

# **Home Cleaning Bunbury Policy & Procedure Manual**

15 October 2021



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# Document Control

<b>Policy and Procedure</b>	<b>Version:</b>	<b>Revision Date:</b>
Risk Management	<i>Two</i>	<i>04/02/2021</i>
<b>Approved by:</b> Manager	<b>Signature:</b> <i>Andria Ker</i>	<b>Date Approved:</b> <i>04/02/2021</i>
<b>Policy and Procedure</b>	<b>Version:</b>	<b>Revision Date:</b>
Incident Management	<i>Original</i>	<i>30/08/2020</i>
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Feedback and Complaints	<i>Original</i>	<i>30/08/2020</i>
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Code of Conduct	<i>Original</i>	<i>30/08/2020</i>
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*Note: Home Cleaning Bunbury must be aware that should any part of this policy and procedure be printed independent of this document control page, that the printed version is uncontrolled and may not be current.*

# Related Documents / Resources

These Policies and Procedures should be read in conjunction with the following:

<b>Our NDIS Related Documents / Resources</b>	<b>Policies and Procedures</b> <ul style="list-style-type: none"><li>○ Risk Management</li><li>○ Incident Management</li><li>○ Feedback and Complaints</li><li>○ Human Resource Management</li><li>○ Work Health and Safety</li><li>○ Infection Control</li><li>○ Waste Management</li><li>○ Privacy and Dignity</li><li>○ Code of Conduct</li></ul> <b>Forms / Registers</b> <ul style="list-style-type: none"><li>○ Emergency Response Plan</li><li>○ Individual Risk Assessment</li><li>○ Business Continuity Plan</li><li>○ Compliance Calendar</li><li>○ Confidentiality Statement</li><li>○ Continuous Improvement Register</li><li>○ Document Control Register</li><li>○ Employee Register</li><li>○ Feedback and Complaints Form</li><li>○ Feedback and Complaints Register</li><li>○ Easy English Incident Brochure</li><li>○ Home Risk Assessment Form</li><li>○ Incident Management Form</li><li>○ Incident Register</li><li>○ Legislative Compliance Calendar</li><li>○ Participant Survey</li></ul>
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	<ul style="list-style-type: none"> <li>○ Position Description Overview</li> <li>○ Risk and Treatment Plan Register</li> <li>○ Support Plan</li> <li>○ Training and Development Plan</li> <li>○ Template - Basic House &amp; Yard Work - Service And Consent Agreement</li> <li>○ Template -House Cleaning Activities - Service And Consent Agreement</li> <li>○ Template - Linen Service - Service And Consent Agreement</li> <li>○ Template - Meal Preparation - Service And Consent Agreement</li> </ul>
<b>Applicable Legislation:</b>	<ul style="list-style-type: none"> <li>○ <u>National Disability Insurance Scheme (NDIS) Act 2013 (Cwth)</u></li> <li>○ <u>Australian Privacy Act (1988) (Cth)</u></li> <li>○ <u>Corporations Act 2001</u></li> <li>○ <u>Associations Incorporated Act 1985</u></li> <li>○ <u>Disability Discrimination Act 1992 (Cth)</u></li> <li>○ <u>United Nations Convention on The Rights of Persons with Disabilities</u></li> </ul> <p><b>Australian Taxation Office</b></p> <ul style="list-style-type: none"> <li>○ <u>GST: <a href="https://www.ato.gov.au/Business/GST/">https://www.ato.gov.au/Business/GST/</a></u></li> <li>○ <u>PAYG: <a href="https://www.ato.gov.au/Business/PAYG-withholding/">https://www.ato.gov.au/Business/PAYG-withholding/</a></u></li> </ul> <p><b>State legislation</b></p> <p><b>Work Health &amp; Safety</b></p> <ul style="list-style-type: none"> <li>○ <u>WA Occupational Safety and Health Act 1984</u></li> </ul>
<b>NDIS Practice Standards:</b>	<ul style="list-style-type: none"> <li>○ <u>National Disability Insurance Scheme (Quality Indicators) Guidelines 2018 (Notifiable Instrument) [F2018N00041]</u></li> </ul>

	<ul style="list-style-type: none"> <li>○ <u>NDIS Code of Conduct</u></li> <li>○ <u>Terms of Business for Registered Providers (effective 1 July 2016)</u></li> <li>○ <u>NDIS (Incident Management and Reportable Incidents) Rules 2018.</u></li> <li>○ <u>NDIS (Complaints Management and Resolution) Rules 2018</u></li> <li>○ <u>NDIS (Practice Standards -Worker Screening rules) 2018</u></li> </ul>
<b>Other Resources</b>	<ul style="list-style-type: none"> <li>○ <u>NDIS Quality and Safeguards Commission</u></li> <li>○ <u>NDIS Quick Reference Guides</u></li> <li>○ <u>Coronavirus (COVID-19)</u></li> <li>○ <u>Model Code of Practice: Managing the Risk of Falls at Workplaces</u></li> <li>○ <u>Model Code of Practice: First Aid in the Workplace</u></li> <li>○ <u>Model Code of Practice: Work Health and Safety Consultation, Cooperation and Coordination</u></li> <li>○ <u>Model Code of Practice: Managing the Work Environment and Facilities</u></li> <li>○ <u>Model Code of Practice: How to Manage Work Health and Safety Risks</u></li> </ul>

# Home Cleaning Bunbury (HCB): Our Service

## Delivery Approach

The person-centred approach is at the heart of all services provided by Home Cleaning Bunbury (HCB).

We place the person first, and focus on providing support to achieve their aspirations, and to be tailored to their needs and unique circumstances.

We work collaboratively with participants and their families as appropriate and practicable, uphold their legal and human rights, and respect their culture, diversity, values and beliefs.

If at any time we feel we are not an appropriate service provider for a participant, we will discuss this and assist the participant to access more appropriate services.

At HCB we believe that 'communication' is the key component to our relationship with each participant. We will aim to communicate with participants in the language and mode that they identify and best understand.

HCB works to ensure the delivery of high-quality supports to participants who choose to purchase them from us. This means we comply with the NDIS Code of Conduct, are committed to ongoing continuous improvement activities, to give participants the benefit of the best quality supports we can provide in a safe environment.



# 1.1 Risk Management

## Policy Purpose

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This policy is to ensure that risks to participants, workers and Home Cleaning Bunbury (will be referred as HCB herein after) are identified and managed.

It ensures that a documented system that effectively manages work health and safety risks is in place, in line with our organisational structure, our scope and complexity of supports.

It also ensures appropriate Insurances are in place and maintained.

## Policy Statement – Risk Management

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HCB ensures that risks to participants and other stakeholders are identified and managed. This means HCB actively identifies and responds to risks identified through our everyday operations and our business planning. We use our Risk Management framework to actively improve supports delivered to participants, maintain the safety of our participants and workers, and to ensure the ongoing sustainability, reputation, and operations of our organisation.

This includes:

- Ensuring that risks to participants; financial and work health and safety risks, and risks associated with provision of our services are identified, analysed, prioritised, and treated.
- We keep a current, documented risk and treatment register that effectively manages identified risks.

## Policy Statement - Insurance

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HCB commits to maintaining appropriate insurance, including:

- Public Liability

- Accident Insurance
- Workers Compensation Insurance.

Insurance policies are reviewed at least annually or when due, to ensure they provide adequate coverage for the organisation and its activities.

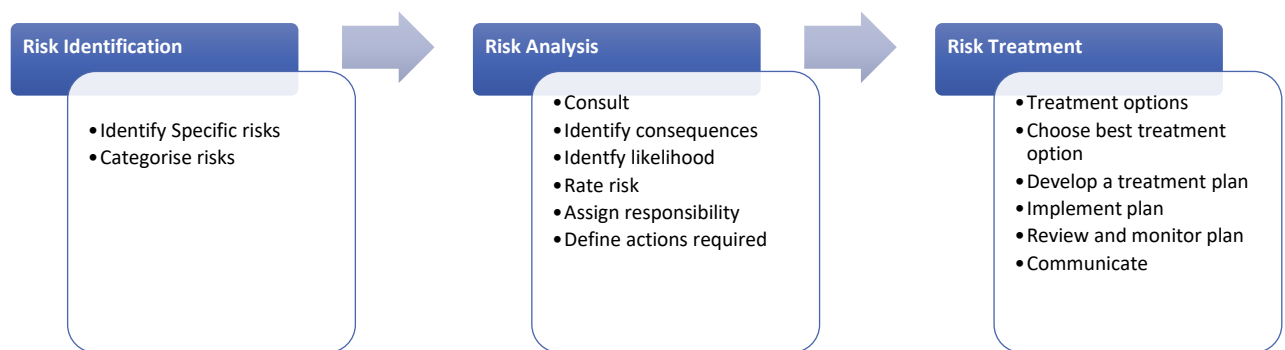
## Risk Management Procedure

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Risks are identified and documented in the **Risk and Treatment Plan Register**.

We use a 3-step process to ensure our risk management system is practicable. They are:

1. Risk Identification
2. Risk Analysis
3. Risk Treatment



## Risk Identification

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The following categories of risk have been identified for HCB. These are the broad areas risks will be grouped under in the Risk and Treatment Register:

- Incident Management;
- Complaints Management;
- Work Health and Safety;
- Human Resources Management;
- Financial Management;
- Information Management; and

- Operational Management (including Business Continuity).

## **Risk Analysis**

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Following the identification and recording of risks within the risk register, the Risk is analysed and reviewed.

### **Defining the Risk Consequence and Likelihood**

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The Likelihood and Consequence of the risk should it occur is determined using the matrix (Instructions tab of risk register).

Risks are then be categorised according to the seriousness of the consequences. That is, would the impact on HCB could be:

- Low
- Medium
- High
- Extreme

The risk should then be categorised according to the likelihood of it happening. That is, the likelihood of a risk occurring could be:

- Unlikely
- Possible
- Likely
- Certain

### **Evaluating the Risk**

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The Risk Management Matrix (diagram below) is used to assist HCB's Managers Assistant to identify the level of risk by identifying the likelihood and of the risk.

## RISK MANAGEMENT MATRIX

Likelihood	Certain	Medium	High	Very high	Very high
	Likely	Minor	High	High	Very high
	Possible	Minor	Medium	High	High
	Unlikely	Minor	Medium	Medium	High
		Low	Medium	High	Extreme

### Consequence

#### Monitoring

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Risks across the organisation should be considered at least annually to establish whether the risk has changed (for example, been eliminated, increased, or decreased). In particular, effectiveness of treatments should be considered along with recommendations for how they may be improved.

Records of this review will be in the Risk and Treatment Register.

#### Applicable Forms and Registers Related to Risk Management Policy and Procedure

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- Risk and Treatment & Plan Register
- Business Continuity Plan Template

## 1.2 Incident Management

### Policy Purpose

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This policy is to ensure that each NDIS participant is safeguarded by our incident management process, ensuring that incidents are acknowledged, responded to, well managed, and learned from.

### Policy Statement

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We are committed to protecting the safety and wellbeing of participants receiving a service from us. Our incident management process links closely with our risk management and continuous improvement processes.

The Incident Management policy aims to achieve the following:

- We maintain an incident management system that complies with the requirements set out under the [National Disability Insurance Scheme \(Incident Management and Reportable Incidents\) Rules 2018](#).
- NDIS participants accessing services from us are provided with information on incident management, including how incidents involving them have been handled and addressed.
- We show continuous improvement in managing incidents by regular review of our incident management policies and procedures, while also examining the root causes of incidents, their handling, and their outcomes. In doing this, we seek participant feedback, and feedback from other stakeholders within and external to HCB.
- We ensure we comply with our incident management policy and procedures and seek training in this where applicable.

We commit to understanding our policy and the actions we would be required to take in the event of an incident.

HCB is committed to responding to incidents appropriately to improve our practice.

## Incident Management Procedure

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HCB ensures that all workers are trained in our incident management procedure.

HCB records and manages all incidents that happen in the delivery of NDIS supports and services in line with the [NDIS \(Incident Management and Reportable Incidents\) Rules 2018](#).

An alleged incident is treated in the same manner as all other incidents, including reporting requirements.

Under the rules are three types of incidents that are covered by our Incident Management policy:

1. Acts, omissions, events, or circumstances that occur in connection with providing supports to participants and that have, or could have, caused harm to a participant;
2. Acts by a person with disability that occur in connection with providing supports or services to the person with disability; and have caused serious harm, or a risk of serious harm, to another person;
3. Reportable Incidents.
  - Under the *National Disability Insurance Scheme Act 2013*, HCB is required to notify the NDIS Commission where an incident is deemed to be Reportable under the rules associated with the Act.

For an incident to be reportable a certain act or event needs to have happened (or alleged to have happened) in connection with the provision of supports or services. This includes:

- The death of a person with disability
- Serious injury of a person with disability
- Abuse or neglect of a person with disability
- Unlawful sexual or physical contact with, or assault of, a person with disability
- Sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity
- Unauthorised use of restrictive practices in relation to a person with disability.

## Incident Management Response

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When an incident occurs, the first priority of HCB, is to ensure that participants involved in the incident are safe. This may mean isolating and observing the participant, applying first aid, and/or calling an ambulance. If possible, any other factors contributing to the incident and still posing a threat to the participant or other participants should be removed or contained.

The Managers Assistant ensures that the incident is documented on the participant incident form and the incident register including investigation, development of the resulting action plan (including timeframes, persons responsible, and required actions), updating of investigation progress, and finalising documentation when the incident is closed.

## Identifying Incidents

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An incident is any acts, omission, events, or circumstance that occurred in connection with providing supports to a participant and has, or could have, caused harm. It is therefore important to record any incident, on the incident register.

## Assessing Incidents

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The Managers Assistant will then ensure an Incident Form is completed, and make the following decisions, including:

- Whether the incident is a 'reportable incident' under the NDIS rules.
- Additional actions required in regards to managing and addressing the incident, including actions that would prevent recurrence of the incident.
- Whether the police need to be contacted (any allegation of a crime having been committed requires a notification to the police)
- Contacting the next of kin/chosen supporters in the case of all Incidents, involving death, serious injury, abuses, neglect, unlawful sexual or physical contact, or sexual misconduct.

## Record

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Details of the incident are recorded on the **Incident Register and an Incident form**.

If the incident is a Reportable Incident, then additional reporting is required – refer to ‘Process - Reportable Incidents’ section of this procedure.

Records of all incidents should be kept for at least 7 years.

## Incident Management and Resolution

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The Managers Assistants Assistant ensures that the incident is managed including the provision of any other supports as required.

Investigations and outcomes are documented on the Incident Management form and the Incident Register. Corrective Actions are recorded on the Improvement Register if required.

Investigations undertaken by HCB, either self-instigated or ordered by the Commission, will include affected participants as appropriate, and will always seek to establish:

- 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.

## Reporting, Recording and Review

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As part of the review of incidents, the Managers Assistant, is also responsible for:

- Analysing and reviewing incidents to identify trends and systemic issues
- Liaising with Police if a crime has been committed or alleged
- Liaising with internal and external investigators of incidents as required
- Engaging external investigators for incidents as required
- Undertaking internal investigations of incidents



- Ensuring staff (as applicable) and all participants have a copy of the Incident Management policy
- Ensuring all stakeholders understand they can report directly to the Commission if they believe it is warranted
- Ensuring implementation of actions identified as a result of an incident.

#### **Process – Reportable Incidents: *National Disability Insurance Scheme Act 2013***

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HCB's Managers Assistant reports Reportable Incidents to the NDIS Commission via the NDIS Commission 'My Reportable Incidents' Portal at:

<https://www.ndiscommission.gov.au/providers/provider-responsibilities/incident-management-and-reportable-incidents>

- Within 24 hours of an Incident occurring involving death, serious injury, abuses, neglect, unlawful sexual or physical contact, or sexual misconduct;
- Within 5 days for other types of incidents.

Using, as a basis for information, the Incident form, the Managers Assistant will provide the Commission with:

- Name and contact details of HCB
- Name and contact details of the Managers Assistant
- A description of the incident
- Except in the case of the death of a person with disability, a description of the impact on, or harm caused to, the person with disability;
- Immediate actions undertaken, including actions taken to ensure the safety and wellbeing of the participant, and whether the incident has been reported to police or other bodies;
- Any witnesses to the incident;
- Actions proposed to remedy factors that contributed to the incident.

Notifications made by HCB's Managers Assistant will be by telephone, and followed up in writing, using the NDIS Commission forms.

It should be noted that the following elements do not have to be provided to the Commission by HCB's Managers Assistant if the reporting will prejudice the conduct of a criminal investigation or expose a person with disability to a risk of harm:

- A description of the incident
- The impact or harm caused to a person with disability
- Time, date, place where the incident occurred
- Others involved in the incident, including their names and contact details
- Witnesses, including their names and contact details.

The Managers Assistant must also notify the Commission via the NDIS Commission Portal as soon as possible if new information in relation to the incident emerges which relates to a change in the kind of reportable incident, or is a further reportable incident.

#### **Reportable Incidents: Additional Responsibilities and Reporting Requirements**

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The Managers Assistant must attend the site when a Reportable incident has occurred. They must then:

- In consultation with the participant (or decision maker) organise an advocate for the participant, as applicable. See: [disability advocacy finder](#)
- In consultation with the participant (or decision maker) identify support services for the participant (for example, debriefing, counselling, sexual assault services) and arrange for connection
- Organise debriefing for the NDIS participant or any staff/workers, as required.
- Review the Incident Report form
- File a copy of the Incident Form on the NDIS participant's file.

Following completion of these actions, the Managers Assistant will:

- Maintain contact with next of kin/chosen supporters, support services and police in relation to incidents
- Work to engage affected NDIS participants and their supporters in the resolution process
- Participate in external and internal reviews of incidents
- Identifies opportunities for improvement

- Review, and implement changes to systems and support plans following an incident
- Encourage feedback from participants in relation to the Incident Management policy and procedures to support quality improvement processes
- Ensure HCB comply with the Incident Management process and provides referral for further training if gaps are identified.
- Ensures all Incident Management forms and associated materials are kept securely on file, as well as outcomes of reviews
- Identify recommendations on improvements which could be implemented to reduce recurrence of the incident
- Participate in police investigations in relation to some incidents
- Participate in further training and/or skills development as a result of the incident.

The Managers Assistant must also, within 60 business days of the reporting of the incident, provide the Commission with a completed form, which sets out the details of any internal or external investigation undertaken in relation to the incident, including:

- the name and position of the person who undertook the investigation; and
- when the investigation was undertaken; and
- details of any findings made; and
- details of any corrective or other action taken after the investigation;
- a copy of any report of the investigation or assessment;
- whether persons with disability affected 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 Commissioner.

The Managers Assistant must coordinate any requests made of HCB by the Commission, including actions required, and investigations undertaken by the Commission.

#### **Applicable Forms and Registers Related to Incident Management Policy and Procedure**

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- Incident Report Form
- Incident Register

- Continuous Improvement Register
- Easy English Brochure Incidents

## 1.3 Feedback and Complaints

### Policy Purpose

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This policy is to ensure that complaints and feedback is handled transparently, efficiently and effectively.

It ensures that each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints made by all parties are welcomed, acknowledged, respected and well-managed.

### Policy Statement

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HCB is committed to maintaining a complaint and feedback system that follows principles of procedural fairness and natural justice and the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.

HCB recognises that having effective feedback and complaint handling processes provides the opportunity to deliver a higher level of service to our customers including NDIS participants. Complaints (and compliments!) are welcome as we use all feedback as a mechanism to support continuous improvement in our business. HCB ensures that any person wishing to make a complaint either directly to HCB or to the NDIS Commission, will not be disadvantaged or suffer any negative consequences by doing so.







While we encourage complaints in the first instance to us, individuals wishing to raise a complaint about our service directly with the NDIS Commission may do so if they so wish.

Whilst details of complaints, feedback comments and outcomes may be recorded and stored, HCB ensures that all personal information provided by the complainant or their representative shall be deemed strictly confidential and only disclosed if required by law.

## Complaint Pathways

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Feedback and complaints can be received in several different pathways, including:

	Telephone: 0448 929 900
	Email: <a href="mailto:homecleaningbunbury@bigpond.com">homecleaningbunbury@bigpond.com</a>
	in person: 20 Columba Street Bunbury WA 6230
	Letter: 20 Columba Street Bunbury WA 6230
	Feedback and Complaints Form: [Request From HCB Office]
	Website: <a href="https://homecleaningbunbur.wixsite.com/website">https://homecleaningbunbur.wixsite.com/website</a>

## Feedback and Complaints Procedure

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Our customers (NDIS participants) are advised about the Feedback and Complaints process as part of our service provision including the methods by which they can provide feedback. We provide this information as part of 'onboarding' with NDIS Participants, and also during yearly reviews. The information provided can include:

- A copy of our Feedback and Complaints policy and procedure
- Easy English or accessible versions of this policy and procedure
- Our Feedback and Complaints Form.

Complaints or feedback can also be made anonymously.

If required, participants can be supported to make their complaint or provide feedback and can be provided with information about how to access independent advocacy. Refer to:

<https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/>

Appropriate support and assistance to contact the Commissioner in relation to a complaint will be provided to any person who wishes to make a complaint.

Details about how to complain directly to HCB or to the NDIS Commission will be provided to customers initially and again if required and are also publicly accessible via our website or on request.

The Commissioner contact details are available at [complaints-feedback](#) (1800 035 544 or TTY 133 677).

All Complaints, including any made anonymously, are entered into our feedback and complaints register and actioned.

HCB ensures that all workers are trained in our Feedback and Complaints Management procedure.

### Process for Complaints Handling

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### Receipt of Complaints & Feedback

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A complaint and its supporting documentation will be securely maintained and recorded on the Feedback and Complaints register.

Feedback and complaints are filed electronically in the HCB office.

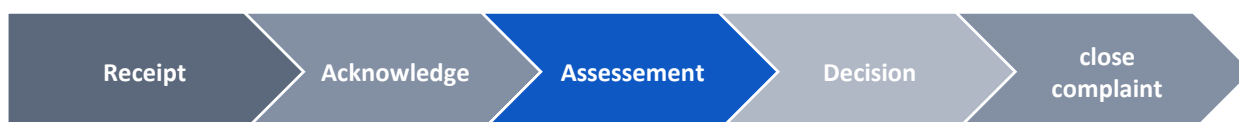


## Acknowledgment of Complaint & Feedback

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A complaint must be acknowledged within **3 business days**.

If feedback is positive, thank the customer/participant for their feedback and record in the feedback log.



## Initial Assessment and Addressing Complaints

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After acknowledgement of the complaint/feedback, the complaint is assessed for the following:

- whether the issue raised is within HCB's control
- consider the outcome sought by the complainant
- identify if there are any other issues that may need to be recorded
- whether the complainant has been offered appropriate support, assistance or independent advocacy.

## Assess the Severity of Complaint

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When assessing the complaint, the following should be taken into consideration:

- the urgency and complexity of the complaint
- whether the complaint involves other people's health and safety
- whether the resolution requires external involvement
- the possible delays in resolving the complaint and the risk involved

To ensure HCB's transparency the complainant will be kept informed at all stages of the complaint process and will be informed if there will be any possible delays.





## Decisions and Resolution

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HCB is committed to involving the complainant in the resolution process, as appropriate to the specific situation.

We ensure that complainants and persons with disability affected by an issue raised in a complaint or and their families, carers and advocates (as applicable):

- are kept informed of the progress of the complaint, as appropriate (i.e. this could not be done if the complaint was anonymous), including any actions taken, the reasons for any decisions made and options for review of decisions;
- are involved in the resolution of complaints by maintaining contact with them and seeking their views on specific issues as we work through resolution processes.

After the assessment and investigation of the issue(s) raised with the complaint, the Managers Assistant will contact the complainant and advise the following:

- the outcome of the complaint and actions taken
- the reasons for decision
- any improvements made and resolution(s)

All complaints processes will be treated as confidential and only disclosed if required by law. Further, if there are adverse findings about an individual, HCB will review applicable privacy obligations under the [Privacy Act 1988](#) and *National Privacy Principles* and any applicable exemptions in or made pursuant to that Act, before sharing findings with the person making the complaint.



## Closing the Complaint, Record Keeping

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HCB will keep records of the following:

- How the complaint was handled and managed

- The resolution(s) of the complaints
- Actions which need to be followed up
- Quality improvements identified and implemented as a result of feedback or complaint

These records are recorded into our Feedback and Complaints register.

Records will be maintained for 7 years from the date the record was created.

A key driver of satisfaction is timeliness. As such, we aim to resolve complaints within 21 days of receiving the complaint.

If this is not achievable, a justification, i.e., no response from complainant, shall be documented on the Feedback and Complaints register.

## **Reporting, Monitoring and Continuous Improvement**

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### **Reporting:**

HCB remains committed to continually improving its service delivery. Feedback is analysed by the data recorded on the feedback and complaints register.

HCB commits to report information relating to complaints to the Commissioner upon request of the Commissioner.

### **Monitoring**

HCB will continually monitor its feedback and complaints handling register to identify insufficiencies and ineffectiveness of the delivery of service by HCB. It is also monitored to identify any systemic issues in responding to and resolving complaints.

### **Continuous Improvement**

HCB will undertake an annual review of its complainants to elicit overall participant feedback, including satisfaction with the Feedback and complaints management process. This review also includes:

- The number of complaints & feedback received
- Key issues and the outcome of complaints
- Systemic issues identified
- Timeliness of complaints resolution
- The number of requests received for internal or external review of HCB's complaint handling.

Results of monitoring and continuous improvement processes will be fed into the Continuous Improvement Register. This includes seeking participant feedback on the accessibility of the complaints and resolution system.

#### **Applicable Forms and Registers Related to Feedback and Complaints Policy and Procedure**

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- Feedback and Complaints Register
- Feedback and Complaints Form
- Continuous Improvement Register
- Easy English brochure Feedback and Complaints

# 1.4 Human Resource Management

## Policy Purpose

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This policy is to ensure that each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.

HCB ensures that we will respect the privacy of NDIS participants, act with respect for individual rights, act with integrity and honesty, and takes all reasonable steps to present and respond to all forms of violence against, and exploitation, neglect and abuse of people with disability.

## Policy Statement

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HCB ensures that:

- All workers/staff, including key personnel, meet the appropriate worker identity, pre-employment checks, qualifications and experience in line with the NDIS Practice Standards: Verification Module - Required Documentation:
  - <https://www.ndiscommission.gov.au/document/1051>
- Workers/staff have completed the mandatory NDIS orientation module
  - <https://www.ndiscommission.gov.au/workers/training-course>
- Workers/staff are aware of the requirements, and comply, with the NDIS Code of Conduct:
  - <https://www.ndiscommission.gov.au/document/566>
- Appropriate records of qualifications and training are maintained.

## Human Resource Management Procedure

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HCB documents position descriptions for each role within the organisation. These document the key requirements for each role.

As part of our recruitment process, and for all staff/workers and key personnel we maintain the following records:

- 100 points of valid identification on file
- Evidence of the right to work in Australia is maintained on file.
- Demonstrated experience in Household Tasks and evidence of experience working with people with disability.
- NDIS Worker screening requirements have been met. Worker screening checks will be required for all roles for which the duties are likely to require more than incidental contact with participants, and for our Key Personnel. Current worker screening checks are:
  - Working with Children <https://workingwithchildren.wa.gov.au> if applicable
  - National Police Certificates <https://www.police.wa.gov.au/Police-Direct/National-Police-Certificates>

All of the above will be held on file.

### **Maintenance of Records**

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The Managers Assistants Assistant will hold a file for all HR related information held by HCB.

An **Employee Register** is also maintained which includes a summary of employee details in addition to recording completion dates for relevant screening, induction and training completed.

Files will be kept electronically / in a locked cabinet and maintained for the time the person is working with HCB plus an additional 7 years.

### Western Australia

We will review the Commissions website for up to date worker screening information <https://www.ndiscommission.gov.au/providers/worker-screening/interimarrangements>

We will identify which roles and jobs need a check and ensure all workers in a risk-assessed role have an appropriate check.

Risk assessed roles are:

- key personnel roles
- roles for which the normal duties include the direct delivery of specified supports or specified services to a person with disability
- roles for which the normal duties are likely to require more than incidental contact with people with disability. Contact includes physical contact, face-to-face contact, oral communication, written communication and electronic communication.

We will document:

- 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
- We will maintain a written list of all workers who engage in risk assessed roles.

The list will 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 registered provider in relation to those decisions
- allegations of misconduct against a worker with a check and the action taken by the registered provider in response to that allegation.
- These lists will be kept up to date. We will keep records for seven years from the date the record was made.

## Acceptable checks in Western Australia

We will ensure when delivering NDIS supports and services in Western Australia, any worker engaged in a risk assessed role will have acceptable checks.

If a worker does not have a current acceptable check in place before 1 February 2021, HCB will organise a NDIS Worker Screening check through the WA state agency 'worker screening unit'. This involves HCB verifying that the worker is engaged by us, or is intended to be engaged by HCB, for the purpose of delivering NDIS supports.

If a worker has obtained one of the checks below before 1 February 2021, they can continue to work in a risk assessed role for two years, or until an acceptable WA check (including the Working with Children assessment notice issued in response to the application which was pending on 1 February 2021) expires – whichever is sooner.

- have gained a National Police Clearance (prior to 1 February 2021) which is:
  - less than 3 years old for workers who commenced their employment with the registered NDIS provider prior to 1 December 2020; and
  - less than 12 months old for workers who commence their employment with the registered HCB between 1 December 2020 and 1 February 2021.
- have no convictions on their last National Police Check (NPC) for a “relevant offence” committed as an adult.
  - “Relevant offences” include certain violent or sexual offences set out in the Worker Screening Rules section 29A.
  - between 1 December 2020 and 1 February 2021, there are 18 relevant offences.
  - after 1 February 2021, any conviction for a Class 1 or Class 2 offence within the meaning of the National Disability Insurance Scheme (Worker Screening) Bill 2020 (WA), committed as an adult, is a relevant offence.
- have no convictions subsequent to that NPC that their employer is aware of, for a “relevant offence” committed as an adult.
- if the risk assessed role involves child-related work within the meaning of the Working with Children (Criminal Record Checking) Act 2004 - has a Working with Children assessment notice or pending application.

All elements of the above will be documented and kept on the individual staff person's file.

Authorised personnel use passwords to access electronic records. Paper records are stored in locked cabinets when not in use.

#### **Applicable Forms and Registers Related to Human Resource Management Policy and Procedure**

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- Letter of Engagement
- Employee Register



## 1.5 Work Health and Safety

### Policy

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HCB is committed to ensuring, as far as is reasonably practicable, the health, safety and welfare of the working environment for its staff contractors and visitors. This includes complying with relevant legislation and ensuring that the workplace is safe and without risk to health.

### Policy Statement

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HCB supports the rights of all persons covered by the policy to work in an environment that is, so far as is reasonably practicable, safe and without risks to health.

We are committed to the consultation and resolution of Work Health and Safety issues.

HCB is committed to improving health and safety with a view to improving workplace efficiency and productivity.

This will be accomplished through the ongoing development, of management systems and procedures designed to:

- identify, assess and control workplace hazards
- uphold our duty of care by providing a safe, healthy and environmentally friendly workplace by conducting all activities with a hazard management approach
- reduce the incidence and cost of occupational injury and illness
- provide a rehabilitation system for those affected by occupational injury or illness

Work Health and Safety statutory requirements, including regulations and codes of practice, are minimum standards and so the aim is for them to be improved upon, where practicable.

### Responsibilities of HCB:

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- Accountable for the provision and maintenance of a healthy and safe workplace.
- Accountable for meeting WHS legislative requirements.
- Use risk identification, assessment and control principles to reach / health and safety objectives.
- Participate in inductions and make staff aware of any safety requirements, including Personal Protective Equipment (PPE), and those relating to participants.
- Review and investigate all accidents/incidents reports of a serious nature within HCB.
- Be committed to the provision and maintenance of a healthy and safe workplace.
- Aim to work in a way that does not endanger the health or safety of themselves or others.
- Properly use and maintain any safety equipment.

The policy and related procedures will be reviewed on an annual basis or more frequently, if required, to ensure continued compliance with the relevant legislation and address environmental issues impacting on safety, such as pandemics.

### Applicable Forms and Registers Related to WHS Policy and Procedure

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- Risk and Treatment Plan Register
- Home Risk Assessment Form

### Applicable Legislation Related to Work Health & Safety Policy

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#### ***Work Health & Safety***

- Occupational Safety and Health Act 1984

## 1.6 Infection Control

### Policy Purpose

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This policy is to ensure that each participant, each worker, and any other person is protected from harm as a result of exposure to infectious substances generated from the delivery of supports. This is part of our responsibility under the NDIS Code of Conduct.

### Policy Statement

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HCB has a commitment to minimising the incidence of infection and the transmission of infectious diseases. This includes ensuring that participants' rights are respected at all times, that participants are involved in decision-making about supports, and that they are sufficiently informed to be able to participate in reducing the risk of transmission of infectious agents. We have a duty of care to take all reasonable steps to safeguard participants, workers and other stakeholders from infection.

### Infection Prevention and Control Procedures

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Infections as a result of healthcare interventions present a risk to workers, participants, and other people who may live within the participant's home environment. The best approach to managing infection control is through prevention.

Infection requires three factors to take place.

These are:

- A source of infection
- A mode of transmission
- A susceptible host.

### Cleaning and Maintenance

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We will provide information to our workers to ensure they take measures to prevent

infection and the spread of infectious diseases. As a part of our preventative practices we will maintain a routine cleaning schedule and will:

- Use warm water and detergent when cleaning surfaces and will disinfect the surface after it has been wiped clean and dry
- Wipe down all, surfaces including, floors, sinks and washbasins, bench-tops, cabinets, (including cabinet handles, door handles, bed rails) and furniture
- Ensure to disinfect all surfaces, linen and clothing items immediately after they are soiled
- Sanitize and disinfect toilets, showers and baths
- Ensure spills are immediately attended to, cleaned and dried
- Ensure all mops, buckets and cleaning cloths are cleaned with warm water and detergent and stored away cleaned and dry.

### **Infection Source**

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Infections transmitted during the delivery of supports are usually from human sources. Participants can potentially be exposed to infectious agents from themselves, other people, the environment, or instruments used during procedures. Workers can be exposed through clinical or other contact with participants who may be infectious, through instruments used to provide supports to participants, or through the environment. Any worker with any infectious disease, is required to stay away from the workplace until such time as they are cleared by a doctor.

### **Mode of Transmission**

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There are generally four types of transmission of infection.

These are:

1. Contact transmission: the cross-contamination in contact transmission happens through touch, or through direct contact with body substances such as blood or faeces. Direct transmission happens when an infectious agent is transmitted from one person to another – for example, through a needle-stick injury. Indirect transmission happens when infectious

agents are transferred through an intermediate object. An example of indirect transmission is poor hand hygiene – treating an infection on one person, then touching another without hand washing.

2. Droplet transmission: when a person carrying an infection coughs, sneezes, or talks during a procedure, droplet transmission may occur. Influenza is frequently spread through droplet transmission.

3. Airborne transmission: generally associated with coughing, airborne transmission can take place where an individual is hosting an infection that remains infectious and can be transmitted through the air to people who have had no contact with the infected individual. Examples of infections associated with airborne transmission include chicken pox and measles.

4. Other: infections can also be transmitted by the use of equipment or instruments that are not sterilised, by infected water, or infected food.

### Susceptible Host

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Not every person responds in the same way to exposure to infection. For example, some individuals will not have a response; others will have an extreme response and may die. Factors that will influence the development of an infection in a host include:

- Immune status
- Age (noting babies and the elderly are more susceptible)
- General health status
- The nature of the infectious agent
- Other factors that may create vulnerabilities e.g. colostomy, disease process, poor nutrition

It is possible for participants to be exposed to infection from themselves, from other people (including healthcare workers and visitors), instruments or processes used, or the environment more broadly. Workers may be at risk of infection from participants they are assisting, instruments or equipment being used, and the environment. Their own health status may increase their vulnerability to infection.

## Standard Infection Control Precautions

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### Risk Management

We work to control infection and minimise incidence of infection to effectively managing risks:

- a) Identifying risks that may result in the spread of infection and/or infectious diseases.
- b) Developing infection control procedures to eliminate or minimize the identified risks.
- c) Providing personal protective equipment and resources so that the above procedures can be implemented.
- d) Providing training to all employees to ensure that they are aware of risks and procedures to eliminate or minimize the risk of infection.
- e) Using the procedures (when required).
- f) Monitoring and evaluating the effectiveness of the procedures.

### Respiratory Hygiene/Etiquette

To prevent the spread of respiratory infection, workers when providing support to a person will:

- Wear surgical facemasks (wherever possible)
- Keep a physical distance 1.5m between person to person
- Cover the mouth and nose with a tissue during coughing and sneezing and disposing of the tissue immediately in the nearest waste receptacle or bin, coughing or sneezing into the elbow if a tissue is not available, and hand hygiene
- Wash hands immediately after secretions and comminated objects/materials
- Wiping down any nearby surfaces with disinfectant (door handles, bed rails and taps)

## Hand Hygiene

Hand hygiene is one of the most effective preventative practices in preventing the transmission of infection. Where hands are visibly soiled, Microshield handwash should be used. Hand hygiene must be practiced:

- On entering a participant's home
- Before and after touching a participant
- Before and after applying gloves
- Before leaving the participant's home
- Before and after handling, preparing, or serving food
- After using the toilet, blowing the nose, sneezing, or coughing
- After changing an incontinence product, or assisting a participant in using the toilet (participant must also practice hand hygiene)
- When handling pets

Where water is not available, an alcohol wipe should be used to clean soiled hands, followed by the alcohol hand rub.

Cuts on the hands (participants, workers, family members) must be dressed with a water and airtight bandage.

## Protective Personal Equipment (PPE)

Gloves are not required for general skin-to-skin contact – for example, in the delivery of supports including dressing, or bathing. Gloves are required for any activity where infectious transmission can occur. Sterile gloves should be used for any activity where aseptic techniques are required. Non-sterile disposable gloves can be used when touching blood, faeces, and other bodily fluids. If gloves to be used with a participant are dropped on the floor at any point, these must be disposed of in household waste and a new pair worn after handwashing. Household gloves (standard rubber gloves) are to be used for general household activities such as cleaning. Household gloves should not be used in more than one home – that is, a pair of household gloves should be available in each participant's home and not used in another participant's home.

- Hands must be washed before and after gloves are worn.
- Gloves can be disposed of in regular household waste.

### **Gowns/Aprons/Protective Apparel**

Gowns and protective apparel are not required, but could be worn where there is the chance of a worker's clothes becoming soiled as a result of a personal care activity. For example, if a participant has diarrhoea and extensive clean-up is required, managing a wound that may not be able to be contained. Aprons must be worn in the clean-up of any biohazard spill. Aprons and gowns can be disposed of immediately after use in regular household waste.

### **Masks and Other Face Protection**

Facemasks that cover both mouth and nose, as well as goggles and a face shield, should be worn if there is risk of blood splashes/sprays or bodily fluids onto the face in the delivery of participant supports.

Hands must always be washed in accordance with protocol prior to, and after use of, a mask and other PPE.

### **Soiled Linen**

Gloves should always be worn in handling soiled line. While hot water washes are not required for general unsoiled clothing, hot washes should be used for any participant clothing soiled with bodily fluids. The following process must be followed in managing linen soiled with vomit, blood, or faeces:

- Appropriate PPE must be worn, including non-sterile gloves.
- A plastic, non-leak container must be placed close to the bed on a plastic sheet
- Handle to contain soiling without spreading
- Remove faecal material or vomit into the toilet
- Keep soiled laundry separate from all other laundry items and wash immediately



- Wash soiled material on a hot wash with ordinary laundry detergent, including a hot pre-soak with a quality commercial in-wash soaker such as Napisan
- Ensure the separation of clean laundry from soiled items at all times.
- Always wash hands.
- Support the participant and significant others to follow washing procedures for soiled linen.

#### Infection Control of COVID-19 and other notifiable diseases

There is a list of Australian national notifiable diseases and case definitions that can be found at: <http://www.health.gov.au/casedefinitions>

### COVID-19

COVID-19 is a notifiable disease that must be reported to the Health Department by health practitioners.

COVID-19 is a highly transmissible virus that spreads from person to person through droplets from an infected person's cough or sneeze. We provide our workers with information to apply infection control precautions to practice cough and hygiene etiquette, cleaning and disinfecting surfaces, hand washing, wearing facemasks, and physical distancing (1.5 metres).

If there are any workers who have signs and symptoms of the COVID-19 or have been in contact with another person who has been diagnosed with COVID-19, they must ensure to self-isolate and quarantine until they are cleared by their doctor.

We promote training of workers in COVID-19 infection control and prevention through training recommended by the NDIS Commission, available at: <https://www.ndiscommission.gov.au/workers/training-ndis-workers-covid-19>

On an ongoing basis, we reiterate the following preventative measures for COVID-19 infection control management:

- The following PPE should be used by workers when providing support to a person infected (or suspected to be infected) with COVID-19:

- medical mask;
  - gown;
  - gloves;
  - eye protection (goggles or face shield);
  - apron; boots or closed work shoes.
- Frequent hand hygiene should always be performed. PPE should be discarded in an appropriate waste container after use, and hand hygiene should be performed before putting on and after taking off PPE.
- The person infected (or suspected to be infected) with COVID-19 should also wear a medical mask and follow respiratory and hand hygiene.
- Cough etiquette and respiratory hygiene.
- Regular cleaning of the environment and equipment
- Use sharps containers at point of use. Do not re-sheath sharps.
- Clean up spills with water and bleach.
- Provision of alcohol-based hand sanitisers.

# 1.7 Management of Waste

## Policy Purpose

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This policy is to ensure that each participant, each worker, and any other person is protected from harm as a result of exposure to waste, infectious or hazardous substances generated from the delivery of supports.

## Policy Statement

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Home Cleaning Bunbury will implement effective waste management processes that aim to achieve the following:

- Commitment to the safety of our staff, participants receiving supports, and to others that may be in areas where home based medical interventions are undertaken.
- Sustain a duty of care to take all reasonable steps to safeguard participants, staff members and other stakeholders from infection.
- We comply with the Australian and New Zealand Standard AS/NZS 3816:2018 for *Management of Clinical and Related Waste* in addition to relevant legislation to safe disposal, and local health district guidelines as appropriate.
- Our key personnel are aware of the legal liability associated with both environment protection and occupational health and safety in relation to the waste management operations of our organisation.
- We review licencing arrangements with relevant authorities to ensure we adhere with these.
- We have policies, procedures, and practices in place for the safe and appropriate storage, segregation, and disposal of waste, infectious or hazardous substances that comply with current legislation and local health district requirements.
- We have processes in place to respond to clinical waste or hazardous substance management issues, incidents and/or accidents, including an ***Emergency Response***

**Plan.** When we implement changes to our processes as a result, we evaluate its effectiveness and revisions are made if required.

- We ensure workers involved in the management of waste and hazardous substances are aware of the safe and appropriate handling.

## Management of Waste Procedure

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These procedures have been developed to provide guidance to all staff implementing our **Waste Management Policy and Procedures**. Home Cleaning Bunbury is committed to protecting participants, workers, and any other person in the home from harm as a result of exposure to waste, and/or infectious or hazardous substances, generated during the delivery of supports.

Home Cleaning Bunbury, wherever possible, follows the Waste Hierarchy in all our activities. This means we implement:

1. Avoidance activities to minimise the amount of waste we generate,
2. Resource recovery activities wherever we can, including recycling, or re-use, and
3. Appropriate and responsible disposal activities to minimise harm to participants, workers, and the community; and to protect the environment.



## Avoiding and Reducing Waste

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We aim to choose items to assist us in the delivery of supports that have the following characteristics:

- Minimum packaging, are recycled where possible, and have been produced in workplaces free from exploitation,
- Can be used more than once, and

## Recovering Waste

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Home Cleaning Bunbury aims to recover waste wherever possible. This means we:

- Recycle items by segregating recyclable and non-recyclable waste in all work and support delivery environments, whenever available.
- Office and relevant support items (for example, furniture) are repaired, restored, or donated to charity at end of use, and
- We undertake appropriate recycling of technological waste and e-waste including mobile phones, printer cartridges, computers, and other items as appropriate.

## Storage and Disposal of Waste

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Waste generated in the delivery of our services can be categorised into the following categories:

- General
- Recyclables
- Sensitive Waste
- E-Waste

## **General Waste**

General waste constitutes the bulk of waste generated by organisations, which is no more of a public health risk than standard domestic waste. Properly managed, it should prevent no actual risk to workers, participants, or other individuals.

Incontinence pads and disposable nappies may be treated as general waste unless the material has come from an infectious patient, is visibly blood stained, or is disposed of in large quantities. In these cases, it must be treated as clinical waste.

General waste may be separated into recyclable or compostable. Waste which cannot be disposed of via these methods should be contained in appropriately labelled white or opaque bags. General waste is to be placed in the general waste bin for disposal.

## **Recyclables**

Our approach to recyclables is that:

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

## **Sensitive Waste**

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

- Computers, computer storage, mobile phones, media, and USB memory keys used to store personal information will be disposed of by a qualified secure E-waste service,

- Any notes or associated documentation with identifying information about a participant, not required for filing on a participant's file, will be shredded before recycling processes are used, and
- Printed material containing personal or confidential information will not be disposed of in general waste.

## E-waste

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

E-waste will be:

- Disposed of using an E-waste disposal service,
- Mobile phones will be recycled using mobile phone recycling services, and
- Toner cartridges will be recycled where possible.

## Waste Management Responsibilities of Key Management Personnel

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The responsibilities of key management personnel include:

- Overall waste management policy including waste reduction strategies,
  - Ensuring each site is serviced by an appropriate waste management service,
  - Facilitating and encouraging composting where possible,
  - Ensuring sensitive paper waste is shredded or disposed of using a secure document destruction service rather disposed of in general waste,
  - Ensuring sensitive E-waste is disposed of by a secure destruction service,
  - Ensuring workers comply with this policy, and
  - Regular auditing of our waste management practices and our **Waste Management Policy and Procedure**.
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## Waste Management of Responsible Workers

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The responsibilities of workers include:

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

## Training of Workers

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Home Cleaning Bunbury will ensure all workers are aware of this undertaking and ensure they comply in handling waste or hazardous substances. This training will include:

- Hand hygiene,
- Safe handling of hazardous materials and substances such as:
  - Body waste,
  - Infectious materials, e.g. Used dressings, and
  - Hazardous substances, e.g. Chemicals, toxic or corrosive substances, blood borne pathogens, biological hazards, chemical exposures, respiratory hazards, sharps, injuries.
- Use and maintenance of personal protective equipment,
- Clothing requirements, e.g. shoes, masks or similar,
- Removal or mitigation of the hazard and inform supervisor of any problems/issues,
- Safe disposal of sharps in provided sharps-approved container,
- First aid and treatment for needle stick and bloody and body fluid exposure, and
- Emergency response procedures.



## Assessment of Waste Management in Home Settings

At the assessment stage for the provision of home-based supports involving the potential for exposure to waste, infectious or hazardous substances, NDIS Provider will work with the participant and their chosen supporters to determine if a risk assessment for the delivery of supports at home, is required.

The questions asked will include:

- In the last two weeks or at the current point in time, does the participant have a cough, a fever, a rash, or gastrointestinal symptoms such as diarrhoea or vomiting? The participant or chosen supporter should be reminded to notify NDIS Provider if the participant develops these symptoms over the course of support delivery,
- Does the participant have a diagnosis of tuberculosis?
- Is the participant currently receiving treatment for any antibiotic resistant organisms like MRSA?
- Does the participant have other chronic infections?
- Does the participant have any skin infections?
- Does the participant have head lice?
- Is the participant aware of and participate in hand hygiene practices?
- Who else lives in, or visits, the household where the participant lives?

Taking these factors into consideration and working with the participant and their chosen supporters, a risk assessment can be undertaken which could consider the following factors:

- What supports are to be delivered?
- What products are required to assist in the delivery of the supports?
- Has information been provided to the participant and their chosen supporters about safe handling and disposal of infectious and hazardous waste?
- What products is the participant responsible for (e.g. filling prescriptions for injections) and how are these products stored?
- What waste segregation activities are required to be undertaken, and if so, what disposal equipment is required? (e.g. sharps safe disposal boxes)

- Is emergency response equipment needed? (e.g. spill kits)
- Where in the house will the supports be delivered?
- How are other household members to be protected from infectious and hazardous waste generated in the delivery of supports?
- Is there a risk of splashes and sprays?
- What Personal Protective Equipment (PPE) is required?
- Are incontinence products required?
- Does the participant practice hand hygiene practices, and if not, can training be undertaken? (This will be included in the participant's support plan)
- Does the participant have any allergies, including to latex or soap?
- Do other members of the household practice hand hygiene practices, and if not, can training be undertaken?
- Do chosen supporters administer medications to the participant using sharps? Is safe disposal training for participant and/or chosen supporters required?
- Is a referral for chronic infections or other illness required?
- What are the concerns of the participant and/or their chosen supporters in relation to the delivery of supports involving hazardous and infectious wastes?
- What training is required for participants and their chosen supporters in relation to management of infectious and hazardous wastes in their home environment?
- Is there a cupboard/secure space out of reach of children for storage of infectious and/or hazardous waste containers (e.g. sharps safe disposal boxes) and sharps when not in use?
- Are there expired medications on the premises, which need to be disposed of?

All risk assessments undertaken, and mitigation strategies will be kept on the participant file.

Additionally, staff must identify equipment required to provide identified supports to the individual, for example Microshield handwash/alcohol-based hand-rub, sharp safe disposals boxes, sharps and syringes, gauze, bandages, tape, alcohol prep pads, gloves, masks, splash masks, Betadine and Biohazard spill kit. If the support is ongoing, these can be stored in an identified cupboard at the participant's house out of the reach of children. All items must be marked off the NDIS Provider's stocktake of support items to allow tracking of the use of

products and for re-ordering as necessary. The list of equipment used will be included with the risk assessment, and the assessment of the supports to be delivered to the participant in the home that involve hazardous and/or infectious waste.

## Incident Management and Emergency Responses – Spills

### *Biohazard Material*

Where there is a spill of biohazardous material because of supports delivered in the home environment, the following steps will be taken:

- Ensure the immediate safety of those within the vicinity of the spill. Wherever possible, move the participant and chosen others into a safe environment – for example, a separate room.
- If someone has been injured as a result of the spill, the treatment of serious injury takes precedence over containment and decontamination.
- Immediately report the incident to the Managers Assistant.
- Traffic through the area will be restricted by closing doors or erecting a temporary barricade. Biohazard signs from the spill kit will be erected.
- A Biohazard Spill Kit will be used to clean the area and the spill.
  - Open the Biohazard Spill Kit and put on the PPE included in the kit,
  - Follow the instructions in the Biohazard Spill Kit to clean the spill,
  - The area cannot be re-entered until the spill area has been cleaned in accordance with the Biohazard Spill Kit measures,
  - All PPE worn during the spill will be disposed of in the biohazardous waste bag provided in the kit,
  - Hands will be washed following bag closure,
  - Phone the waste disposal for collection of the bag.
- The Biohazard Spill Kit will be reviewed and restocked following use.
- Complete an Incident Form as per the ***Incident Management Policy and Procedures***.
- Manager/Managers Assistant to determine whether the NDIS Quality and Safeguards Commission needs to be notified.

## *Cytotoxic Materials*

Where there are Cytotoxic Materials because of supports delivered in the home environment, the following steps will be taken:

- Ensure the immediate safety of those within the vicinity of the spill. Wherever possible, move the participant and chosen others into a safe environment – for example, a separate room.
- If someone has been injured because of the spill, the treatment of serious injury takes precedence over containment and decontamination.
- Immediately report the incident to the Managers Assistant.
- Traffic through the area is to be restricted by closing doors or erecting a temporary barricade. Biohazard signs from the Cytotoxic Spill Kit will be erected.
- A Cytotoxic Spill Kit must be used to clean the area and the spill.
  - Open the Cytotoxic Spill Kit,
  - Put on the Respiratory Protective Equipment (RPE) first, followed by the PPE,
  - Follow the instructions in the Cytotoxic Spill Kit to clean the spill,
  - Discard collected waste into the Cytotoxic Waste Bag provided,
  - Discard outer gloves into the Cytotoxic Waste Bag provided,
  - Seal the bag and place it inside the second Cytotoxic Waste Bag provided,
  - PPE and inner gloves can be discarded in the second bag, and
  - Wash hands with soap and water.
- The Cytotoxic Spill Kit will be reviewed and restocked following use.
- Complete an Incident Form as per the ***Incident Management Policy and Procedures***.
- Managers Assistant to determine whether the NDIS Quality and Safeguards Commission needs to be notified.

## *Emergency Response*

In the case of large spills of cytotoxic or biohazardous materials, or spills that cannot be contained, the following steps will be taken:

- The safety and wellbeing of participants and chosen others is primary. Evacuate immediately outside, or to a safe location. Apply emergency first aid if required.
- Call 000 and advise of the nature of the spill to allow preparation by emergency responders.
- Immediately contact the Managers Assistant who will attend the incident as soon as possible.
- Await arrival of emergency services and brief them when they arrive.
- Stay with participant and chosen supporters.
- Await directions from emergency personnel. Follow directions as appropriate.
- Should the participant/chosen supporters not be able to return to the house, NDIS Provider Management will make alternative arrangements for accommodation.
- The health and wellbeing of the participant, chosen others, and the staff involved must be checked by a Registered Medical Practitioner.
- Complete an ***Incident Form*** as per the ***Incident Management Policy and Procedures***.
- The Managers Assistant to notify the NDIS Quality and Safeguards Commission.

#### Management of Waste Policy and Procedure Forms

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- Support Plan
- Individual Risk Assessment Form
- Incident Form
- Home Risk Assessment

#### Management of Waste Policy and Procedure Legislation

- <https://www.safeworkaustralia.gov.au/doc/model-code-practice-managing-risks-hazardous-chemicals-workplace>
- [https://www.safeworkaustralia.gov.au/system/files/documents/1702/nationalstandards\\_storagehandling\\_workplacedangerousgoods\\_nohsc-10152001\\_pdf.pdf](https://www.safeworkaustralia.gov.au/system/files/documents/1702/nationalstandards_storagehandling_workplacedangerousgoods_nohsc-10152001_pdf.pdf)
- WA [Department of Water and Environmental Regulation](#)

## 1.8 Privacy and Dignity

### Policy Purpose

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This policy is to ensure that supports accessed by participants through HCB promotes, upholds, and respects the legal and human rights of participants. This includes the rights of participants to access supports that respect and protect their dignity and right to privacy.

### Policy Statement

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HCB will facilitate, as far as possible, the capacity of all participants who access our services to determine their own best interests and to make decisions about their own lives, including in relation to directing supports that respect their culture, diversity, values, and beliefs.

Where supported decision-making or nominee decision-making is in place, we will work with participants and their chosen supporters (where reasonable and possible) to support

Our **Privacy and Dignity** policy is based upon:

- Our recognition of the legal and human rights of each participant.
- Our requirement to comply with the [Australian Privacy Act \(1988\) \(Cth\)](#) and the Australian Privacy Principles.
- The rights of each participant to access services from us that respect and protect their dignity, and personal privacy.
- The rights of participants to understand what information we collect about them, why, how it is held, and who has access to it. This information is provided to participants in the mode, format, language requested or best understood by the participant.
- Our understanding that any personal information we hold about a participant belongs to them, and not to us. Therefore, as caretakers of this information, we have a moral and legal responsibility to maintain, update, and protect it appropriately.
- The commitment of our organisation to the upholding of the dignity of participants that access our supports, and all people with disability.

- Our belief that supports delivered by us should be provided in a way that enhances and promotes the dignity of the participant, in the way it is best understood by them.

## Privacy Procedure

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These procedures have been developed to provide guidance to all staff in implementing our Privacy and Dignity policy. HCB is committed to protecting the privacy and dignity of participants who access our supports.

We will advise participants about privacy and confidentiality requirements and annually during review Support Plans and Service Agreements.

This includes:

- Advising participants of the confidentiality of their personal information and what personal information we will collect from them, what it will be used for, how it will be stored, and who has access to it.
- Offering the participant the right to refuse provision of personal information, while advising them that this may limit our ability to provide supports to them.
- Only collect personal information that assists in the delivery of services as directed by the participant. This may include information about gender, culture, ethnicity, preferred modes of communication, health issues, relationships, and barriers to accessing goals.
- Advising participants that they may access their personal information at any time, with a staff member present, and a chosen supporter should they wish.
- Seeking written consent from the participant to release any information about them to an external party. For example, consent to speak with other support providers, community members, and chosen supporters who may assist in maximising the participant's social and community engagement.
- Advising participants we will seek written consent from them before proposing to film or record their image or voice, or using that recording for internal training, public display, or marketing or associated purposes.

- Work with nominees in circumstances where, in limited circumstances, participants are unable to give consent to a service agreement. In these cases, parents and guardians must reflect the needs and goals as identified by the person with disability and make decisions regarding privacy and dignity to best maximise the participant's wellbeing in all aspects of his/her/their life. HCB will work with the nominee as required to achieve this end.
- Privacy and Dignity Policies are provided to participants in the mode, format, and/or language identified by the participant as preferred.
- To assist in the provision of connected supports that assist the participant to maximise opportunities to maintain and practice their individual values and beliefs, we may ask participants if they agree to sharing their support plan information with other members of their family and community selected by them, with other providers of supports, and other government agencies on a, 'need to know' basis.

## **Security of Information**

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We will take necessary steps to protect the personal information we hold against any misuse or unauthorised access. This includes using password protection for IT servers, locked filing cabinets and physical access restrictions with only authorised personnel permitted access. We will notify the Office of the Australian Information Commissioner about any possible data breaches as part of requirements in the Notifiable Data Breaches scheme. In the case of data breaches, we will also adhere to our Incident Management and reporting policy and procedure.

## **Privacy and Complaints**

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HCB will:

- Advise participants as to how they may make a complaint about Privacy and Dignity processes should they not be satisfied.
- Take feedback and complaints from participants in relation to our services, and act on suggestions raised by participants and their chosen supporters to improve our



organisation in relation to ensuring consistent processes and practices are in place to protect the personal privacy and dignity of each participant.

- Treat all complaints in a confidential manner – see our Feedback and Complaints policy and procedures for further information.

#### **Applicable Forms and Registers Related to Privacy and Dignity Policy and Procedure**

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- Template - Basic House & Yard Works - Service and Consent Agreement
- Template - House Cleaning Activities - Service and Consent Agreement
- Template – Linen Service - Service and Consent Agreement
- Template – Meal Preparation - Service and Consent Agreement

## 1.9 Code of Conduct

HCB is committed to best practice in all aspects of service delivery. This NDIS Code of Conduct supports the people who work with us and empowers participants in relation to their rights and promotes safe and ethical service delivery.

### Responsibility

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This Code of Conduct outlines HCB's expectations for the standards of behaviour and conduct expected from all workers, whether paid or unpaid, including key personnel, staff, contractors, volunteers or business partners.

The NDIS Code of Conduct requires workers of HCB to do the following in providing supports and services:

1. Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.

This means we:

- Deliver services in a way that maintains standards and principles underlying the NDIS
- Support people with disability to make decisions
- Communicate in a form language and manner that enables people with disability to understand the information and make known their will and preferences
- Take into account the expressed values and beliefs of people with disability, including those relating to culture, faith, ethnicity, gender, gender identity, sexuality and age, as well as disability.

2. Respect the privacy of people with disability.

This means we:

- Comply with Commonwealth and State and Territory privacy laws
- Deliver services in a dignified way that maintains personal privacy

3. Provide supports and services in a safe and competent manner, with care and skill.

This means we:

- Ensure workers have the necessary training, competence and qualifications for the supports and services delivered
- Provide services consistent with relevant professional codes
- Meet relevant work health and safety requirements
- Maintain appropriate and accurate records and follow security procedures
- Hold appropriate insurance

4. Act with integrity, honesty and transparency.

This means we:

- Recommend and provide supports and services appropriate to the needs of the participant
- Maintain integrity by declaring and avoiding any real or perceived conflicts of interest
- Avoid engaging in, participating in or promoting 'sharp practices'

5. Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.

This means we:

- Operate effective complaints processes
- Operate effective incident management system
- Undertake investigate and disciplinary action and comply with external investigation

6. Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.

This means we:

- Commit to eliminating any form of violence, abuse, neglect and exploitation

- Identify and respond to incidents of violence, abuse, neglect and exploitation, and report these to the NDIS Commission and, as appropriate to other relevant authorities
- Reduce and eliminate restrictive practices

7. Take all reasonable steps to prevent and respond to sexual misconduct.

This means we:

- Have in place clear guidance for staff behavior
- Operate effective processes for dealing with sexual misconduct

8. Agree to declare any potential conflicts of interest in line with the Conflict of Interest Policy and procedure.

The code of conduct is accessed through the NDIS Commission web site:

- <https://www.ndiscommission.gov.au/document/566>

HCB requires workers to sign an **Agreement to act in accordance with the NDIS Code of Conduct (Attachment A)**, as well as a **Confidentiality Statement**. The Code of Conduct forms part of supports HCB's Contract of Employment or Contract for Services.

## Breaches

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Workers who breach this Code or break the law may be subject to disciplinary action including termination of employment or contract for service.

## Applicable Forms and Registers Related to Code of Conduct Policy

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- Confidentiality Statement

#### **Attachment A - Code of Conduct**

##### **Agreement to act in accordance with Home Cleaning Bunbury's Code of Conduct**

I have read and agree to abide by the Code of Conduct and understand that if I breach any of the Codes, disciplinary action will result.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Glossary of Terms

Term	Definition
<b>Australian Privacy Principles (APPs)</b>	These outline how all private sector and not-for-profit organisations with an annual turnover of more than \$3 million, all private health service providers and some small businesses (collectively called 'APP entities') must handle, use and manage personal information. The APPs are included in the <i>Australian Privacy Act (1988)</i> (Cth).
<b>Complaint</b>	<p>A complaint is an expression of dissatisfaction made to or about HCB, services, or staff.</p> <p>A complaint may be made anonymously</p> <p>A complaint can be made in a range of formats</p>
<b>Complainant</b>	<p>Any individual and/or body making a complaint.</p> <p>Can include a participant, participant's family, friends, carers, advocates, substitute decision maker, another provider etc.</p>
<b>Complaint management system</b>	The policies, procedures, staff and system utilised to manage complaints
<b>Confidential information</b>	Any information made available to or generated by HCB which is not already publicly available or about to become publicly available. All <i>personal information</i> is strictly confidential.
<b>Consequence</b>	<p>Outcome of an event affecting objectives</p> <ul style="list-style-type: none"> <li>• An event can lead to a range of consequences</li> <li>• A consequence can be certain or uncertain and can have positive or negative effects on objectives</li> <li>• Consequences can be expressed qualitatively or quantitatively;</li> </ul> <p>Initial consequences can escalate with knock-on effects</p>

<b>Continuous Improvement</b>	<p>Ongoing activity to enhance performance i.e. the process of establishing objectives and finding opportunities for finding improvement is a continual process through the use of audit findings and audit conclusions, analysis of data, management reviews, or other means and generally leads to corrective action or preventative action.</p> <p><a href="https://www.iso.org/obp/ui/#iso:std:iso:9000:ed-4:v1:en">https://www.iso.org/obp/ui/#iso:std:iso:9000:ed-4:v1:en</a></p>
<b>External Review</b>	<p>An external review is conducted by external independent parties, where applicable.</p>
<b>Feedback</b>	<p>Comments, suggestions, matters for concern made to HCB either directly or indirectly or implicitly or explicitly.</p> <p>In the instance where a stakeholder wishes to provide 'feedback' rather than a complaint, if the issue is significant it will be handled by HCB as a complaint in order to continually improve.</p>
<b>Incident</b>	<p>Any event that has taken place during the delivery of supports that has:</p> <ul style="list-style-type: none"> <li>• resulted in harm to a participant; or</li> <li>• the potential to result in harm to an NDIS participant.</li> </ul>
<b>Information</b>	<p>Includes information forming part of a database, and information recorded in a material form or not.</p>
<b>Internal Review</b>	<p>An internal review is a systematic way of reviewing a complaint management processes. The grounds need to be tested and evaluated against relevant legislation and/or organisation policies and procedures and should identify findings being made.</p>
<b>Investigation</b>	<p>An investigation is where HCB investigates the complaint(s) made by the complainant. The complaint is assessed and evaluated against relevant legislation and/or organisation policies and</p>

	procedures and should identify findings being made.
<b>Likelihood</b>	Chance of something happening
<b>Personal information</b> (includes <i>sensitive information</i> )	<p>Information or an opinion about an identified individual, or an individual who is reasonably identifiable:</p> <ul style="list-style-type: none"> <li>whether the information or opinion is true or not</li> </ul> <p>whether the information or opinion is recorded in a material form or not.</p>
<b>Personnel</b>	Anyone, paid or unpaid, who works for or with HCB. It includes members of the governing body or any other similarly-empowered committee constituted by HCB.
<b>Policy</b>	A statement of intent that sets out how an organisation should fulfil their vision, mission and goals
<b>Procedure</b>	A statement or instruction that sets out how a policy will be implemented and by whom
<b>Remote Supports</b>	Remote supports are disability support services that are delivered to an individual or group of individuals, using video or telecommunication technologies. Remote supports may be delivered in place of, or in addition to, face to face support services.
<b>Reportable Incident</b>	<p>Certain incidents that happen, or are alleged to have happened, in connection with the provision of supports or services by HCB are known as reportable incidents. These incidents include the death, serious injury, abuse or neglect of a person with disability and the use of restrictive practices in particular circumstances.</p> <p>If a reportable incident occurs, or is alleged to have occurred, HCB must give details about the incident to the NDIS Commissioner</p> <p>Details of certain incidents (such as the death of a person with disability) must be notified within 24 hours, while others must be notified within 5 business days.</p>



<b>Risk</b>	Combination of the probability of occurrence (harm) and the severity (consequence) of that harm.
<b>Risk management</b>	Coordinated activities to direct and control an organisation with regard to risk.
<b>Risk owner</b>	Person or entity with the accountability and authority to manage the risk
<b>Risk matrix</b>	Tool for displaying and ranking risks by defining ranges for likelihood and consequence
<b>Risk Rating</b>	Magnitude of a risk or combination of risks expressed in terms of their consequences and their likelihood.
<b>Risk treatment (risk mitigation)</b>	<p>Process to modify risk:</p> <ul style="list-style-type: none"> <li>• Avoid the risk by deciding not to start or continue with an activity that gives rise to the risk</li> <li>• Take or increase risk in order to pursue an opportunity</li> <li>• Remove the risk source</li> <li>• Change the likelihood</li> <li>• Change the consequence</li> <li>• Share the risk with another party or parties</li> </ul> <p>Retain the risk by informed decision</p>
<b>Risk register</b>	Record of information about identified risks