recognising individuals' capacity to develop their independence, problem solving, social and self-care skills.
- CLEAR CARE will take all practicable measures to ensure that carers are involved in service delivery to the participant.
- Active decision-making and individual choice is supported for each participant including the timely provision of information using the language, mode of communication and terms that the participant is most likely to understand.

Aboriginal and Torres Strait Islander (A&TSI) and Culturally and Linguistically Diverse (CALD) Specific Service Delivery Principles

- CLEAR CARE is committed to supporting participants from Aboriginal and Torres Strait Islander (A&TSI) and Culturally and Linguistically Diverse (CALD) backgrounds to maintain and strengthen their connection to their community, their spiritual and language connections.
- Worker will identify and provide referrals and linkages to community services and activities operated by or for A&TSI and CALD people to support participation in cultural, sporting and community events (where appropriate) and maintain their cultural identity and connection to community.
- CLEAR CARE will work collaboratively with A&TSI and CALD services to provide holistic service delivery.
- CLEAR CARE will use a strengths-based approach to identifying individual participant needs and life goals, particularly in relation to recognising the importance of family, extended family, kinship and community ties and recognise the importance of people's ties to their culture, spirituality and language.
- Worker are encouraged to access the following resources on cultural competency:

<http://www.ceh.org.au/framework-cultural-competence/>

Interpreters and Translation

- Where appropriate or requested, CLEAR CARE will engage with interpreters and translation services to assist the participant's understanding of the service.

RELATED DOCUMENTS

- CLEAR CARE Duty of Care Policy and Procedure
- CLEAR CARE Position Descriptions
- CLEAR CARE Assessment, Planning and Review Policy and Procedure
- Participant's Service Agreement with CLEAR CARE
- Participant Intake and Information Form
- Participant Risk Assessment
- Participant Service Information and Support Needs Plan
- Participant Goal Progress
- Participant Review Form

WORKING WITH CARERS AND FAMILY MEMBERS POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

The purpose of this policy is to outline CLEAR CARE 's approach to the inclusion of carers and family members in the planning, delivery and review of services.

This policy applies to all potential and existing participants, their family members, carers and other supporters.

2.0 POLICY

- CLEAR CARE aims to provide services that will have a continuing positive effect on participants. As such, CLEAR CARE recognises the important role of significant people in the wellbeing of people with a disability, and in the participant's life overall. CLEAR CARE will implement processes identify family members/carers as soon as possible in all service episodes, and that maintain an ongoing relationship with family members/carers as partners in service delivery, with participants consent (where appropriate).

3.0 PROCEDURE

Ways in which CLEAR CARE will support family members/carers can include (but is not limited to):

- Participants will be invited to identify their family members / carers during their initial contact with CLEAR CARE.
- Where service to children are provided, information and supports are provided in a clear, easy to understand and flexible manner by integrating the support into the child's everyday routine.
- Family members/carers will be provided with and have access to information on respite services, counselling, crisis support, education, and training to maximise their wellbeing and ability to care and advocate for the participant.
- Identifying family members/carers as soon as possible and ensuring this is recorded in the participant's record.
- Reviewing family member/carer information regularly throughout service delivery.
- Providing training and support, if required, to family members / carers to maximise their participation in the service.
- Promoting and developing the strengths of the family and assisting them to develop their own network of formal and informal resources.
- Ensuring that the needs of family members/carers who are supporting children or aged persons are met

- Engaging with family members/carers prior to the participant exiting CLEAR CARE services to provide them with information on crisis management and services that can provide ongoing support to them.

If a participant refuses or does not wish to nominate a family member / carer during the initial access process, CLEAR CARE will review this at each service review.

If a participant does not wish to nominate a family member/carers at any point during their service, this will also be respected, and comply with the any other relevant legislation or requirements. Information, in this case, will only be provided to family members/carers:

If participants do not provide their consent for a carer to be involved/have knowledge of their service, CLEAR CARE should still engage with family members/carers. Carers may still have very high needs for support. In this case, family members/carers can still participate without breaching participant confidentiality decision.

CLEAR CARE can provide participant information in general terms, and provide reassurance about the supports that monitor the participant's wellbeing and opportunity for family members / carers to present their issues or needs in order to assist the participant in meeting their goal/s and developing their daily living and life skills.

Working with children and their families

Where CLEAR CARE provides services to a child, CLEAR CARE recognises the importance of a family's involvement in the service provided in order for the best possible outcomes for the child. CLEAR CARE is committed to:

- working with the family to inform and strengthen their participation in, and contribution to, the child's learning and development
- recognising and acknowledging the expertise and knowledge of the family about the child
- building the confidence of family members to understand how family routines and everyday activities can support the child's development through capacity building, coaching and collaborating with other service providers
- assessing the child's development and focusing on the child's function in their everyday routines and activities in their natural learning environments.
- ensuring that support plans are flexible and customised to suit the child's and family member's preferences and learning styles
- promoting supports that include the child in daily routines in their natural learning environment
- collaborating with the family and other providers to support the coordination of supports provided
- working with the family and other providers where the family wishes to engage a key worker, to identify an appropriately skilled and experienced worker.
- sharing information, knowledge and skills with the family, and other providers where consent has been provided to do so
- respecting and valuing feedback from the child, family and other professionals to improve service delivery.

NOTE: At all stage of involving family / carers in participants achievement of their goals, CLEAR CARE is committed to ensuring its worker are appropriately trained and knowledgeable in ways in which to provide family member / carer support, including ensuring worker are trained in cultural competency, are aware of cross- organisational and community linkages, and can access resources and information for family members / carers.

RELATED DOCUMENTATION

- CLEAR CARE Duty of Care Policy and Procedure
- CLEAR CARE Confidentiality Policy and Procedure Policy& Procedure
- CLEAR CARE Service Delivery Policy and Procedure
- Participants Intake and Information

HANDLING PARTICIPANT MONIES

POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure provides guidelines for CLEAR CARE worker in relation to the handling and where appropriate, management, of participant's funds.

This policy applies to all worker, contractors and volunteers. Plan Management services are not in the scope of this policy.

2.0 RISKS

Where participants require worker assistance in managing their funds, there exists:

- a risk of worker mismanaging participant funds accidentally or purposefully;
- a risk of participants wrongfully accusing worker of mismanagement;
 - a risk of misjudging the balance between duty of care and dignity of risk; and thus
- a risk to the rights of the participant; and
- a risk to the reputation, trust and effectiveness of the service.

3.0 POLICY

CLEAR CARE is committed to:

- ensuring that participants are supported to manage, control, access and spend their own money as they determine.
- ensuring that where worker have access to a participant's money or other property, that it is managed, protected and accounted for.
 - exercising a duty of care to ensure that participants funds are not exploited or disadvantaged. A participant's funds cannot be legally managed by another person unless:
 - the participant has competently assigned management to that person
 - an order has been made by the Courts or the Victorian Civil and Administrative Tribunal or Guardianship Board
 - the person has been appointed as a Centrelink nominee under the Commonwealth *Social Security (Administration) Act 1999*, which allows the person to receive social security payments on behalf of another.
- CLEAR CARE worker will not informally manage participant funds without the explicit consent of the participant and authorisation from Management.
- Participants' money or other property will only be used with the consent of the participant and for the purposes intended for the participant.
- CLEAR CARE will not provide financial information, advice or information other than that which would reasonably be required under the participant's plan.

- Participants should manage their own funds wherever possible. Worker should not manage or make decisions regarding participants' funds if participants are capable of doing so themselves, including providing financial information or advice other than that which would be reasonably required under the participant's plan.
- CLEAR CARE systems will include appropriate checks and balances to ensure the safeguarding of participants from being exploited, and to protect worker from allegations of financial mismanagement:
 - Participants who rely on worker for managing their money must have an account with a savings institution that records all transactions.
 - Participants' funds held onsite should be kept in a secure location.
 - A worker member who was not involved in the transactions must verify that participants have received the goods and services that have been purchased.
 - Worker cannot accrue benefits for themselves from managing participants' funds.
 - Family members or advocates must be involved in decisions concerning the expenditure or investment of significant amounts of participants' funds.
- All worker are expected to demonstrate a high level of ethical conduct in both their duty to the participant and to CLEAR CARE .All worker are required to maintain absolute confidentiality in respect of participant's funds and accounts.

4.0 PROCEDURES Person-centred Principles

In general, person-centred principles govern the handling of participant monies. Worker should 'do with' not 'do for', supporting participants to:

- lead and direct transactions;
- actively participate in the transaction and their community;
- take control of and responsibility for their choices;
- develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances.

Community Participation

Meals and Entertainment

- Worker must pay for their own take away, fast food and restaurant meals purchased when accompanying participants in the community.
- The use of a companion card is encouraged to cover the cost of entry into venues/entertainment for a worker member when the worker member is accompanying a participant as part of their individual plan.
- Where a companion card is not available or accepted, the cost will be paid by CLEAR CARE. To arrange reimbursement, the worker member must forward a receipt and request for payment form to their manager for approval.
- A worker member must not allow a participant or their family to pay for a worker member's entrance to any venues or entertainment.

Supported Independent Living

Budgeting

- Participants should manage their own funds wherever possible. Worker should not manage or make decisions regarding participants' funds if participants are capable of doing so themselves.
- Incidental Spending Money for Participants should be determined on a case-by-case basis.
- Signatories to individual participant's accounts must satisfy themselves that requests for the withdrawal of funds are for genuine purposes and for the benefit of the participant concerned. Where possible such requests should be in writing from the worker making the request.
- Signatories must not sign blank withdrawal forms.
- Any discrepancies in procedures should be brought to the attention of the Management as soon as possible.

Participant Bank Accounts

- All adult participants, wherever possible, should have an account in a financial institution:
 - held in their own name
 - through which participants receive their income, including pensions, gifts etc; and
 - through which all significant payments are transacted.
- Where possible a system of direct debits should be implemented for all individual participants' accounts.
- Participants' finances should be managed through passbook accounts without access via credit cards, debit or other plastic account identification cards, or automatic teller machines.
- Worker may not use a participant's PIN or other access codes when assisting a participant to manage their funds.
- All accounts, which have worker involvement, should require at least two approved signatures for any withdrawal of funds.

Safeguarding Participant Funds

- The amount of individual participant funds held on site should be kept to a minimum.
- All participant expenses require written receipts. It is the responsibility of the Management (or delegate) to ensure that all receipts are available for checking.
- Participants' funds which are managed by worker members should be checked at least monthly, by an independent worker member (i.e. a worker member who was not involved in the transactions). Debits, withdrawals, and expenditure should be checked against receipts. Spot-check audits should be performed by an independent worker member, or other nominated employee at least annually.
- Monthly financial reports should be prepared on all participants' funds and financial transactions, for the information of the Management, where appropriate.
- Participants' cash funds and bankbooks, where possible, should be held by the participants themselves. Where this is not possible, they should be stored in a safe place. The items are not to be kept, left or stored anywhere

except in the stated location. Changes in signatories to individual participant's accounts need to be made as soon as a present signatory ceases in their current role. Copies of completed 'Change of Signatory Forms' are to be checked by an independent worker member before they are lodged with the financial institution.

- Any discrepancies in these procedures, participants' accounts or moneys are to be brought to the attention of the Management, as soon as possible after their discovery.

Participant Expenses and Purchases

- **UTILITIES:** The cost to participants for utilities and other regular expenses will be calculated according to formulae agreed to by the participant (e.g., the total bill divided by the number of participants). Participants are required to reimburse the organisation for all bills and payments according to the agreed formula.
- **PERSONAL USE ITEMS:** Participants are responsible to pay directly for any personal services and items purchased (e.g., medical bills, medications, community access services charges, special soaps, shampoos, perfume etc., unless otherwise agreed in writing by the Management).
- **COMMON USE ITEMS:** Where worker assist with the purchase of significant items for use in common areas (e.g., sound systems, fridge, TV etc.), they should discuss with participants, families and advocates:
 - rights of ownership,
 - maintenance responsibilities,
 - operation, risks, etc.

Prior to commencing the purchasing process, the above issues should be resolved; understandings reached should be documented and approved by the Management.

Roles and Responsibilities

Worker directly involved in managing participant funds are responsible for:

- Assisting participants with budgeting and the purchase of goods and services.
- Exercising a duty of care to prevent the exploitation of participants whilst respecting the dignity of risk.
- Facilitating the withdrawal of funds for incidental expenses and specific purchases, and compiling receipts for purchases made by participants.
- Checking funds kept on site and ensuring the safe storage of such funds.
- Reporting to the Management any discrepancies and, unusual bank withdrawals or expenditure.
- Assisting with participants' banking and payment of bills.
- Ensuring appropriate amounts of incidental spending money for participants.
- Ensuring funds and receipts are held securely on premises and are readily accessible for regular and spot audits.
- Worker involved in monitoring participant funds:
 - Undertaking regular audits of participants' funds.
 - Monitoring money management systems on sites and ensuring that the processes are accountable.
 - Providing families and guardians with reports about participants' funds on an as required basis.
 - Reporting to the Management any discrepancies or deficiencies in the money management system.
 - Checking participants' income against their entitlements.

- Checking that participants' incomes and gifts are deposited in the correct accounts.
- Checking the appropriateness of charges levied by the organisation against participants.
- Checking deposits and withdrawals from participants' accounts against funds received and payments made.
- Checking payments made and goods and services purchased against receipts.
- Checking the appropriateness of signatories of participants' accounts.
- Preparing for the Management, monthly reports of all audits performed.
- Preparing financial statements as required.
- Collating and storing all current and previous checked and audited accounts.

Monitoring and Review

- This policy and procedure will be reviewed at least annually by the Management Team and incorporate worker, participant and other stakeholder feedback as well as participant file audits, to assess alignment between documented processes and actual practice.
- CLEAR CARE 's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and feed into the service planning and delivery processes.

RELATED DOCUMENTATION

- CLEAR CARE Participant Rights and Responsibilities' Policy and Procedure
- CLEAR CARE Duty of Care Policy and Procedure
- CLEAR CARE Confidentiality Policy and Procedure Policy& Procedure
- CLEAR CARE Service Delivery Policy and Procedure

WORKING IN PARTICIPANT HOMES

POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure seeks to minimise risk to worker health and wellbeing whilst using equipment in participant's homes.

This policy and procedure applies to all worker, contractors, volunteers and student placements.

2.0 RISKS

Risks to worker working in participant homes are increased due to use of unfamiliar equipment in an unfamiliar (and sometimes unsuitable) work environment.

As worker might not be apprised of changes to the environment and equipment, worker need to exercise caution and conduct risk assessments prior to beginning each task.

3.0 POLICY

Where CLEAR CARE delivers services in participants' homes it is responsible to minimise risk to worker providing supports. CLEAR CARE will conduct an initial risk assessment in consultation with participants, and other stakeholders (as appropriate) and identify potential hazards and put appropriate controls in place prior to commencing service delivery.

Risks will change over time: CLEAR CARE workers should assess risks as they deliver services and report any risk to participant and worker health and wellbeing as they emerge.

4.0 PROCEDURE

Responsibilities

Safety and wellbeing are shared mutual responsibilities (see *Participant Rights and Responsibilities Policy and Procedure*). CLEAR CARE and participants, their carers and their families should work together to provide a safe environment for workers.

CLEAR CARE should:

- clearly communicate and understand what services are to be provided;
- assess additional services before delivery;
- review an activity that may have changed to ensure the controls are still working or need to be altered;
- document the daily monitoring of the service using various methods (e.g. a communication folder/book or electronically) particularly where there are several service providers or several community workers for a particular participant.

Participants and/or carers (and landlords – where appropriate) should:

- maintain a safe work environment (e.g. repair broken steps, mow long grass, restrain animals, provide adequate lighting)
- look after their own in-home safety (e.g. maintain electrical equipment and install smoke alarms and safety switches to switchboards)
- cooperate with service providers and workers to ensure safe work procedures and a safe work environment (e.g. move furniture to allow adequate work space, use lifting equipment based on assessed needs)
- keep their equipment safe, well maintained and in good order
- inform service providers and others of any known hazards.

Risk Assessment (Pre-service)

Where CLEAR CARE delivers services in participants' homes it will conduct an initial assessment of possible domestic hazards, prior to commencing service delivery.

The risk assessment will be conducted in consultation with (as appropriate):

- participants,
- their families and carers
- landlords and other stakeholders
- other services providing supports, where possible.

CLEAR CARE will see that adequate controls are put in place prior to commencing service delivery.

The risk assessment will follow the 5-step Risk Management Process (see *Risk Management Policy and Procedure*)

- Identify hazards.
- Analyse: Assess and prioritise risks.
- Treat: Implement controls to eliminate or mitigate the risk.
- Monitor and review: Continually monitor and evaluate the risks and treatments to maintain their effectiveness and appropriateness.
- Report: Provide regular reports to the organisation and stakeholders.
(Consultation should be carried out at each step of this process)

If the assessment shows that workers are exposed to significant risks, CLEAR CARE will determine whether they need to modify or suspend that particular service until the risk has been adequately controlled. Participant advocacy groups are available to work with all parties to address the issues.

Risk Assessment (On-going)

Responding to changes

Changes will sometimes occur which can affect workplace health and safety.

Changes which may affect worker health and safety include the following:

Changes in participant's health

Illness, injury and other changes to a participant's health status, should be monitored as a potential source of risk to workplace health.

Worker will:

- regularly monitor the participant's health status
- inform their supervisor and initiate the need for a review of the care plan.
- reassess their activities to ensure the risks are controlled.

- discuss the need for changes with the participant and their families.

Changes to the home environment

A participant's home environment can change between visits. Changes may include:

- positioning of furniture
- inoperable electrical equipment
- people or animals are now present.
- altered storage patterns.
- spills or leaks
- new equipment or furniture
- obstructed access.

Workers need to:

- determine at each visit the safety of the participant's home as a workplace before commencing duties.
- undertake a visual scan of the participant's home immediately on arrival, and of the equipment before use.

Changes to service arrangements

Changes to service arrangements could include:

- changes in the service required
- requested worker change by participant or by worker
- changes in alternate service provider.

Where time does not allow normal assessment and planning, CLEAR CARE will:

- complete a provisional assessment
- make interim arrangements
- follow up with long-term arrangements.

CLEAR CARE will indicate its expectations for managing risk prior to commencing service delivery.

Reporting incidents

All incidents involving worker and participants will be reported as per the *Incident Management Policy and Procedure*.

Reportable incidents include:

- injuries to participants or workers
- emergency situations
- near miss incidents where there is no injury but requires preventative action.

Worker induction will include training in CLEAR CARE's Incident Management procedures

CLEAR CARE will include all incidents recorded in the *Incident Register* in its WH&S review as regulated in the *Internal Audit Schedule*.

Electrical equipment

Worker should follow the *Electrical Safety Policy and Procedure* wherever possible.

CLEAR CARE is responsible for the testing and maintenance of equipment it provides for use in participant homes. Worker should:

- report faults and suspected faults immediately
- treat CLEAR CARE electrical equipment left in participant residences as detailed below.

Where CLEAR CARE worker must use the participant's electrical installation and electrical equipment (i.e. power points, lights, extension leads etc), they should:

- Visually inspect the electrical installation to satisfy themselves as to the electrical safety of the installation, paying particular attention to details such as damaged or missing parts and burning or discolouration of the electrical fittings in the installation (e.g. damaged light switch or cracked power point).
- Avoid using the participant's electrical equipment (i.e. electric kettles, vacuum cleaners, extension leads etc) if possible, as CLEAR CARE is not in control of the electrical condition of this equipment.
- Connect participant equipment via a compliant safety switch. If the participant's residence is not fitted with a safety switch – or if uncertain – worker should use their own portable safety switch.

Hazardous substances/chemicals

All chemicals are hazards that should be identified and managed.

There are a number of chemicals used in community service work, particularly for cleaning, laundry and gardening tasks. Some of these chemicals may be hazardous with the risks increased in areas with poor ventilation (e.g. shower alcoves, ovens or small gardening sheds). The effects from exposure to hazardous substances can range from minor skin irritation to chronic diseases such as occupational asthma and various forms of cancer.

Disinfectants and cleaning solutions are a common cause of chemical injuries among workers in the home environment. Substances, like sodium hypochlorite (bleach) are an irritant and, in high concentrations, may cause burns to the skin, mucous membranes and eyes.

Where worker use chemicals supplies by participants, they should:

- avoid using chemicals that have been decanted into another container
- read the first aid information and precautions on the label before use;
- note any adverse reactions to chemical use; and
- consult with participant about replacing the product or designing the task where possible
- report adverse reaction as an incident to be documented in the *Incident Register*

Medications

Medications, except for a few such as cytotoxic (anti-neoplastic) drugs, are not classified hazardous substances.

RELATED DOCUMENTS

- Participant Rights and Responsibilities Policy and Procedure
- Participant Participant Support and Services Information Plan
- Participant Service Agreement
- Participant Risk Assessment
- Participant Home Risk Assessment

WORKPLACE HEALTH AND SAFETY POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure demonstrates CLEAR CARE 's commitment to providing a workplace that is safe and minimises risks to the health and wellbeing of worker, participants, their families and all other stakeholders.

This policy and procedure applies to the Management, and any additional worker, students, contractors and volunteers.

2.0 DEFINITIONS

Workplace – any place where work is carried out on behalf of CLEAR CARE.

Duty of care – A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of CLEAR CARE 's worker to provide participants, students, volunteers, contractors and anyone visiting the service with an adequate level of care and protection against reasonably foreseeable harm and injury.

3.0 POLICY

- CLEAR CARE will conduct its activities in such a way as to provide an environment which, so far as possible, protects the health, safety and welfare of all people at the workplace and actively encourages safe working practices. To achieve this, every effort will be made in the areas of accident prevention, hazard control and removal, injury protection, health preservation and promotion. These aspects of working conditions will be given priority in organisational plans, policies and procedures, job instructions.
- No task is so important as to compromise health and safety. Adequate consideration must be given to determine a safe and healthy work method for each activity undertaken.
- CLEAR CARE is committed to ensuring that:
 - All relevant legislation and statutory requirements, codes of practice and Australian Standards are complied with;
 - Health and safety awareness and the development of hygienic and safe work practices are promoted;
 - Information, training, instruction and adequate protective equipment are provided;
 - Worker are consulted and cooperated with on health and safety matters and on ways to reduce workplace hazards and improve quality control systems;
 - Effective accident analysis and incident and hazard reporting systems are maintained; and

- The rehabilitation of injured worker is encouraged.
- Workplace Health and Safety is the responsibility of all CLEAR CARE stakeholders – worker members, volunteers, contractors, participants, families, carers and visitors.
- CLEAR CARE worker and volunteers are not expected to carry out work that is unsafe, and participants are not expected to tolerate unsafe work practices or service environments.

4.0 PROCEDURE

Responsibilities

The Management will:

- comply with all relevant legislation and statutory requirements, codes of practice and industry standards and make adequate provision of resources to meet these requirements;
- promote health and safety awareness and the development of healthy and safe working procedures;
- provide information and where appropriate, training and/or instruction and adequate protective equipment;
- consult with worker and volunteers on health and safety issues as well as identify and implement ways to reduce workplace hazards and improve control systems;
- maintain effective accident analysis procedures and hazard reporting systems;
- encourage the rehabilitation of injured worker;
- set and regularly review health and safety objectives; and
- seek feedback from worker and volunteers on matters relating to stress management techniques.

Worker members, volunteers, students and visitors are expected to:

- comply with all relevant legislation and statutory requirements, safe working procedures, codes of practice and industry standards;
- report, and where appropriate, rectify hazards, and participate in the analysis of accidents/incidents; and
- accept responsibility for protecting themselves and others.

All worker and volunteers are responsible for ensuring that all plant, equipment and substances are safe and without risk to health when used in accordance with standard operating procedures.

- CLEAR CARE has a no smoking policy. Worker, volunteers, students, participants and visitors are not permitted to smoke indoors, within the office, or on any covered patio area that is part of or attached to a building. Smoking is only permitted in designated outside smoking areas.
- If worker or volunteers have any health problems or medical conditions requiring medication or that may require emergency assistance, it is advisable to notify senior worker or nominated Workplace Health and Safety (WH&S) Representative.
- Guidelines on procedures for dealing with critical incidents or handling of blood and other body fluids can be obtained from senior worker.
- All worker and volunteers are advised to take adequate breaks during the performance of repetitive tasks.
- All worker and volunteers should be aware of the location of the First Aid Kit, incident reports and emergency numbers.

- If a Position Description states that a current Senior First Aid Certificate is required, this must be organised by the worker member concerned.
- Whenever cleaning, gardening and/or other chemical substances are kept on the premises, access should be limited to authorised personnel who have adequate knowledge and understanding of their safe storage and application.

Senior worker are responsible for their areas of control to ensure:

- relevant health and safety policies and procedures are effectively implemented; all risks to health and safety are identified, assessed and effectively controlled;
- the effectiveness of risk control measures are regularly monitored and deviations from standards are rectified;
- worker members have adequate knowledge and skills to carry out their health and safety responsibilities;
- worker members are consulted on any proposals for or changes to the workplace, work practices, policies or procedures which may affect the health and safety of worker members;
- all incidents within their area of control are reported and investigated and basic cause and control strategies are identified.

Any workplace accident or incident (dangerous occurrence) which has the potential to result in injury or damage to property must be reported in the same manner as an incident or accident that results in injury or damage.

All accidents or incidents that result in an injury or illness at work must be reported to the Management (through senior worker) within 24 hours of the incident occurring.

RELATED DOCUMENTS

- Fire Safety and Emergency Policy and Procedure
- Emergency Response Plan
- Emergency and Risk Register
- Emergency and Hazard Report form
- Emergency and Hazard Assessment Checklist
- Emergency Debrief Template

FIRE SAFETY AND EMERGENCY POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure seeks to ensure the safety of worker, participants and other stakeholders during emergencies such as fire or other emergencies.

This policy and procedure applies to the Management, and any additional worker, students, contractors and volunteers providing services in a CLEAR CARE facility.

2.0 POLICY

- The health and safety of all of CLEAR CARE 's stakeholders is of paramount importance. CLEAR CARE is committed to the implementation of clear and effective fire safety and emergency procedures.

Statement

- CLEAR CARE complies with all laws and mandatory standards relating to fire protection, health and general safety that apply to any premises the service owns or operates, irrespective of whether the relevant regulatory requirements place the obligation on the owner or occupier of those premises.
- For services other than in the participant's home, CLEAR CARE is required to ensure that the people in its care are appropriately protected from fire risk. This includes in relation to CLEAR CARE 's premises, operational readiness and participant placement.
- Services funded to provide personal care, support and case management services to people living in the community have a key role in relation to the safety and welfare of participants. CLEAR CARE will support participants to improve their safety and resilience through promoting personal emergency planning.

3.0 PROCEDURE Premises

- CLEAR CARE 's premises meet relevant building local laws, regulations or legislation in force at the time of construction, including provisions that apply retrospectively (for example, requirement for smoke alarms). Any subsequent building works shall meet the relevant building approval provisions at the corresponding time.

Operational Readiness

- The Management will ensure that appropriate operational readiness measures are developed, implemented, and reviewed. This includes (but is not limited to):
 - fire emergency management and evacuation procedures;

- training of worker to implement the procedures developed;
- maintenance of all the fire safety systems and any deviations through an alternative solution.
- CLEAR CARE will prepare for, respond to and recover from emergencies in accordance with the 'all hazards' approach. This includes, but is not limited to, fire, bushfire, flood, relocation, evacuation and prolonged service interruption.
- In the event of an emergency, CLEAR CARE will ensure essential services are maintained as far as is practicable.

Supporting participant emergency readiness

- CLEAR CARE will actively work to improve the safety of vulnerable people in emergencies through encouraging and supporting participants (who meet the definition of a vulnerable person) to undertake personal emergency planning. Where there is recognised bushfire risk, specific bushfire planning will be undertaken in addition to basic personal emergency planning.

Emergency Plans

- The Management will prepare, test, and annually review an *Emergency Plan* for the service, covering:
 - emergency contact details for key worker who have specific roles or responsibilities under the emergency plan, for example, fire wardens, floor wardens and first aid officers;
 - contact details for local emergency services, for example police, fire brigade and the poison information centre;
 - a description of the mechanisms for alerting people at the workplace to an emergency or possible emergency, for example sirens or bell alarms;
 - evacuation procedures including arrangements for assisting any people with hearing, vision or mobility impairment;
 - a map of CLEAR CARE 's workplace/s, illustrating the location of fire protection equipment, emergency exits and assembly points;
 - testing of emergency procedures, including the frequency of testing; and
 - information, training and instruction to relevant worker in relation to implementing the emergency procedures.
- CLEAR CARE 's *Emergency Plan*, or a summary of key elements of the plan, will be readily accessible by worker and on display in CLEAR CARE 's premises.
- CLEAR CARE 's *Emergency Plan* must be implemented in an emergency. Directions from emergency services workers must also be complied with.
- The Management will review CLEAR CARE 's *Emergency Plan* at least annually and:
 - when there are changes to the workplace such as re-location or refurbishments;
 - when there are changes in the number or composition of worker including an increase in the use of temporary contractors;
 - when new activities have been introduced; and
 - after the plan has been tested.

- The Management will prepare and regularly review premises *Emergency Evacuation Plans* for how people should evacuate the premises and where they should assemble if there is an emergency.
- The *Emergency Evacuation Plans* will be displayed prominently in CLEAR CARE 's premises. Each Plan will clearly indicate its current location, where the exits are and where the assembly area is.
- The Management (or delegate) will practice emergency and evacuation procedures with all worker (where applicable) at least every six months.

Fire Emergency

- The Management will ensure that fire equipment is installed, suitable for risks specific to CLEAR CARE 's workplace and readily available in accordance with the relevant Australian Standards.
- The Management will install signage within CLEAR CARE 's premises so people can find fire equipment quickly and identify what type of fire it can be used on.
- Emergency exits will be kept unlocked, unblocked and all exit signs will be maintained and kept illuminated.
- Fire extinguishers will be placed away from heat sources and regularly maintained.
- All worker (where applicable) will be trained in how to use fire equipment and know what type of fire extinguishers to use for different types of fires.
- The Management will ensure fire equipment is regularly tested by CLEAR CARE 's local fire authority or fire equipment supplier in accordance with CLEAR CARE 's *Internal Review and External Audit Schedule*.
- Worker will ensure that no source of ignition is introduced to a confined space, if there is a likelihood of fire or explosion in that space.
- If the maintenance or repair of any structure or plant used for the storage or handling of dangerous goods involves the use of welding, cutting or other processes that generate heat or introduce ignition sources, the Management will ensure that the risk of a fire or explosion involving the dangerous goods is eliminated, or reduced so far as is reasonably practicable if it cannot be eliminated.
- For services provided to a participant in their own primary residence (whether leased or owned by the participant), CLEAR CARE expects that the participant (and where appropriate, the owner of the premises) will have responsibility for their own fire safety and ensure that the premises meet all relevant building local laws and regulations or legislation.

Emergency Plan

This Emergency Plan prepares CLEAR CARE 's service continuity and delivery against the impact of crises such as extreme weather events and their attending uncertainty.

RISK ASSESSMENT

Crises and emergencies can vary in intensity, duration and effect. This assessment primarily considers the significant *effects* of extreme weather events on participants, worker and service delivery (rather than specific events): damage to property, equipment and information storage systems that may cause extended disruption to service.

RISK ASSESSMENT cont.

Typical effects of extreme weather events:

- risk to participant wellbeing – people with disabilities are most at risk in extreme weather than others.
- changes to participant needs
- reduction in worker availability due to disruption of transport systems and personal crises
- disruption in supply of goods necessary for service delivery
- disruption to power supply and other utilities
- disruption to telecommunications systems
- disruption to internet
- failure of data storage facilities and loss of data
- damage to property and equipment

Priorities:

- participant safety and wellbeing
- worker safety and wellbeing
- data security
- service delivery equipment

Authorities to Trigger Plan

The Management will appoint (or assume the role of) a Business Continuity Planning Coordinator, responsible for:

- business continuity during extreme weather events and similar disruptions;
- carrying out the Crisis and Emergency Plan;
- overseeing communications with worker regarding the weather event; and assigning tasks within the Plan

Table: Crisis and Emergency Plan

	PARTICIPANT SAFETY	WORKER & WORKER SAFETY	DATA SECURITY	ESSENTIAL SERVICES	ESSENTIAL EQUIPMENT	OTHER
PRE-EVENT LONGTERM PLANNING	Identify participation in need of critical supports Support participant details in secure location	Identify key worker and their crisis roles Store worker details in secure location	Back up data regularly Store data securely off-site and available off-line	Identify essential services Liaise with emergency services where applicable	Develop register of essential equipment Organise emergency storage Consult suppliers / contractors re crisis plans	Check first aid kits Discuss plans with other service providers, police, etc Ensure appropriate insurance
DURING EVENT	Contact participants re service	Keep worker informed	Check security of data	Provide essential services	Secure essential equipment	

	status, their needs	Assess worker availability		where possible. Liaise with emergency services	where possible. Check supplies of essential goods	
POST-EVENT RE-ESTABLISH & REVIEW	Contact to assess well-being Inform of service status Arrange continued support	Consult with worker re improving the crisi and emergency plan and responses	Check and restore information systems	Resume non-essential services once: Date secure: Suitable worker available, essential supplies available	Check, repair or replace essential equipment Re-stock first aid kits	Review service cooperation during crisis and improve Crisis and Emergency Plan

PRE-EVENT (LONG-TERM PREPARATION)

Participant Wellbeing

- CLEAR CARE will:
- identify supports critical to participants' wellbeing, which must be maintained during a crisis, and prepare contingency plans in the event that participants are inaccessible to suitably qualified support workers.
- store participants' contact details in a secure, accessible, off-site location.

Worker Resourcing

- CLEAR CARE will:
- identify key management and service-delivery personnel and consult them regarding the roles in this Plan.

- store worker contact details in a secure, accessible, off-site location

Data Security

- CLEAR CARE will ensure:
 - that data is backed-up regularly,
 - that backups are stored securely and off-site, and
 - data is accessible off-line

Essential Services

- CLEAR CARE will:
- identify essential service functions to be maintained during, or restored immediately after, a disruptive event.

Essential Equipment and Supplies:

- CLEAR CARE will:
 - develop a register of service-essential equipment that can be removed off-site in case of flood
 - organise emergency storage facilities for removed essential equipment

- consider alternative power supplies to run essential equipment in blackout conditions
- consult with key suppliers and subcontractors to clarify whether they have robust business continuity plans in place.
- ensure first-aid and emergency kits are kept stocked and functional

Community Relations

- CLEAR CARE will:
 - subscribe to a local service issuing weather alerts
 - discuss co-operative service-continuity plans with other local service-providers
 - liaise with Police and Emergency Services.

Insurance Coverage

- CLEAR CARE will:
- identify severe weather event scenarios, mapping these against its insurance coverage to identify gaps.

DURING THE EVENT

Participant Wellbeing

- CLEAR CARE will:
 - prioritise participants' immediate safety
 - contact participants to inform them of service status
 - contact participants regularly during protracted weather events to ascertain needs and wellbeing.

Worker Safety and Resourcing

- CLEAR CARE will:
 - prioritise worker safety
 - inform worker as weather alerts are issued
 - Worker will notify CLEAR CARE if unable to attend work

Essential Equipment and Supplies:

- CLEAR CARE will:
 - ensure the safety of service-essential equipment (as conditions dictate)
 - contact key suppliers and subcontractors to ensure supply.

POST-EVENT

Participants

- CLEAR CARE will contact participants (or carers):
 - to assess well-being
 - inform them of current service status
 - arrange continuation of participant services

Data Security

- CLEAR CARE will check the integrity of information systems and restore, as necessary.

Essential Services CLEAR CARE will resume services as quickly as possible after a disruptive event,

provided that:

- information systems are functioning and secure;
- qualified worker are available to carry out service delivery; and
- supplies of service-essential goods are available.

Essential Equipment and Supplies:

- CLEAR CARE will:
 - check that all service-essential equipment is functioning; repair or replace as necessary
 - ensure first-aid and emergency kits are re-stocked.

Community Relations

The Management will re-assess co-operative service-continuity plans with other local service-providers and liaise with them to make improvements to the Crisis and Emergency Plan

Review Plan

The Management will review the measures taken to preserve business continuity during the extreme weather event and make appropriate improvements to the *Emergency Response Plan*

CLEAR CARE will revisit and retest this Plan periodically, particularly when new services are introduced, and to include learnings from previous tests. The plan will be reviewed at least once per year, to ensure it remains current.

RELATED DOCUMENTS

- CLEAR CARE Workplace Health and Safety Policy and Procedure
- CLEAR CARE Risk Management Policy and Procedure
- Emergency Response Plan
- Emergency and Risk Register
- Emergency and Hazard Report form
- Emergency and Hazard Assessment Checklist
- Emergency Debrief Template

INFECTION CONTROL POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure seeks to ensure that CLEAR CARE minimises the risk of the spread of infectious diseases in its work environments.

This policy and procedure applies to the Management, and any additional worker, students, contractors and volunteers.

2.0 DEFINITIONS

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

3.0 POLICY

- CLEAR CARE 's Management has a duty of care and must take all reasonable steps to safeguard participants, other worker and stakeholders from infection.

4.0 PROCEDURE Standard Precautions

- Notifiable diseases are diseases that must be reported to the Health Department by health practitioners. Any worker member that has a notifiable disease must not attend work until such time as they are cleared by their doctor.
- Any worker member with any infectious disease, including the flu, is required to stay away from the workplace until such time they are cleared by a doctor. A medical certificate is required to be presented with the worker member's timesheet for payment of sick days.
- Standard precautions must be implemented when cleaning surfaces and facilities. Worker must wear suitable gloves and other protective clothing appropriate for the task. Protective eyewear must be worn where splashing is likely to occur.
- Toilets, sinks, washbasins, baths, shower areas, and surrounding areas should be cleaned regularly or as required. Cleaning methods for these items should avoid generation of aerosols. Although environmental surfaces play a minor role in the transmission of infections, a regular cleaning and maintenance schedule is necessary to maintain a safe environment.

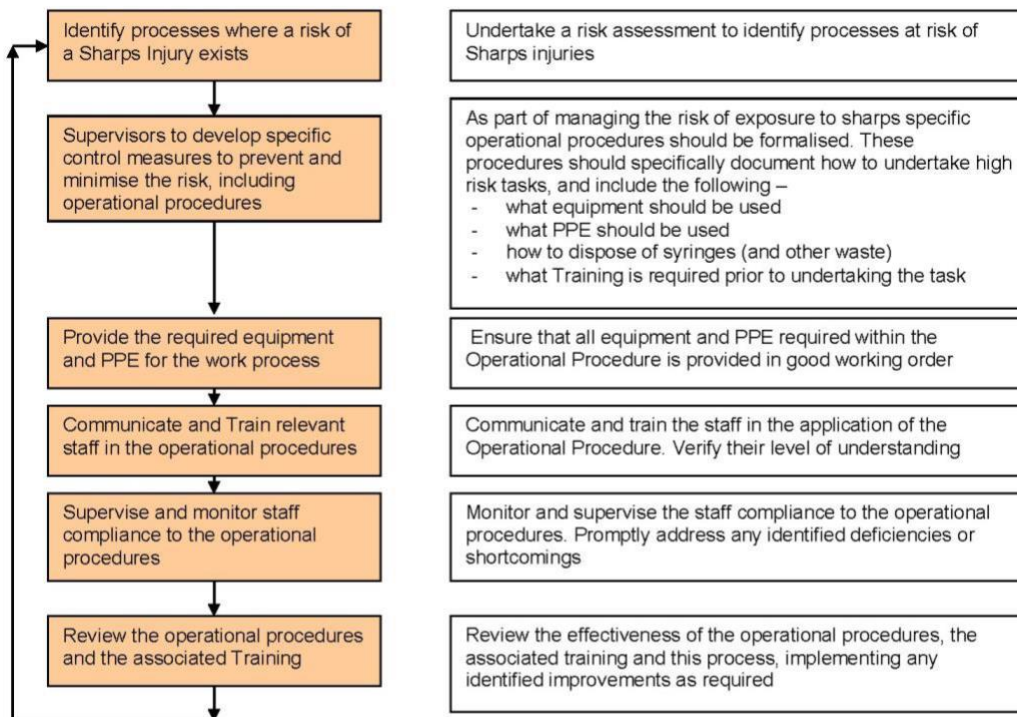
- Surfaces should be cleaned on a regular basis using only cleaning procedures that minimise dispersal of micro-organisms into the air.
- Routine surface cleaning should be undertaken as follows:
 - clean and dry work surfaces before and after usage or when visibly soiled;
 - spills should be dealt with immediately;
 - use detergent and warm water for routine cleaning;
 - where surface disinfection is required, use in accordance with manufacturer's instructions;
 - clean and dry surfaces before and after applying disinfectants;
 - empty buckets after use, wash with detergent and warm water and store dry; and mops should be cleaned in detergent and warm water then stored dry.
 - Floors should be cleaned daily or as necessary with a vacuum cleaner. Alternatively, damp dusting or cleaning with a dust-retaining mop is acceptable.

Person-centered approach to Infection Control

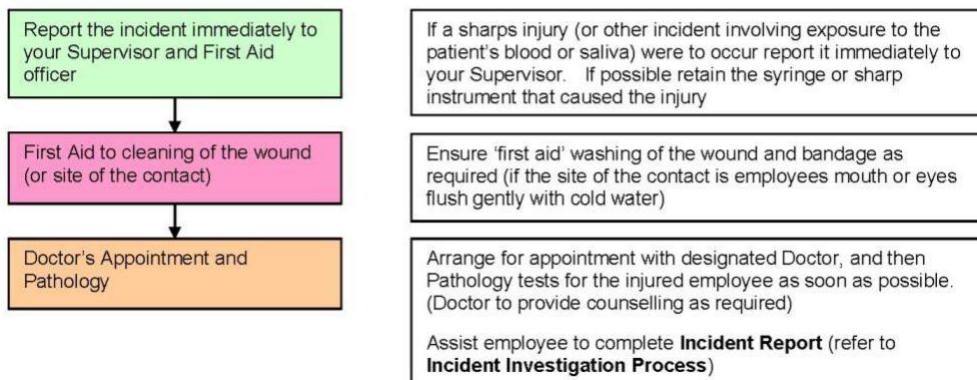
- A person-centred approach to providing support includes putting participants at the centre of infection prevention and control and enabling them to participate in their care process.
- To support a two-way approach to infection prevention and control and encourage participant participation, the organisation will:
 - familiarise participants with its infection prevention and control strategies
 - encourage participants to disclose their health or risk status if there is a potential risk or source of infection
 - provide opportunities for participants to identify and communicate- risks and encourage them to use feedback procedures through the service's feedback, compliments and complaints processes
 - provide educational materials about infection prevention and control using a variety of media (e.g. posters, printed material, educational videos) in a variety of accessible formats; and
 - inform participants about the protocols for protecting their privacy and confidentiality.

Sharps Management: Flowchart

Scope: This flowchart details the procedure for the management of Sharps, and the prevention of injuries relating to Sharps and contact with bodily fluids.



In the event of a Sharps Injury



Food Preparation Safety

Worker Responsibilities

Any practices believed to be in conflict with general hygiene standards should be reported to the Management immediately.

- Worker involved in food preparation are expected to report to work each day in clean clothing.
- Hair should be clean, tidy and secured in place. Appropriate hair covering must be worn if hair is longer than shoulder length.
- Clean gloves must be worn at all times while preparing food and should be changed regularly.
- Tongs or other appropriate utensils must be used in handling food where gloves are not appropriate.
- Smoking, eating and drinking is not allowed in areas where food is stored, prepared or served.

- Hands must be kept clean and must be washed regularly with soap and hot water, or approved hand sanitisation gel, especially;
 - when entering a food handling area;
 - before touching any cooked or prepared food and after handling raw food;
 - after using the toilet
 - after having a cigarette
 - after handling garbage or cleaning equipment and chemicals
 - after using a handkerchief or tissue or stifling a sneeze or cough
 - after handling money
 - before resuming work after any break or change in work area; and
 - after touching hair, face or other parts of the body.

- Worker involved in food preparation should report the following to the Management or their Supervisor:
 - any skin irritations (eczema, dermatitis, etc.) especially on the hands;
 - any stomach complaints or bowel conditions;
 - feeling generally unwell;
 - any changes in health which may affect their ability to perform duties; and
 - all cuts, scratches and wounds which may contaminate food.
 -
- The Management or Supervisor will reallocate duties if necessary.

- All worker involved in food preparation and storage must familiarise themselves and comply with the *Australia New Zealand Food Standards Code* and *Safe Food Australia - A Guide to the Food Safety Standards*.

Temperature Control of Potentially Hazardous Foods

- Preparation time of potentially hazardous foods should be minimised to avoid build-up of bacteria and toxins.
- The following are examples of potentially hazardous foods:
 - raw and cooked meat or foods containing meat, such as casseroles, curries and lasagne;
 - dairy products, for example, milk, custard and dairy based desserts;
 - seafood;
 - processed fruits and vegetables, for example, salads;
 - cooked rice and pasta;
 - foods containing eggs, beans, nuts or other protein rich foods, such as quiche and soy products; and
 - foods that contain these foods, such as sandwiches and rolls.
 - Potentially hazardous food must be kept chilled at 5°C (or below) when received, served, transported or stored
 - heated to 60°C (or above) when it is received, served, transported or stored.
- Previously cooked and cooled potentially hazardous food must be reheated rapidly to 60°C or hotter – ideally, reheated to 60°C within a maximum of two hours to minimise growth of bacteria and formation of toxins.
- Previously cooked potentially hazardous foods should be cooled to 5°C or colder as quickly as possible, as faster cooling times limit the growth of bacteria.
- Food must be cooled from 60°C to 21°C in a maximum of two hours and from 21°C to 5°C within a further maximum period of four hours.
- To chill food quickly, divide it into smaller portions in shallow containers, taking care not to contaminate the food in the process.

Reporting

- Incidents relating to infection control or infectious diseases should be reported in accordance with CLEAR CARE 's *Incident Management Policy and Procedure*.

Monitoring and Review

- This policy and procedure will be reviewed at least annually by the Management and incorporate worker, participant and other stakeholder feedback.
- The *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant fed into the service planning and delivery processes.

RELATED DOCUMENTATION

- CLEAR CARE Incident Management Policy and Procedure
- CLEAR CARE Continuous Improvement Policy and Procedure
- CLEAR CARE Governance & Operational Management P & P
- Continuous Improvement Plan

GOVERNANCE COVID-19 RESPONSE POLICY AND PROCEDURE



1.0 PURPOSE AND SCOPE

This policy and procedure demonstrates CLEAR CARE's commitment to the safety of all participants and workers in our organization specifically in response to COVID 19

This policy and procedure applies to the Executive Management Team, and any additional staff, where employed. Pandemics are high-risk situations that develop quickly They have the potential to severely impact the health of workers and participants. As work within the disability sector often requires close contact between workers and participants, putting in place social distancing and social isolation measures may also impact our ability to provide services. Therefore, we will ensure that our response to a pandemic is:

pre-planned
risk-managed
flexible, and
person-centred.

2.0 DEFINITIONS

COVID-19 specific definitions

The following definitions are Australian Government Department of Health guidelines on when workers should stop working and self-isolate. It is important that organisations consider the supports they provide (and the level of their participant's vulnerabilities) before they consider following these guidelines.

casual contact - This will include healthcare workers who have taken recommended infection control precautions, including the full use of PPE, while making close contact with someone with confirmed symptoms of COVID-19. Workers who fall under this category are allowed to continue working, but they should be advised to self-monitor and to self-isolate if they develop symptoms consistent with COVID-19

close contact - A form of contact with someone with confirmed symptoms that involves:

consistently sharing a closed space (e. g. living in the same household)

face-to-face contact longer than 15 minutes

direct contact with any bodily fluids

spending two or more hours in the same room Individuals will need to self-isolate in the event of close contact with someone with confirmed symptoms of COVID-19

3.0 OUTLINE

COVID-19 was declared a pandemic on 11 March 2020. It is highly contagious and can cause severe respiratory illness. While anyone can be infected, the elderly and those with pre-existing conditions are most vulnerable. Symptoms can include:

- Fever
- Cough
- Sore Throat
- Fatigue and
- Shortness of breath

Workers Suspected of having COVID-19 or have had known exposure to COVID-19

It's important that workers who experience any COVID-19-like symptoms, self-isolate and seek medical advice. If you need assistance, Health direct provides an online symptom checker. You can also contact the National Coronavirus Helpline on 1800 020 080. If a worker has recently returned from overseas or is suspected of being in close contact with someone with COVID-19, that worker must self-isolate for 14 days.

4.0 Training

The Australian Government 's Department of Health has released an online training module to assist support workers with understanding how to best navigate provision of care during this pandemic. The training covers infection prevention and control (IPC) for COVID-19, including: -

- COVID 19 & What it is
- Signs and symptoms
- Keeping safe
- Myth busting

5.0 PPE

In the event a case of COVID-19 is suspected by a medical professional, PPE may be required in settings where: Supports being provided are essential to the participants life, health and safety due to withdrawal or alteration of critical supports Guidelines for social distancing or isolation can be maintained There are heightened risks to people with disability due to their vulnerabilities.

6.0 RESPONSIBILITIES OF WORKERS

stop harmful germs from entering the environment by complying with our infection control and waste management policies at all time help participants understand how they can stop the spread of germs by using appropriate communication methods, such as the infection control easy read document maintain person-centered practice communicate organisational changes and special provisions in a way that is most likely to be understood by each participant

ensure the service provision environment is safe
remove or mitigate any factors that make a service environment unsafe
incorporate all organisational and government recommendations into support provision including recommendations regarding:

- movement and travel restrictions
- social distancing
- additional hygiene measures
- isolation measures
- report all complaints and incidents in accordance with relevant policies and legislation
- ensure hand washing facilities are readily available at all times
- ensure relevant PPE is available at all times
- limit face-to-face contact with participants where possible
- limit the touching of participants (and other workers) where possible
- monitor their own health status and act accordingly
- monitor the health status of participants and act accordingly
- self-isolate, if required
- consistently liaise with relevant workers and management personnel.

7.0 RESPONSIBILITIES OF KEY MANAGEMENT PERSONNEL

When undertaking services during a pandemic key management personnel must:

coordinate pandemic preparedness and response
undertake managerial responsibilities specified in the pandemic management plan
make key decisions about ceasing / scaling back operations
communicate key decisions clearly and cohesively across the organisation
monitor the Australian Department of Health and NDIS websites, as well as the websites of other organisations that govern health and/ or disability services
implement state and federal recommendations and coordinate any lockdown measures.

RELATED DOCUMENTATION

- CLEAR CARE COVID-19 Plan
- NDIS Provider Response COVID-19

END OF POLICY DOCUMENT. UNCONTROLLED WHEN PRINTED.
