



Verification Module

Policy and Procedure Manual

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Assistive Equipment Provider Overview

1.0 Purpose

As an NDIS provider, we must provide high quality and safe supports and services to NDIS participants. To comply with the verification module of the NDIS Practice Standards, our enterprise must ensure that we can demonstrate the requirements through the following:

- Relevant qualifications, expertise and experience (see Human Resource Management Policy and Procedure).
- Incident management processes and policy (see Reportable Incident, Accident, and Emergency Policy and Procedure).
- Complaints management processes and policy (see Complaints and Feedback Policy and Procedure).
- Risk management processes and policies (see Risk Management Policy and Procedure, Disaster Management Policy and Procedure, Business Continuity Policy and Procedure, Risk Assessed Role Policy and Procedure and Work Health Safety and Environmental Management Policy and Procedure)
- COVID-19 Response and Infection Management processes and policies (see COVID-19 Response Policy and Procedure and Infection Management Policy and Procedure).

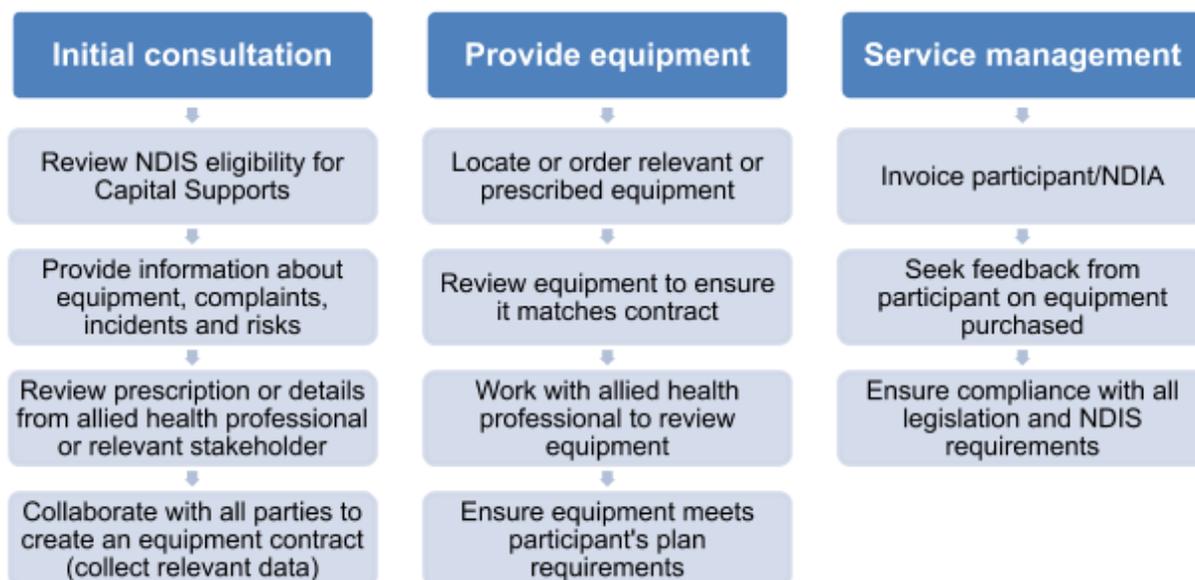
2.0 Registration group overview

- **Personability mobility equipment** includes products to assist walking, wheelchairs and transfer aids.

As a service provider of equipment and products, we ensure that the participant's NDIS plan has funding within the Capital Supports budget. This funding can only be used for this specific purpose and cannot be used to pay for anything else.

3.0 Equipment supply

Figure 1. Procedure to supply equipment



4.0 Meeting our obligations

Foot Balance Technology Pty Ltd will:

- work collaboratively with participants and allied health professionals to inform and offer choice in equipment selection
- ensure our staff are risk assessed, inducted and trained in their responsibilities concerning the NDIS Standards and Rules
- confirm staff hold the relevant qualifications, clearances, certification (including NDIS Worker Orientation Module), knowledge and skills currency
- maintain policies and procedures relating to complaints, incidents, risks, work health safety and human resources
- maintain documents such as contracts, financial records, staff checks and records
- hold current and appropriate insurance policies.
- Competition and Consumer Act 2010 (CCA)

4.1 Australian consumer law

Foot Balance Technology Pty Ltd ensures that participants are treated fairly and take particular care when dealing with vulnerable or disadvantaged participants. All of our services are fit-for-purpose and match the description provided, as per the *Competition and Consumer Act 2010 (CCA)*. Support or replacement of services is negotiated with each

participant. Foot Balance Technology Pty Ltd provides proof of financial transactions to the participant or their advocate, as requested.

In the development of Service Agreements with our participants, we do not:

- mislead or deceive participants (this includes providing false information or not enough information)
- accept payment for goods or services if we are unsure of our ability to supply them to the participant
- accept payment for goods or services that the participant has not agreed to purchase
- as part of their service agreement.

Foot Balance Technology Pty Ltd will not undertake unfair treatment or take advantage of participants. Examples of this include:

- providing services or expending funds contrary to a participant's approved plan
- asking for or accepting any additional fees for providing a service
- offering inducements or rewards that have no particular link to a person's NDIS Plan and that could be perceived to encourage participants to take up or continue with your organisation or a particular service option
- engaging in high-pressure sales tactics.

4.2 NDIS Code of Conduct

As a provider, our actions are linked to the NDIS Code of Conduct, and we will act with honesty, integrity and transparency at all times; this includes:

- supplying truthful information about the capacity, qualifications, training and professional affiliations of our workforce, and not inform participants of our ability to provide a specialised service when not legally able to do so,
- never making false claims about the efficacy of any of our supports, services or products
- providing clear advice regarding the full costs of the service or support and what the cost covers
- not making claims about the efficacy of treatments or supports that cannot be substantiated independently.

5.0 Related documents

- Human Resource Management Policy and Procedure
- Reportable Incident, Accident, and Emergency Policy and Procedure
- Complaints and Feedback Policy and Procedure
- Risk Management Policy and Procedure
- Work Health Safety and Environmental Management Policy and Procedure

6.0 References

- NDIS Act 2013
- NDIS Practice Standards and Quality Indicators 2020
- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Code of Conduct) Rules 2018
- NDIS (Practice Standards - Worker Screening) Rules 2018
- Competition and Consumer Act 2010 (CCA)

Work Health Safety and Environmental Management Policy and Procedure

1.0 Purpose

Work health and safety (WHS) regulations place an obligation on Foot Balance Technology Pty Ltd to take reasonable steps to understand the hazards and risks associated with work and support activities and allocate appropriate resources and processes to eliminate or minimise these risks to health and safety.

These legal requirements extend to eliminating risks to our staff, participants, subcontractors, and volunteers, whenever it is practical. If it is not feasible to eliminate all risks, we will endeavour to minimise them.

2.0 Scope

Staff, participants, volunteers, and sub-contractors are obligated to protect their own and other people's health and safety. Their responsibilities also extend to identifying hazards and risks, managing work health and safety risks and applying appropriate treatments. They should also consult with supervisors or management regarding any identified risks.

3.0 Policy

Foot Balance Technology Pty Ltd aims to promote and maintain the highest degree of physical, mental, and social wellbeing of all individuals in our workplace. Our organisation will comply with all relevant federal and state legislation to ensure a safe workplace. All staff have a responsibility to implement safe systems of work to create a safe work environment.

We will provide the resources required to comply with relevant acts and regulations associated with workplace health and safety, to ensure that the organisation's workplaces are safe and without health risks.

Foot Balance Technology Pty Ltd will undertake regular reviews and take steps to enhance workplace health and safety on a continuous improvement basis.

3.1 Environmental management

Management will endeavour to minimise environmental impact in the following areas:

- waste
- unnecessary energy consumption.

Foot Balance Technology Pty Ltd will actively take part in:

- reviewing purchasing behaviour, e.g. buy recycled materials where possible, reduce waste, use less harmful/volatile chemicals
- improving storage, e.g. reduce the quantity of waste and spills, reduce odours by keeping containers closed
- conserving energy, e.g. install eco-friendly lights, turn lights off when not needed, purchase energy-efficient emergency equipment, use greener fuel sources
- conserving water, e.g. install water-saving accessories, repair leaks
- improving staff education and awareness
- notifying relevant authorities in the event of a significant environmental impact.

3.2 Incident management

Incident management is an integral element of our organisation's planning processes. All stakeholders are encouraged to raise any concerns regarding risk, incidents, or safety. Support delivery issues, and their contributing factors, are identified, addressed and used as performance measures:

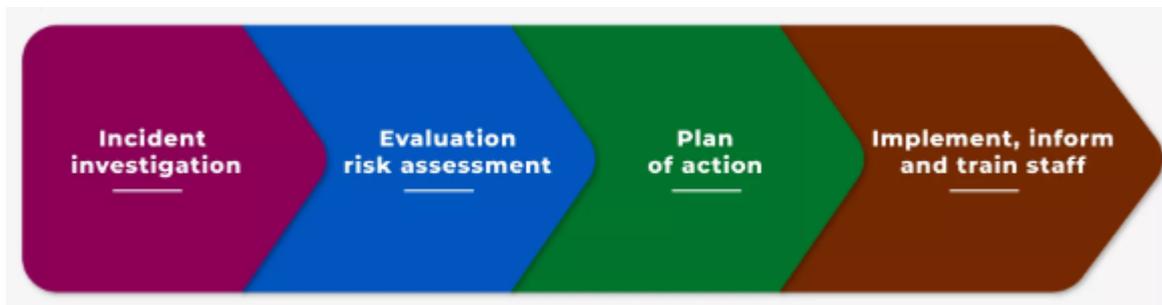
- Foot Balance Technology Pty Ltd management are ultimately accountable for incident management throughout our service provision.
- Accountability is reinforced through governance structures which include policy, performance management and delegations. These structures assist in defining the acceptable level of risk for our organisation

The Manager is responsible for:

- overseeing the incident management system including monitoring, reviewing, and reporting on its effectiveness

- managing, reviewing and implementing the contingency disaster plan, including establishing and maintaining all service agreements
- implementing incident management processes, including NDIS Incident Management processes
- advising results and analysis of incident investigations
- evaluating and documenting actual and potential risks by conducting a formal risk assessment
- informing all staff within Foot Balance Technology Pty Ltd that they have a responsibility to identify and engage in minimising risks during service delivery.

Figure 1. Incident management procedure



3.2.1 Responding and reporting obligations

- Foot Balance Technology Pty Ltd has a responsive risk management hazard, incident, and accident reporting system in place.
- Incidents, of any nature, are a matter of concern and, as such, should be recorded using incident and hazard reports.
- All notifiable incidents are reported to the appropriate state WorkCover authorities and the NDIS Commission, as per regulatory requirements.
- Details of incidents will be documented through the incident management system.

3.2.2 Documentation

- All information is gathered with due regard to privacy and confidentiality.
- Information is recorded comprehensively and stored securely.
- The staff member initially completes the Incident Investigation Form.
- The Manager will then investigate and record the incident.
- Minimum information required to be recorded includes:
 - description of the event
 - damage

- injuries
- reporting requirements
- parties/persons involved
- recommendations.
- Whenever discussing the incident findings and recommendations (e.g. in a meeting), care must be taken not to record any identifying information.
- The NDIS Commission portal will be used to input information regarding Reportable Incidents.
- All records are held on file for a minimum of seven years.
- State legislation dictates data record requirements for children; children's records will be retained until they reach 25 years of age.

3.2.3 Evaluation and feedback

- See Reportable Incident, Accident and Emergency Policy and Procedure.

3.2.4 Support for stakeholders

- Any staff member, participant or visitor involved in, or affected by, an incident is offered support.

3.3 Manual handling

- Foot Balance Technology Pty Ltd has a minimal lift policy, and all staff are instructed in this procedure during their employee induction, and as required.
- Maintenance of the participants' independence by encouraging mobility is a priority.
- The manual handling needs of participants are assessed and documented on entry to our organisation.
- Appropriate staff members are instructed on the correct manual handling and lifting techniques.
- Staff are assessed on their manual handling techniques during induction and then on a regular ongoing basis.
- All manual handling injuries and incidents are reviewed, risk assessments are conducted, and strategies implemented to control risks.
- Risk identification, assessment and control are carried out in consultation with the staff member.

- Incidents, accidents and hazards, identified from manual handling activities, are reported through the communication meeting and any other associated meetings, as deemed by the Manager as required.
- Appropriate equipment is provided by Foot Balance Technology Pty Ltd so that manual handling activity can be safely executed.
- The Manager ensures that the workplace's general layout is conducive to the safe handling of participants and the safe use of equipment.

3.4 Work health and safety (WHS) consultation

Foot Balance Technology Pty Ltd will establish and maintain systems for work health and safety consultation to enable every staff member to contribute to the decision-making process regarding matters that affect their health, safety, and welfare at work.

The intended outcomes of this policy include:

- prevention of risk of injury to workers and others
- consultation with our staff regarding the risk management process
- reduction of social and financial costs of work health and safety hazards
- establishment and maintenance of safe work systems
- regulatory compliance maintenance
- prompt consultation for all work health and safety matters, taking into consideration the level of risk involved in any specific issue
- training is updated according to current work health and safety regulatory requirements and made available to all staff members.

3.4.1 Nature of consultation

The purpose of the work health and safety consultation with staff is to:

- share health and safety information
- provide staff with a reasonable opportunity to:
 - express their views
 - raise work health and safety issues
 - contribute to the decision-making process
- consider the opinions of the staff
- promptly inform the staff of outcomes.

3.4.2 When consultation is required

Consultation is required when:

- identifying and assessing risks to health and safety
- deciding ways to eliminate or minimise those risks
- deciding on the adequacy of facilities for worker welfare
- proposing changes that may affect the health and safety of workers.

3.4.3 Work health and safety resolution

- The staff will be consulted on proposed changes to the work environment, equipment, policies, protocols, and procedures that may affect their health and safety.
- Information on hazards, work health and safety activities, and achievements will be disseminated to our staff through staff meetings, memos, or similar.
- The staff may approach the Manager to raise issues identified in the workplace.
- The Manager will attempt to resolve the issue.
- Foot Balance Technology Pty Ltd will always make a reasonable effort to achieve a timely, final, and effective resolution of work health and safety matters.

Work-related problems, concerns or complaints concerning work health and safety will be managed following our Human Resource Management Policy and Procedure. Only after reasonable efforts have been made to resolve an issue to no effect, can the parties seek an inspector's assistance, if required.

When an issue is resolved, the details of the issue and the resolution will be set out in writing to the satisfaction of all the parties, as soon as reasonably practicable and:

- worker/s affected by the issue will be informed of the details of the agreement between the parties.
- the agreement to the resolution of an issue may be forwarded by any of the parties involved or Foot Balance Technology Pty Ltd.

3.5 Workplace incidents

Foot Balance Technology Pty Ltd will:

- hold current workers' compensation insurance policy that covers all workers

- notify staff workers of any workplace incidents, as per legislative requirements
- maintain a record of wages according to regulatory requirements
- maintain a register of workplace-related injuries and illnesses
- forward any workers' compensation payments to injured workers
- avoid dismissing an injured worker because of their injury within six months of the injury or illness occurring and the injured worker's incapacity to work
- maintain a register of acceptable modified duties
- prepare an offer of modified and suitable duties in writing and provide these to the injured worker and healthcare practitioner
- educate staff workers about the causes of the injury and subsequent risks
- keep associated records, as required
- ensure all staff are aware of responsibilities and rights concerning return to work via training and education
- manage all disputes according to regulatory requirements.

3.5.1 Notification of injuries

- The Manager will be notified of all injuries, as soon as possible.
- All injuries are recorded.
- The workers' compensation agent is notified of any injuries within forty-eight hours.
- Workers are notified immediately of any serious incidents involving a fatality or a serious injury or illness.

3.5.2 Recovery

- The Manager will ensure that the injured worker receives appropriate first aid and medical treatment as soon as possible.
- The injured worker must nominate a treating doctor responsible for the medical management of the injury and assist in planning a return to work.

3.5.3 Return to work

The Manager will:

- arrange a suitable person to explain the return to work process and the injury management plan to the injured worker
- maintain the injured worker's right to the confidentiality of medical information

- ensure no information is used to discriminate against the injured worker
- provide mechanisms to communicate across cultures, including ethnicity, gender, and age
- ensure all return to work plans are completed within the legal timeframes
- prepare the return to work plan based on the advice of the staff worker's own treating health practitioner/doctor and the workplace rehabilitation provider
- follow the relevant legislation and agreed to consultation procedures
- create availability of suitable work where possible, when a staff member's injury does not allow a return to immediate pre-injury duties (these duties are made available temporarily)
- maintain contact and communication with the injured staff member during the period of incapacity and absence from work
- ensure the confidentiality of the injured staff member's information and records.

3.6 Work health and safety management program

The work health and safety management program consists of a set of activities, policies and procedures (that are updated as required) which relate to all aspects of work health and safety, including:

- work health and safety training and education
- work and workplace design and standard/safe work procedures
- emergency procedures
- working with participants who have behaviours of concern
- providing work health and safety equipment, services and facilities
- workplace inspections and evaluations (including participant's home environment, if applicable)
- reporting, recording and reviewing incidents, accidents, injuries and illnesses
- conducting hazard identification activities
- equipment assessment procedures and practices
- participant risk assessment procedures and practices
- staff risk assessment procedures and practices
- providing information on work health and safety to our staff, participants and their families
- implementing safe manual handling and safe work procedures.

3.7 Education and training

Every staff member, within seven days of commencing employment, will be provided instruction regarding:

- identification and minimisation of hazards in/around a participant's home and in the workplace environment
- procedures to be followed in the event of an emergency.

Every staff member will receive emergency training. Education/training is always conducted by appropriately authorised and qualified personnel.

3.8 Hazard identification and risk management

Management actively encourages the reporting of hazards and promotes a positive and timely response. Staff workers and contractors are informed of the mechanism for hazard identification.

On identification and reporting of a hazard, staff workers and subcontractors will:

- take immediate action to minimise the hazard(s), where possible
- immediately report to the person in charge when the action is beyond role limitations, and the hazard poses a high risk
- record the hazard according to the hazard reporting requirements.

Identified hazards are reported and reviewed using the organisation's continuous improvement and risk management processes (see the Risk Management Policy and Procedure).

3.9 Risk management

Foot Balance Technology Pty Ltd considers risk management to be fundamental to good management practice. Effective management of risks provides an essential contribution to achieving our strategic and operational objectives and goals.

Our management is committed to ensuring all staff are provided with adequate guidance and training regarding risk management principles and their responsibilities, so staff can adequately implement effective risk management strategies.

The Manager will regularly review and monitor the implementation and effectiveness of the risk management process, including integrating an appropriate risk management culture across Foot Balance Technology Pty Ltd.

3.10 Code of Conduct

All individuals engaged by Foot Balance Technology Pty Ltd must abide by both the NDIS Code of Conduct and our Code of Conduct.

4.0 Related documents

- Complaints and Feedback Form
- Complaints Register
- Hazard Report Form
- Incident Investigation Form
- Position Descriptions
- Reportable Incident, Accident and Emergency Policy and Procedure
- Risk Management Policy and Procedure
- Human Resource Management Policy and Procedure

5.0 References

- NDIS (Quality and Safeguards Commission) 2018
- Safe Work Australia National Code of Practice
- Work Health and Safety Act 2011

Risk Management Policy and Procedure

1.0 Purpose

Foot Balance Technology Pty Ltd is actively working to identify, address and monitor potential risks to promote a safe environment for participants, staff and visitors and to maintain adequate and viable business operations to:

- support effective decision-making that is guided by our mission and vision
- ensure a consistent and practical approach to risk management
- formalise our commitment to the principles of risk management and incorporating these principles into all areas of the business
- foster and encourage a risk-aware culture, where risk management is understood to be a positive attribute of decision-making, rather than a corrective measure
- align planning, quality and risk management systems and integration into all areas of our operations
- implement robust corporate governance practices to manage risk while allowing innovation and development.

2.0 Scope

Risk management is built into all areas of our operations, including service delivery and corporate governance. Risk management is the responsibility of all staff across all areas of the organisation. The Manager's responsibility is to carry out risk management analyses for Foot Balance Technology Pty Ltd.

3.0 Policy

Foot Balance Technology Pty Ltd recognises the importance of managing risk and ensuring that all stakeholders are aware of their role in identifying, analysing, evaluating, treating, monitoring and communicating risk using a systematic risk management approach.

We understand that our organisation may be at risk when:

- a well-functioning governance structure is not in place
- management plans, policies and processes are inadequate

- staff member roles and responsibilities are unclear
- participants are not required to sign consent forms or waivers
- equipment and facilities are not safe for their intended use
- implementation of a comprehensive Risk Management Plan has not occurred.
- finances are managed inappropriately, resulting in inadequate financial sustainability and cash flow
- insurance is inadequate or inappropriate
- NDIS Quality Standards and indicator requirements are not adhered to
- performing assessment and identification of risks in roles and not maintaining a Risk Assessed Role Register
- individual risk assessment is not recorded and followed
- operations are not evaluated regularly.

3.1 Code of Conduct

All individuals engaged by Foot Balance Technology Pty Ltd must abide by both the NDIS Code of Conduct and our Code of Conduct.

4.0 Definition

| Terminology | Definition |
|-------------|---|
| Risk | <p>The possibility of something occurring that will impact on the service's objectives.</p> <p>Often risks involve constraints, failures, obstacles and losses that may arise in the future.</p> <p>Risk is measured in terms of consequences and if the risk will positively or negatively impact.</p> |

5.0 Procedure

5.1 Identification

Figure 1. Risk identification procedure



Foot Balance Technology Pty Ltd implements processes to effectively manage risk, including:

- analysing hazard data
- conducting risk assessments (individual, environmental and equipment)
- maintaining a Risk Assessed Role Register
- reviewing incident/accident information
- seeking staff, participant, and visitor feedback/complaints
- ongoing review of all policies and procedures
- seeking input from staff (meetings, conversations, emails)
- incorporating new information obtained via education and training into the business

5.2 Planning

Foot Balance Technology Pty Ltd has established and maintained a Risk Management Plan.

The plan identifies and addresses:

- **Risks to Foot Balance Technology Pty Ltd** - Including loss of funding, inability to deliver funded outcomes within budget, embezzlement of funds, lack of suitably qualified staff, extended staff member illness, damage to reputation and relationships, changes in compliance requirements and eligibility, incorrect decisions by management and loss of data due to natural disasters.
- **Risks to staff** - Including lack of suitably qualified staff, extended staff member illness, staff injury due to work health safety risks, changes in training and education compliance requirements, impacts of natural disasters and infection.
- **Risks to participants** - Including environmental, fire, falls, transport, staff working in a participant's home, changes in the consistency of performance of activities,

interruptions to service delivery and exit plans (transitioning services to another service provider).

The Risk Management Plan includes:

- details of the risk
- the date the risk was identified
- risk rating; possible consequence/s of the risk
- actions required to eliminate, mitigate or control the risk
- review dates, changes to existing controls and new controls.

The Manager reviews the Risk Management Plan at least quarterly, or as required, in response to information received via work health and safety, audit and continuous improvement systems.

Figure 2: Risk planning process



5.3 Managing risks

5.3.1 Controls

Controls are strategies used to manage risk. Identified risks are balanced against the cost and inconvenience of the control to Foot Balance Technology Pty Ltd before implementation.

Controls used by Foot Balance Technology Pty Ltd to manage risks include:

- implementation of a Risk Management Plan
- thorough staff orientation, education and training
- staff members maintaining their currency and professional registrations
- implementation of new processes identified during a risk assessment
- effective internal and external information systems, e.g. meetings and memos

- strict adherence to policies, procedures, and work instructions by all staff
- the utilisation of position descriptions
- maintaining all current registrations and insurances.

5.3.2 Hazard identification

When a hazard or potential hazard is identified, the staff worker must complete a Hazard Report Form and provide this, on the same working day, to the Manager.

When consequences of hazards are assessed as high or extreme, a staff worker must contact Foot Balance Technology Pty Ltd and inform the Manager immediately, or as soon as it is safe to do so. The Manager will take steps to address hazards identified as extreme or high immediately.

Detailed documentation of the action taken must be included in the Hazard Report Form and Risk Assessment Form and, where required, on the Continuous Improvement Plan. Management will review all data to determine changes, including any education required and necessary improvements.

5.3.3 Monitoring

Risk management processes and systems are reviewed regularly as part of the monitoring program.

5.3.4 Reporting

Foot Balance Technology Pty Ltd will use the data gained from the risk management process to inform decisions and plans to improve practices continuously. The analysis will be conducted to assist changes in services, policies and procedures and will include, but is not limited to:

- complaints and feedback
- financial risk
- staffing issues
- participant satisfaction
- risks to participants and staff
- amendments to legal or compliance requirements
- training and education.

Figure 3. Risk priority chart

| Consequence  Likelihood  | Insignificant (1) | Minor (2) | Moderate (3) | Major (4) | Extreme (5) |
|---|--------------------------|---|---|--|---|
| | | Participant – potential injury Staff – lost time or illness of < 5 days. Visitors – no treatment or refused treatment. Services – minimal disruption. Financial – loss of < \$5K Environmental – fire alarm from faulty equipment. | Participant – first aid attention. Staff – lost time or illness of 5-10 days. Visitors – first aid attention. Services – disruption to some users. Financial – loss of < \$10K & > \$5K. Environmental – small fire from faulty equipment. | Participant – medical attention by GP required. Staff – lost time for > 11 days or restricted duties. Visitors – medical intervention by GP. Services – disruption to all users. Financial – loss of > \$10K but < \$50K. Environmental – fire contained in a room. | Participant – permanent loss of function or disfigurement, absconding participant, sexual assault. Staff – permanent loss of function or disfigurement, sexual assault. Visitor – as for staff. Service – a major loss of service. Financial – loss of > \$50K & < \$100K. Environmental – fire that grows larger than one room. |
| Rare (1) Unlikely to reoccur, may occur in exceptional circumstances | 1 | 1 | 2 | 3 | 3 |
| Unlikely (2) could reoccur at some time in 2 – 5 years | 1 | 1 | 2 | 3 | 3 |
| Possible (3) possibly will reoccur, might occur at some time every 1 – 2 years | 1 | 2 | 2 | 3 | 4 |
| Likely (4) will probably occur (several times a year) | 1 | 2 | 3 | 4 | 4 |

| | | | | | |
|---|---|---|---|---|---|
| Almost certain (5) expected to reoccur either immediately or in a short period (likely to occur most weeks /months) | 2 | 3 | 3 | 4 | 4 |
|---|---|---|---|---|---|

Note: No. 4 = extreme risk, No. 3 = high risk, No. 2 = medium risk and No. 1 = low risk

5.4 Consequence rating table

| Insignificant | Minor | Moderate | Major | Extreme |
|--|--|---|---|--|
| The participant | | | | |
| Less than a first aid injury or brief emotional disturbance. | First aid injury or emotional disturbance impacting more than two-days but does not require treatment. | Substantial injury resulting in medical treatment. Temporary impairment or development/exacerbation of mental illness requiring treatment. Some cases of abuse/neglect. | Significant injury causing permanent impairment. Severe, long-lasting, or significant exacerbation, of mental illness requiring long-term treatment. Significant faults that allow serious abuse/neglect of people receiving support. | Avoidable death of a person. Systemic faults. Allowing widespread abuse/neglect of people receiving support. |

| Insignificant | Minor | Moderate | Major | Extreme |
|--|-------|----------|-------|---------|
| Allied health professional and others | | | | |

| | | | | |
|---|--|--|--|-----------------------|
| Nil or minor first aid injury or brief emotional disturbance. | First aid injury. Psychological injury impacting more than two-days but does not require treatment. | Substantial injury resulting in medical treatment. Temporary impairment or development/ exacerbation of psychological injury requiring treatment. | Significant injury causing permanent impairment. Severe, long-lasting, or significant exacerbation of mental illness requiring long-term treatment. | Preventable fatality. |
|---|--|--|--|-----------------------|

6.0 Related documents

- Complaints and Feedback Form
- Continuous Improvement Plan
- Continuous Improvement Register
- Internal Audit Schedule
- Emergency Plan
- Hazard Report Form
- Incident Investigation Form
- Position Descriptions
- Risk Assessment Form
- Risk Assessed Role Register
- Risk Assessed Role – Employee Register
- Risk Management Plan
- Risk Indemnity Form
- Risk Register
- Actions from environmental risk assessments and all other risk assessments
- Documentation, including meeting minutes and memos
- Policies, procedures and work instructions
- Capital maintenance and equipment budgets and plans
- Maintenance of current registrations and insurances
- Complaints and Feedback Policy and Procedure

7.0 References

- NDIS Practice Standards and Quality Indicators 2020
- Privacy Act 1988
- Work Health and Safety Act 2011

NDIS Worker Screening and Risk Assessed Roles Policy and Procedure

1.0 Purpose

Registered NDIS providers must ensure that key personnel and other workers in certain types of roles have appropriate worker screening clearances that meet the requirements of the NDIS Practice Standards and Quality Indicators. Appropriate clearances ensure that the key personnel and employees in risk assessed roles do not pose an unacceptable risk to the safety and wellbeing of our NDIS participants. Compliance with the NDIS Practice Standards and Quality Indicators 2020 is a condition of registration for all registered NDIS providers.

The risk assessed role is linked to the NDIS requirements. All roles identified as risk assessed by Foot Balance Technology Pty Ltd must meet all NDIS worker screening requirements.

2.0 Scope

The Manager must identify and record information regarding each role in the organisation to determine all risk assessed roles within Manager. The Manager determines and identifies all employees who meet the criteria of performing in risk assessed roles.

Employees performing within a role that has been determined as a risk-assessed role require NDIS Worker Screening. It is the responsibility of the employee to apply to the state Worker Screening Unit (WSU), provide the relevant application information and pay the fee.

It is then the responsibility of the Manager to verify all risk-assessed roles and maintain appropriate records using the Contractor Risk Assessed Check Form, Risk Assessed Role Register and the Risk Assessed Role – Employee Register.

3.0 Definitions

| Term | Definition |
|------------------------------|---|
| A risk assessed role | <p>A key personnel role (person or an entity) as defined in s11A of the National Disability Insurance Scheme Act 2013 (e.g. a CEO or a Board Member) as:</p> <ul style="list-style-type: none"> ● a role for which the normal duties include the direct delivery of specified supports or specified services to a person with a disability ● a role for which the normal duties are likely to require ‘more than incidental contact’ with people with disability, which includes: <ul style="list-style-type: none"> ○ physically touching a participant ○ building a rapport with a participant as an integral and ordinary part of the performance of normal duties ○ having contact with multiple participants, as part of the direct delivery of a specialist disability support or service, or in a specialist disability accommodation setting. |
| Contractor | <p>If the NDIS provider engages another organisation or individual to perform work on their premises (or otherwise) as part of their support and services provision. The organisation or individual is considered a contractor engaged by the registered NDIS provider.</p> |
| Exceptions/exemptions | <p>A registered NDIS provider may engage a person in a risk assessed role, who does not have an NDIS Worker Screening clearance, only if the registered NDIS provider is subject to the transitional and special arrangements and the registered NDIS provider is complying with those arrangements.</p> |

| | |
|---|---|
| | <p>A registered NDIS provider can also allow secondary school students on a formal work experience placement to engage in risk assessed roles without having an NDIS Worker Screening clearance or an acceptable check under the transitional and special arrangements, provided the students are directly supervised by another worker who has an NDIS Worker Screening clearance or acceptable check under the transitional and special arrangements.</p> |
| <p>Worker Screening Check</p> | <p>An assessment of whether a person who works, or seeks to work, with participants poses a risk to them.</p> <p>The worker screening check assessment determines whether a person is cleared or excluded from working in certain roles with participants.</p> |
| <p>Worker Screening Unit (WSU)</p> | <p>The Worker Screening Unit conducts the NDIS Worker Screening Check in the state or territory where a person applies for it.</p> <p>The Worker Screening Unit also decides whether a person is cleared or excluded.</p> <p>Registered NDIS providers are required to ensure that they only engage workers who have been cleared in certain roles, called risk assessed roles.</p> |
| <p>National NDIS Worker Screening Database</p> | <p>The National NDIS Worker Screening Database:</p> <ul style="list-style-type: none"> ● holds a register of cleared and excluded workers ● supports ongoing national monitoring of the criminal history records of workers with NDIS Worker Screening clearances ● means NDIS providers across the country can use a single online portal to verify their workers' Worker Screening Check applications, and review the NDIS Worker Screening clearances of prospective workers, |

| | |
|--|--|
| | <p>without needing to contact individual state and territory Worker Screening Units</p> <ul style="list-style-type: none"> • helps NDIS providers with record-keeping requirements. |
|--|--|

4.0 Policy

As a registered NDIS provider, Foot Balance Technology Pty Ltd will comply with the requirements relating to worker screening, as per the [National Disability Insurance Scheme \(Practice Standards – Worker Screening\) Rules 2018](#). It is the responsibility of the Manager to verify that all workers performing in a risk-assessed role have applied for and hold the appropriate worker screening clearances, (as determined by the Worker Screening Unit) by reviewing the details recorded in the National Worker Screening Database (NWSD). The Manager or an authorised delegate will manage, record and verify worker screening.

The Manager will identify which roles are risk assessed roles and ensure all workers in the roles have an NDIS Worker Screening Check or an acceptable check under the transitional and special arrangements. The following table lists the NDIS registration groups that may have risk assessed roles.

Table 1. Supports and services that may have risk assessed roles as described by the NDIS

| Descriptor |
|---|
| Assistance to access and maintain employment or higher education |
| High intensity daily personal activities |
| Assistance in coordinating or managing life stages, transitions and supports |
| Assistance with daily personal activities |
| Assistance with travel/transport arrangements, but only if the services are concerning specialised transport to school/educational facility/employment/community (does not include public services, i.e. taxi, bus and train) |
| Specialist positive behaviour support |
| Community nursing care |

| |
|--|
| Assistance with daily life tasks in a group or shared living arrangement |
| Innovative community participation |
| Development of daily living and life skills |
| Early intervention supports for early childhood |
| Specialised hearing services |
| Interpreting and translating |
| Participation in community, social and civic activities |
| Exercise physiology and personal training |
| Management of funding for supports in participant plans |
| Therapeutic supports |
| Specialised driver training |
| Specialised support coordination |
| Specialised supported employment |
| Hearing services |
| Customised prosthetics |
| Group and centre-based activities |

Only employees who work in risk assessed roles require the worker screening clearances. Foot Balance Technology Pty Ltd is not required to verify that employees, who do not work in risk assessed roles, have an NDIS worker screening clearance or an acceptable check under the transitional and special arrangements.

However, Foot Balance Technology Pty Ltd or a self-managed participant, may (as a safety measure) require a staff worker to undergo an NDIS worker screening clearance or have an acceptable check under the transitional and special arrangements, before engaging them for a role that is not a risk assessed role.

5.0 Procedure

5.1 Risk assessed role

The Manager will determine whether the normal duties of a role involve more than incidental contact with a participant; this may include:

- physical contact
- face-to-face contact
- oral communication
- written communication
- electronic communication.

The Manager will undergo a review of every role within Foot Balance Technology Pty Ltd and identify and record all risk assessed roles in the Risk Assessed Role Register. Staff whose role has been identified as a risk assessed role will undergo the appropriate worker screening checks. All clearance check details are recorded in the Risk Assessed Role – Employee Register.

Roles that have been determined as not risk-assessed are not required to hold worker screening clearances.

5.1.1 Documenting a risk assessed role

The Manager will complete the Risk Assessed Role Register for each risk assessed role and will document:

- risk assessed role title
- description of the role
- type of risk assessed role (as contained in the NDIS (Practice Standards - Worker Screening) Rules 2018)
- date risk assessed role determined
- employees who are role assessed
- the name and title of the person who made the assessment.

5.1.2 New reclassification of risk assessed role

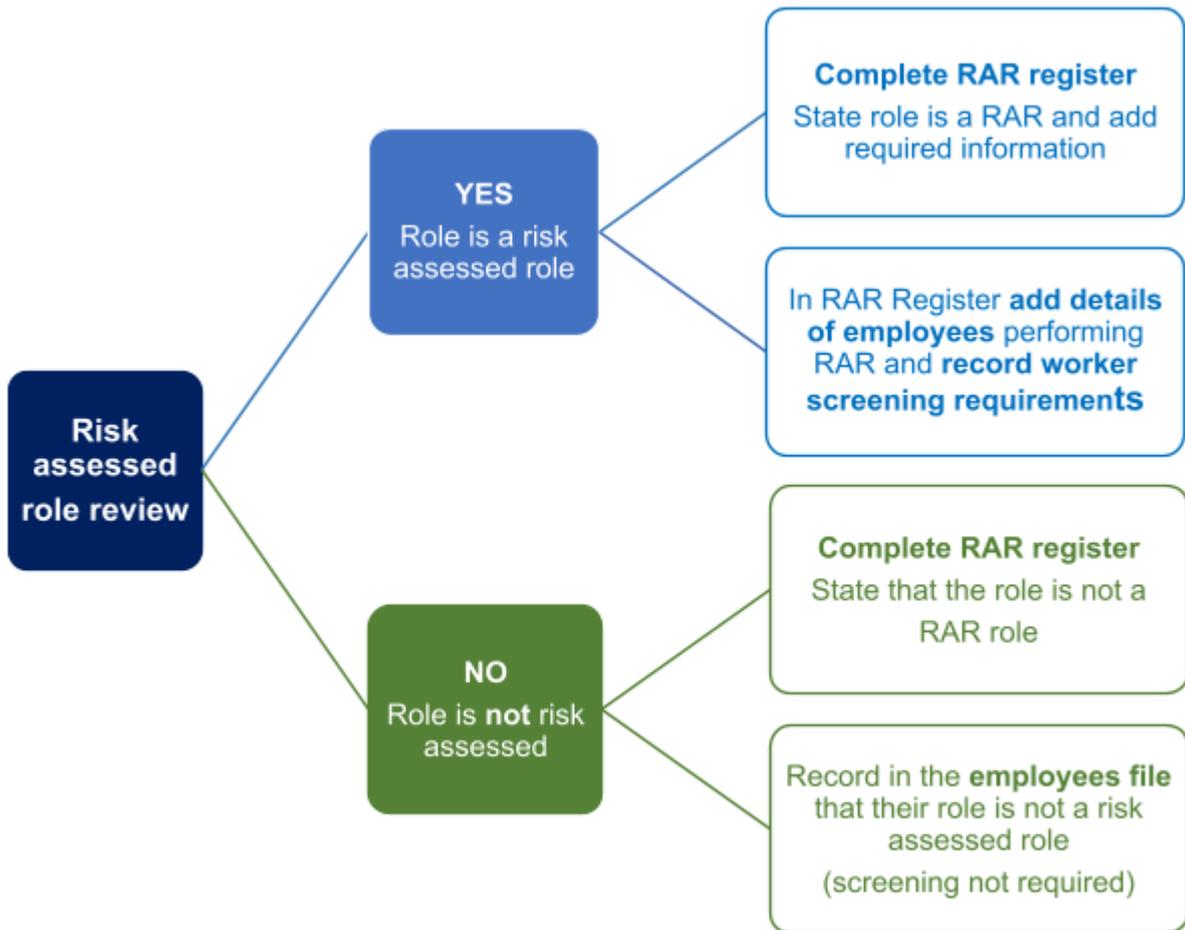
When a new risk assessed role is identified (or a current role is reclassified as a risk assessed role following a review) the Risk Assessed Role Register must be updated within 20 business days of the identification (or review) of the risk assessed role.

5.1.3 Worker risk assessed role checks

For each employee working in a risk assessed role, the Manager or their authorised delegate will document all relevant details in the Risk Assessed Role – Employee Register. Information documented includes:

- the full name, date of birth and address of the employee
- the risk assessed role or roles in which the employee engages
- if the worker may engage in a risk assessed role without an NDIS worker screening clearance:
 - the basis on which they may do so (refer to sections below regarding the exemptions to the requirement for a worker to have an NDIS Worker Screening clearance)
 - the start and end date of the period in which the exemption that allows them to work in a risk engaged role applies
- the name of the staff member who supervises the worker during this period
- the worker's NDIS Worker Screening Check application reference number
- the worker's NDIS Worker Screening Check outcome expiry date
- whether the worker's NDIS Worker Screening Check is subject to any decision which has the effect that Foot Balance Technology Pty Ltd may not allow the worker to engage in a risk assessed role, and the nature of any such decision (i.e. interim bar, suspension, exclusion)
- records relating to an interim bar, a suspension, an exclusion, or any action taken by the provider concerning these kinds of decisions concerning any worker
- allegations of misconduct against a worker with a check and the registered NDIS provider's action in response to that allegation.

Table 1. Internal review process



5.1.4 Engaging contractors

When engaging contractors, Foot Balance Technology Pty Ltd will work with the contractor to ensure that any contractor workers (including individual contractors) have the required worker screening checks and clearances.

When working with contractors, the Manager or their delegate will complete a Contractor Risk Assessed Check Form.

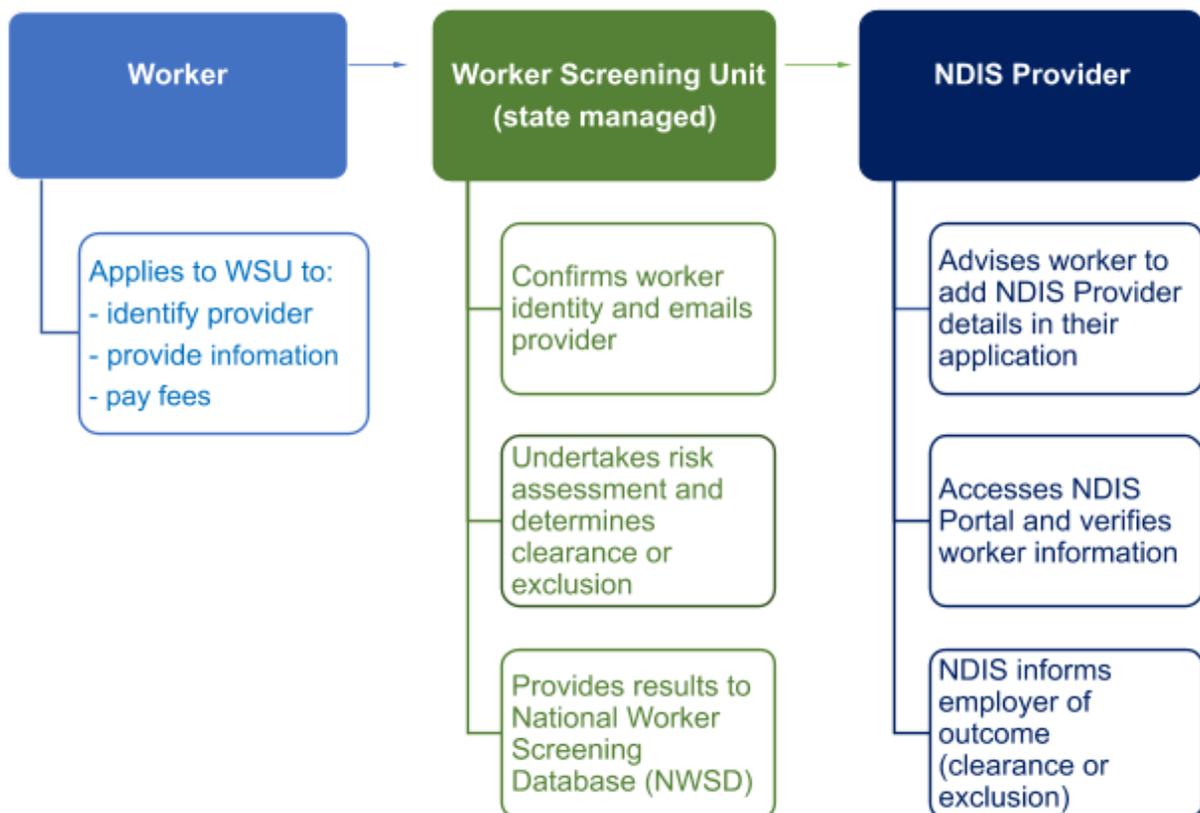
5.2 NDIS Worker Screening

All workers employed in a risk assessed role must apply for an NDIS Worker Screening Check with the state's Worker Screening Unit. The Worker Screening Unit manages the application process and collects the required application fee.

The Manager or a delegated staff member will access the NDIS Portal and validate the worker screening checks. The National Worker Screening Database (NWSD) will advise Foot Balance Technology Pty Ltd via email of a worker's clearance or exclusion.

The Manager, in turn, will inform the staff member of the results. If the NWSD advises of an exclusion or provides negative advice regarding a worker, it is the Manager's responsibility to withdraw that particular worker from the risk assessed role immediately.

Diagram 2. Risk Assessed Role - NDIS Worker Screening Process



In addition to the National Police Check, some staff workers may require a Working with Children Check if they work with participants under the age of 18 years.

For more information regarding worker screening, refer to Appendix 1. Worker Screening Unit and Transitional Requirements.

5.3 Risk management

As a registered NDIS provider, Foot Balance Technology Pty Ltd is required to develop, implement and maintain risk management strategies to ensure our participants' safety. Risk management strategies for risk assessed roles will be recorded in our Risk Management Plan.

Foot Balance Technology Pty Ltd's Risk Management Plan will:

1. Identify the risks relating to:
 - non-supervision of a worker during the delivery of services or supports
 - safety of our participants
 - a participant being injured or not receiving the necessary support they need.
2. Outline actions to be taken by our organisation to address risks, which may include the Manager:
 - identifying if the employee has any current worker screening clearances
 - allocating an appropriate supervisor to the employee to monitor their work until worker screening clearances are received
 - checking references and seeking additional information about employees working a risk assessed role to confirm they understand and perform safe work practices.

5.4 Document records

Foot Balance Technology Pty Ltd will keep all documents up to date. Records will be kept for seven years from the date they were made. Records will be stored by Foot Balance Technology Pty Ltd on a secure password-protected server in an organised, accessible and legible manner.

Information relating to workers engaged in a risk assessed role will be kept in a manner that is easily accessible to the NDIS Commission or a quality auditor. Information will include workers engaged on any given day over the previous seven years.

6.0 Related documents

- Risk Assessed Role Register
- Risk Assessed Role – Employee Register
- Contractor Risk Assessed Check Form
- Personnel File Contents Checklist
- Risk Management Plan
- Human Resource Management Policy and Procedure

7.0 References

- NDIS (Practice Standards – Worker Screening) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020

Appendix 1: State Worker Screening Units and Transitional Requirements

1.0 State worker screening units

For information about how to apply for a Worker Screening Check, visit the WSU webpage for the relevant state or territory via the link:

| State | State Worker Screening Unit (Web Link) |
|------------------------------|---|
| New South Wales | Office of the Children’s Guardian |
| Australian Capital Territory | Access Canberra |
| Northern Territory | NT Police, Fire and Emergency Services |
| Queensland | Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships |
| South Australia | Department of Human Services |
| Tasmania | Consumer, Building and Occupational Services |
| Victoria | Department of Justice and Community Safety |
| Western Australia | Department of Communities |

2.0 Risk assessed role transitional requirements as of 1 February 2021

| NDIS workers in a risk assessed role | Transitional arrangements |
|---|--|
| Victoria | |
| <p>Workers who hold a valid:</p> <ul style="list-style-type: none"> • police check • Disability Worker Exclusion Scheme (DWES) Check. | <p>Workers have until 31 July 2021 to get an NDIS Worker Screening Check Clearance (NDIS Clearance).</p> |
| <p>Workers who hold a valid:</p> <ul style="list-style-type: none"> • police check • DWES Check • Working with Children (WWC) Clearance. | <p>Workers have until their WWC Clearance expires to get an NDIS Clearance</p> |
| <p>Workers who meet the transitional arrangements for providing Early Intervention Supports for Early Childhood (ECIS) and community mental health services in Part B of the Department of Health and Human Services (DHHS) Safety Screening Policy for registered NDIS providers operating in Victoria</p> | <p>Workers have until 31 July 2021 to get an NDIS Clearance</p> <p>If they have a WWC Clearance, they will have until it expires to get an NDIS Clearance.</p> |
| Western Australia | |
| <p>National Police Check (NPC) must be less than three years old.</p> | <p>Can continue to work for two (2) years or until acceptable check (NPC or WWC check) expires, whichever is sooner.</p> |
| <p>If in child related work, the worker must also have a Working With Children Card or a pending application and no interim negative notice in place.</p> | <p>Note: Certain ‘triggering circumstances’ will require a worker to apply for NDIS Check immediately.</p> |
| New South Wales | |

| | |
|--|--|
| <p>An NDIS Worker Clearance (NDISWC) is only required when the existing acceptable check is about to expire or if a worker is a new NDIS worker.</p> | <p>NDISWC not required until current check expires or is revoked or worker is a new NDIS worker.</p> |
| <p>South Australia</p> | |
| <p>A disability screening can be used for NDIS work.</p> | <p>Disability screening can be used until it expires or is revoked.</p> |
| <p>Employers can still verify that a screening is valid until 31 March 2024 via their employer portal.</p> | |
| <p>Note: Risk assessed workers must hold a verified NDIS Screening prior to work commencement.</p> | |
| <p>Queensland</p> | |
| <p>If a worker already has a valid yellow card or yellow card exemption, they do not need to get an NDIS worker screening check immediately.</p> | <p>The existing yellow card will remain valid until it expires or is cancelled.</p> |
| <p>Workers with a valid yellow card or yellow card exemption – in order to keep working while the application is being processed, application must be submitted by the worker and verified by the employer (provider) before the card expires.</p> <p>Failure to do so may result in a worker being subject to ‘no card, no start’ which will require them to stop working until an NDIS clearance is issued.</p> | <p>Can apply for an NDIS worker screening check up to three months before their card expires.</p> |
| <p>Note: No Card No Start – All risk assessed roles</p> | |
| <p>Northern Territory</p> | |

| | |
|---|--|
| <p>A person engaged in a risk assessed role that met risk assessed requirements during the transition period.</p> | <p>The worker may continue to work in the role for two years, or until the clearance notice expires – whichever is sooner.</p> |
| <p>Australian Capital Territory</p> | |
| <p>A person engaged in a risk assessed role that met these requirements during the transition period.</p> | <p>The worker may continue to work in the role for three years or until the registration expires – whichever is sooner.</p> |
| <p>Tasmania</p> | |
| <p>A person engaged in a risk assessed role that met these requirements during the transition period.</p> | <p>The worker may continue to work in the role for three years, or until the registration expires – whichever is sooner.</p> |

Disaster Management Policy and Procedure

1.0 Purpose

The purpose of the Disaster Management Policy and Procedure is so our participants feel safe in the event of a disaster (natural or pandemic), knowing Foot Balance Technology Pty Ltd will provide them with continuity of service. Foot Balance Technology Pty Ltd focuses on maintaining service delivery to our participants in times of stress and uncertainty.

Though disasters and emergencies may be infrequent, we acknowledge our services are especially important before, during, and after such events. Many participants are beyond the reach of other services, and Foot Balance Technology Pty Ltd provides them with an essential support lifeline.

Foot Balance Technology Pty Ltd recognises that preparedness for disasters and emergencies is a priority for our organisation and a requirement to ensure our participants' safety.

Foot Balance Technology Pty Ltd will endeavour to provide an adequate level of service to our participants before, during and after all types of emergencies.

2.0 Scope

The scope of this policy includes our participants and staff. Our participants will be informed of our emergency procedures to assist them in preparing for an emergency, build their resilience, and maintain their confidence in Foot Balance Technology Pty Ltd.

Our staff will be well informed and prepared to assist participants in coping in an emergency within the community and strengthening Foot Balance Technology Pty Ltd's disaster resilience.

3.0 Policy

Foot Balance Technology Pty Ltd places our participants' safety and care at the forefront of our operational procedures. During a disaster, our team will adhere to this policy framework, and also work within any additional guidelines and instructions provided to our organisation by state and federal government authorities.

During any type of disaster, our senior management will undertake the following actions:

1. Follow all relevant government guidelines and instructions.
2. Communicate Foot Balance Technology Pty Ltd's response to staff, participants and any other relevant parties.
3. Prepare participants (before any possible actions are taken) by informing how the current situation may affect their services.
4. Brief our entire staff on any possible or real action steps required by them.
5. Attempt to keep key workers allocated to the same participants.
6. Work towards maintaining continuity of support for each of our participants.

3.1 Code of Conduct

All individuals engaged by Foot Balance Technology Pty Ltd must abide by both the NDIS Code of Conduct and our Code of Conduct.

4.0 Procedure

4.1 Preparing for disasters and emergencies

An **emergency** is a situation of grave risk to health, life or environment. A **disaster** is any phenomenon, natural or human-made, that can cause extensive destruction of life and property. The mere mention of either of these two words is enough to make the community, particularly our participants, extremely nervous.

Some disasters and emergencies Foot Balance Technology Pty Ltd may face include:

- flood
- fire
- heatwave
- snowstorm

- storms or cyclones
- pandemic.

Foot Balance Technology Pty Ltd will:

- stay informed regarding all state/territory and federal government directives and act upon these directives appropriately
- advise other organisations, who work with Foot Balance Technology Pty Ltd, of our disaster procedures and processes
- identify personnel who are critical in the delivery of essential frontline services
- identify Foot Balance Technology Pty Ltd participants, and their stakeholders, whose services may be impacted by the situation
- implement this policy in conjunction with our Risk Management Policy and Procedure, our Information Management Policy and Procedure and our Human Resource Policy and Procedure.

4.2. Supporting the supporters

Vicarious trauma is a real and grave health concern for staff and volunteers of community service organisations such as ours, mainly when working with disaster-affected individuals and communities.

Our Foot Balance Technology Pty Ltd will determine the best means to support our staff in a disaster situation and implement all appropriate measures as detailed in our Human Resource Management Policy and Procedure.

4.3 Consumer preparedness

Foot Balance Technology Pty Ltd understands that it is more likely that our participants will be adversely impacted by an emergency or disaster than others in the community.

We acknowledge that we may not provide the same service level to our participants during, or immediately after, an emergency or disaster situation. For these reasons, all of our participants must be supported by Foot Balance Technology Pty Ltd to prepare for changes due to a disaster or an emergency.

Foot Balance Technology Pty Ltd will:

- inform participants of the current situation and how the provision of their services and workers may be impacted
- continue to provide participants with the same key workers if they are available
- replace key workers with experienced workers who have the knowledge and skills to provide appropriate care to the participant
- inform the participant of any service changes and outline reason/s for these changes
- seek support within the local care community, if our staff are unavailable, and ensure that any new workers are appropriately experienced, trained and hold all relevant checks required.

4.4 Staff preparedness

Our team is our greatest asset; our focus is that they and their loved ones remain safe during an emergency or disaster situation.

Foot Balance Technology Pty Ltd will help prepare our staff for an emergency or disaster by implementing the following:

- inform staff of the situation and what is required by them via email, online messaging, Zoom meetings or similar
- train workers in all required measures, e.g. infection control, social distancing and evacuation
- seek feedback from participants regarding their services to adjust information distribution, if necessary
- inform staff of our participant's requirements outlined in their support plan.

5.0 Related documents

- Contingency Disaster Plan Template
- Business Continuity Policy and Procedure
- Risk Management Policy and Procedure
- Human Resources Management Policy and Procedure
- Work Health Safety and Environmental Management Policy and Procedure

6.0 References

- Work Health and Safety Act 2011 (Commonwealth)
- Privacy Act 1988 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020

Business Continuity Policy and Procedure

1.0 Purpose and scope

Our organisation is focused on meeting regulatory compliance, achieving best practice standards and providing continuous quality supports to our participants.

We continuously work towards building our organisation's resilience and business capability to effectively manage change (e.g. legislative, emergencies) to ensure continuity of service.

Our organisation plans to ensure the business can:

- manage crises effectively (within our control)
- provide service and business continuity to participants
- provide reassurance to staff and participants during times of uncertainty
- implement our review and compliance structures and policy and procedures.

We will develop strategies to examine the business's risks and methodology and implement changes required to address the risks identified.

Our mission

We believe that independence and choice are a fundamental right of all people regardless of their situation or personal challenges.

Our vision

Our goal is to provide a continuous, personalised service that supports our participants to enjoy a quality life.

2.0 Procedure

Our organisation acknowledges that our staff and key personnel are essential to providing support and business continuity. Our business is not reliant on a small group of individuals to provide service provision.

If key personnel are unable to fulfil their duties, the business will still operate using workers who have the appropriate skills and experience to meet our participants' needs. These workers may include:

- staff trained to undertake the role of others in their absence
- staff who are mentored and trained to increase their skills and knowledge
- agency staff who we employ when required
- regular casual staff.

We will also conduct appropriate risk assessments to mitigate risk and understand priorities for risk management actions. We will identify strategic priorities and assist in preparing for effective recovery after an emergency or disaster. We will monitor and comply with government directives and keep our participants and staff informed. All records and plans will be kept updated to ensure the information available is precise and current.

Our organisation engages with all key stakeholders to ensure we receive diverse input to inform our business plan, policies and procedures, which may include, but not be limited to, working with community members, participants, other service providers, IT professionals, health professionals, government bodies and staff

We have a policy and procedure review structure in place that is linked to our organisational risk management practices. With government legislation continually changing, we will, on an ongoing basis, implement changes required to the actions of our business and our employees.

The Manager will determine if there is a threat to the business and how it currently functions, which may require analysis of current work practices, a review of our services and price structures compared to our competitors.

All individuals engaged by Foot Balance Technology Pty Ltd will abide by both the NDIS Code of Conduct and our Code of Conduct.

2.1 Code of Conduct

All individuals engaged by Foot Balance Technology Pty Ltd must abide by both the NDIS Code of Conduct and our Code of Conduct.

3.0 Crisis management

Information obtained from various sources will be used to determine if our business model is appropriate. Our organisation will review our crisis management processes and implement appropriate and necessary structures to address emergencies. Natural disasters, including ensuring computer data is securely backed up on a regular schedule to ensure that all data is securely backed up on a regular schedule to ensure that the system crashing it is recoverable in the event of the system going down.

We will ensure the following documents are regularly updated to provide current information to staff in the event of an emergency:

- participant support plans
- emergency plans
- contact details
- medication lists
- critical supplies
- critical suppliers.

In an emergency, we will implement the Disaster Management Policy and this policy in conjunction.

3.1 Training

Training of staff and management is essential to business continuity. The Manager will advise staff and participants of all training requirements, e.g. scenario training to inform staff of possible emergencies and the relevant procedures to follow.

3.2 Reviews and updates

We will use their risk management and continuous improvement policies and procedures to review current practices and determine a plan of action for improvement. Improvements are likely to ensure that our business continues to grow and develop. Our organisation will use all appropriate data to determine threats or risks to the business, our staff and our participants.

Staff will be kept up to date with any required changes to the service. Implementing best-practice standards is the key to ensure that the business moves forward with positive outcomes. Our staff will be trained to ensure that they are knowledgeable and professional.

We will ensure that all required business insurances are current, and our government regulatory requirements are met.

4.0 Related documents

- Risk Assessment Form
- Risk Management Plan
- Risk Register
- Internal Audit Schedule
- Staff Training Record
- Staff Training Plan
- Contingency Disaster Plan Template
- Human Resource Management Policy and Procedure

5.0 References

- NDIS Act 2013 (Commonwealth)

Infection Management Policy and Procedure

1.0 Purpose

The purpose of this policy is to assist in preventing cross-infection between participants, carers, staff and contractors, so participants maintain their health and wellbeing. By managing infection, Foot Balance Technology Pty Ltd can more effectively manage healthcare costs to both the organisation and our participants.

It is imperative that our staff and contractors understand and follow our protocol concerning infection control and implement our processes as part of their essential work practices and all care activities to stop infectious agents' spreading.

2.0 Scope

This policy applies to all Foot Balance Technology Pty Ltd staff and contractors. Appropriate training will be implemented to assist staff in understanding the causes of infection and how infections spread.

3.0 Definitions

Table 1. Definitions

| Term | Definition |
|----------------------|---|
| Infection | A disease or illness caused when an organism inside a person multiplies to levels where it causes harm. |
| Colonisation | An infectious agent establishes itself on, or in, the body but does not cause disease. |
| Contamination | When infectious agents spread to a surface or item, creating risks for the spread of infection. |
| Source | The origin of the infectious agent; most sources are other people, but they can also be air, water, food or equipment that has become contaminated. |

| | |
|-------------------------------------|--|
| Susceptible host | A person exposed to an infectious agent who is vulnerable to infection. |
| Multi-resistant organism | A multi-resistant organism (MRO) is a type of infectious agent resistant to several different antibiotics typically used in its treatment. Because treatment options are limited, it is especially important to stop the spread of MROs. |
| Standard precautions | A minimum level of practice for infection control. |
| Additional precautions | Put in place when staff know they will be in contact with cases of certain infections. |
| Common modes of transmission | |
| Transmission | The spread of infectious agents from one person to another. |
| Contact | Infectious agents are transferred directly (e.g. contact with infected blood or body fluids), or indirectly (e.g. touching a contaminated surface and then another person without performing hand hygiene in between). |
| Droplet | Droplets made by coughing or sneezing transfer to someone's eyes, nose or mouth. |
| Airborne | Tiny particles containing infectious agents travel through air currents (e.g. air conditioning) and are breathed in by a person. |
| Vehicle | Food contaminated with an infection is the "vehicle" to carry the infection to a person when they eat the contaminated food. |
| Vector-borne | An animal or insect carries a disease and bites a person who then becomes infected with the disease. |
| Outbreak | More disease cases than expected in an area among a specific group, e.g. two or more linked cases of the same illness. |

Table 2. Infectious agents

| Infection | Description |
|--------------------------|--|
| Influenza ('flu') | Spread by droplet and contact routes. Causes runny nose, aches and pains, fever, tiredness. |
| Coronavirus | Spread by droplet and contact routes. Causes fever, coughing, sore throat, shortness of breath. |

| | |
|---|---|
| | Also, cold-like symptoms. |
| Norovirus, rotavirus ('gastro') | Spread by droplet and contact routes. Causes diarrhoea or vomiting. |
| Skin infection (scabies, impetigo) | Spread by contact route. Causes rashes, redness, swelling, boils. |
| Tuberculosis (TB) | Spread by an airborne route. Causes bad cough, sweating, fatigue, fever. |
| Multi-resistant organism (MRO) | A type of infectious agent that has become resistant to a range of different antibiotics typically used in its treatment. |

4.0 Policy

4.1 General management

Foot Balance Technology Pty Ltd will maintain high standards of infection control through the following measures:

- Maintaining and reviewing our infection control policy and procedures regularly and in response to new legislation and best practice guidelines.
- Maintaining service agreements with appropriately qualified and licenced organisations for the:
 - removal of waste
 - regular monitoring and removal of pests when required (e.g. termites, spiders)
 - supply of food
 - cleaning and laundry equipment and services
 - monitoring and maintenance of air handling systems (where installed)
 - supply of personal protective equipment
 - pharmaceuticals and medical supplies.
- Providing infection control training to all staff.
- Displaying information and directions within the home to help staff and visitors maintain infection control practices.
- Completing relevant hazard and risk management processes, as required.
- Auditing infection control practices, investigating problems, checking for trends and fixing problems.

4.2 Standard precautions

Standard precautions are practices that applied by all staff and include:

- hand hygiene
- respiratory hygiene/cough etiquette
- personal protective equipment
- handling of medical devices
- cleaning and managing spills
- handling of food, waste and linen.

Standard precautions will always be used for all:

- participants
- work practices.

4.3 Code of Conduct

All individuals engaged by Foot Balance Technology Pty Ltd must abide by both the NDIS Code of Conduct and our Code of Conduct.

5.0 Responsibilities

The Manager or their delegated officer will undertake the following:

1. Coordinate, monitor, and review the infection control program following Foot Balance Technology Pty Ltd's care governance program.
2. Identify and monitor any trends in infection and then formulate and monitor action plans to address these.
3. Monitor staff compliance with infection control requirements and address any issues as identified.
4. Provide infection control reports as required to the Board.
5. Ensure service practices and procedures include and comply with infection control requirements.
6. Participate in the selection and provision of equipment and supplies to ensure infection control requirements are met.
7. Support the staff vaccination program in consultation with our staff.
8. Coordinate and evaluate infection control education for all staff, including orientation of new staff members.

9. Ensure that plans are in place to identify and manage infections.
10. Provide information and feedback to management and staff regarding infection control activities and all infection control related matters, including actions taken and outcomes achieved.
11. Facilitate the collection of data and necessary reports for infection control clinical indicators.
12. Undertake ongoing professional development in infection control to maintain up-to-date skills and knowledge.
13. Conduct a range of infection control audits as required, formulate and monitor action plans to address identified issues.
14. Coordinate the management of occupational exposures to blood and body fluids.
15. Ensure that additional precautions are implemented when required to prevent the spread of infection.

6.0 Procedures

Foot Balance Technology Pty Ltd must provide care to our participants to assist them in maintaining their wellbeing and health, as:

- children and older people are often more vulnerable to infections, as their immune system may not be developed or may be compromised
- participants with chronic diseases may spend time in hospital where they will be exposed to infectious agents
- surgical wounds and invasive devices, e.g. catheters, increase the risk of infection.

6.1 Risk Management

The Manager will ensure implementation of the following processes to manage risks associated with infection control as outlined in the diagram following:



6.2 Surveillance

Surveillance is an integral part of our infection control program. It encompasses outcome surveillance, process surveillance and critical incident surveillance.

6.2.1 Outcome surveillance

Infection control data is collected by the Manager or their delegate and other staff members (as requested by management) from documents, e.g. participant notes/charts, audits, etc. Data on the following infections may be collected for review:

- skin and mucous membrane infection
- respiratory tract infections
- urinary tract infections
- gastrointestinal

- eye, ear, nose and mouth infections
- skeletal connective tissue
- systemic.

Specific surveillance may be carried out and reported as decided by the Board in consultation with the Manager.

6.2.2 Process surveillance

Reports related to surveillance are submitted by the Manager to the Board as required. Information within the reports may come from various sources, including clinical information, health issues and other relevant sources.

6.2.3 Critical incident surveillance

The delegated officer will collect data for each critical incident. Investigation of critical incidents is undertaken by the Manager or their delegate with the help of staff and external agencies as required.

6.3 Standard and additional precautions

Overview

A two-tier system of infection control precaution is in place. The two tiers are standard precautions and additional precautions. The precautions are designed to control the spread of infection that occurs through the following modes of transmission:

- direct physical contact
- indirect physical contact
- droplet
- airborne
- vehicle
- vector-borne.

6.3.1 Standard precautions (Tier 1)

Standard precautions help reduce the risk of transmission of microorganisms from both known and unknown infection sources and are always undertaken.

Standard precautions include:

- safe work practices, e.g. hand hygiene and hand sanitising
- use of protective barriers, e.g. gloves, gowns/aprons, masks and eye protection
- appropriate management of contaminated sharps, clinical waste, participant
- care devices and linen
- respiratory hygiene/cough etiquette.

Standard precautions must be used when staff are likely to encounter:

- blood (including dried blood)
- all body substances, secretions and excretions (except sweat)
- non-intact skin
- mucous membranes.

6.3.2 Additional precautions (Tier 2)

Staff will use additional precautions when they know they will be in contact with certain infections. There are three types of additional precautions. Precautions include:

1. Contact precautions: Used to reduce the risk of transmission of microorganisms by direct or indirect contact (e.g. contact with skin or surfaces contaminated with MRSA, scabies or gastroenteritis).
2. Droplet precautions: Used where a participant may have an infection transmitted by droplets (e.g. mumps, rubella, influenza and SARS).
3. Airborne precautions: Used for participants known, or suspected, to be infected with pathogens that can be transmitted through the air (e.g. tuberculosis or chickenpox virus).

Standard precautions are ALWAYS used with additional precautions. Additional precautions are used by all staff members when the Manager or their delegate instructs staff to use them.

The following table details staff requirements when undertaking standard precautions and when instructed to take additional precautions.

| Requirement | Standard Precautions | Additional Precautions | | |
|------------------------------|---|--|---|---|
| | | Contact precautions | Droplet precautions | Airborne precautions |
| Signage | No | Yes | Yes | Yes |
| Hand hygiene | Yes | Yes | Yes | Yes |
| Gloves | Yes, if there is a risk of contact with blood or body substances. | Yes, for direct contact with a participant or their environment. | No | No |
| Impervious apron/gown | Yes, if there is a risk of splash or contamination with blood or body substances. | Yes, for direct contact with a participant or their environment. | No | No |
| Mask | Yes, if there is a risk of splash, splatter, or risk of blood or body substances spraying into the air. | No | Yes. Staff to use a surgical mask when coming within one (1) metre of the participant. Staff to remove the mask after leaving the room. | Yes. Staff to use a P2 mask. Staff to remove the mask after leaving the room. |
| Protective eyewear | Yes, if there is a risk of splash, splatter or risk of blood or body substances | No | Yes. Staff to use when coming within one (1) metre of the participant. | No |

| | | | | |
|----------------------------------|---|--|---|--|
| | spraying into the air. | | | |
| Equipment | Yes, when handling equipment contaminated with blood or body substances. Remove gloves when finished handling the equipment and wash hands. | Single-use or dedicated equipment where possible. Reprocess reusable items to the required level before reusing on other participants. | No | No |
| Cleaning | Yes, standard cleaning. | Standard cleaning but depends on the organism. Manager to advise staff of specific cleaning needed. | Standard cleaning but depends on the organism. Manager to advise staff of specific cleaning needed. | Standard cleaning but depends on the organism. Manager to advise staff of specific cleaning needed. |
| Transport of participants | Yes. Cover all open wounds. | Surgical mask if coughing/ sneezing and an infectious condition known or suspected. Manager to advise precautions | Surgical mask for the participant when leaving the room. Use a mask over the top of nasal oxygen prongs (if in use). Advise transport staff and receiving | Surgical mask for the participant when leaving the room. Use a mask over the top of nasal oxygen prongs (if in use). |

| | | | | |
|-----------------|---|--|---|---|
| | | to transport staff and the receiving area. | area of precautions. | Advise transport staff and receiving area of precautions. |
| Visitors | Yes. Hand hygiene before and after the participant visit. | Yes, as directed by the Manager. | Yes. Use a surgical mask when coming within one (1) metre of the participant. Remove the mask after leaving the room. | Yes. Use a P2 mask. Remove the mask after leaving the room. |
| Other | Respiratory hygiene for coughing/ sneezing participants. | Do not take medical records into the room. | Do not take medical records into the room. | Do not take medical records into the room. |

6.3.3.1 Visitors

The Manager will determine if visitors need to use Personal Protective Equipment to protect themselves and others from infection. The requirements and the reasons for this should be clearly explained to the visitors by staff. Visitors who do not wish to comply with requirements should be referred to the Manager for further discussion and explanation.

6.3.3.2 Participants requiring the use of additional precautions

When a participant requires additional precautions, the policies and procedures in this manual will be implemented.

6.4 Hand hygiene and hand care

6.4.1 Situations requiring hand hygiene

- When starting and finishing work (including before and after a meal or other breaks) and before starting a new task or activity.
- After going to the toilet.
- After using a handkerchief or tissue, coughing, or sneezing.
- After touching hair or any other part of the body.
- After handling rubbish.
- Whenever staff can see dirt on their hands, or when staff are requested to stop the spread of microorganisms.
- Before and after direct contact with a participant and their surroundings
- Before wearing, and after removing, any personal protective apparel, including gloves, mask/face protection, or impervious apron/gown.
- After any contact with blood or body fluids, non-intact skin and abnormal risk, e.g. rash.
- After handling unwashed linen or clothing.
- Before handling or preparing any food or drinks for participants or staff, including assisting participants with their meals.
- After contact with any surface, environment or object that may be contaminated.

6.4.2 General rules for hand hygiene

- Hands must be cleaned with soap and water when there are dirt\substances on hands.
- Staff must wash their hands before and after using gloves.
- Artificial nails, nail extensions and nail enhancements (varnish or nail art) are not worn by staff while providing direct care to participants. These types of nails cause microorganisms to increase.
- Hand and wrist jewellery are to be kept to a minimum for staff providing direct participant care.
- Rings (other than a plain wedding band) are not to be worn.
- Bangles, wristbands or bracelets are not to be worn.
- Hands must be dried after washing, as the residual moisture left on the hands may harbour bacteria.
- Paper towels or single-use cloth towels must be used to dry hands.

6.4.3 Types of hand hygiene

Routine: Removes transient microorganisms

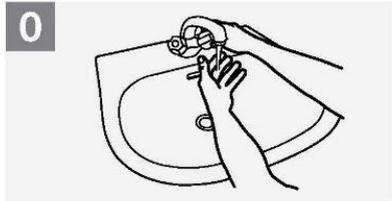
| Product | Duration | Technique |
|-----------------------------|---------------|---|
| Alcohol-based hand cleanser | 10-20 seconds | Rub over all surfaces until dry without wiping. |

| Product | Duration | Technique |
|-----------------------|------------|--|
| Liquid soap and water | 30 seconds | Wet hands. Apply one measured dose of solution, lather well overall surfaces, rinse and pat dry with a disposable towel. |

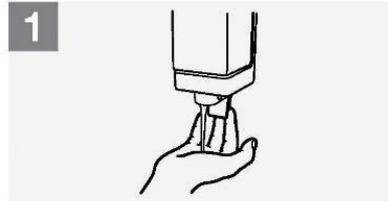
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

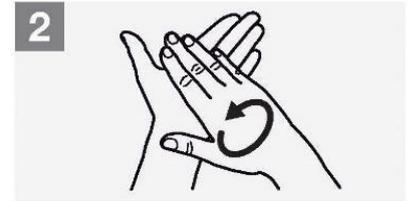
 Duration of the entire procedure: 40-60 seconds



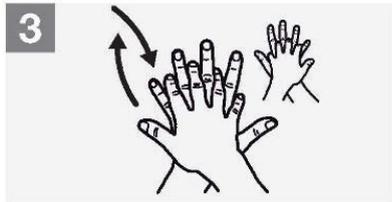
0 Wet hands with water;



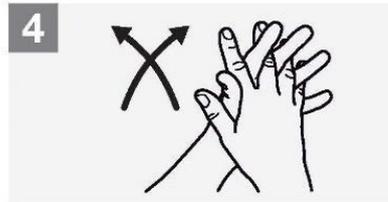
1 Apply enough soap to cover all hand surfaces;



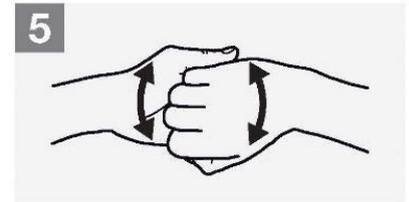
2 Rub hands palm to palm;



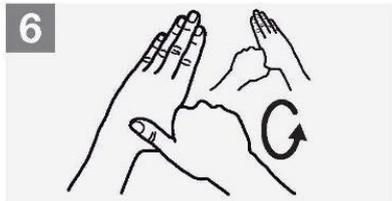
3 Right palm over left dorsum with interlaced fingers and vice versa;



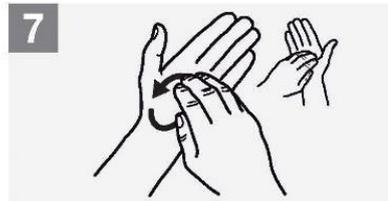
4 Palm to palm with fingers interlaced;



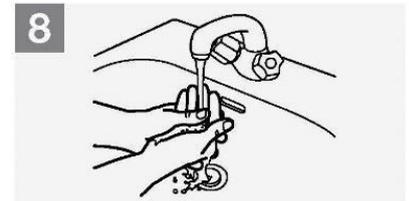
5 Backs of fingers to opposing palms with fingers interlocked;



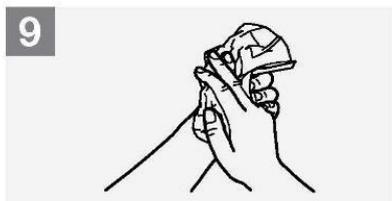
6 Rotational rubbing of left thumb clasped in right palm and vice versa;



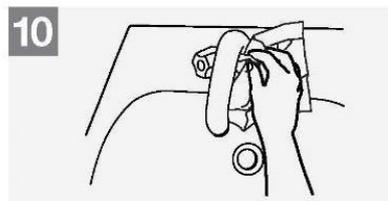
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



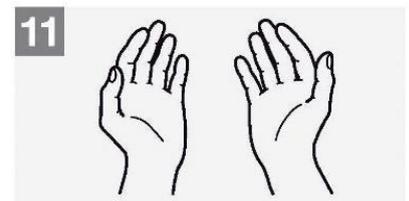
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;

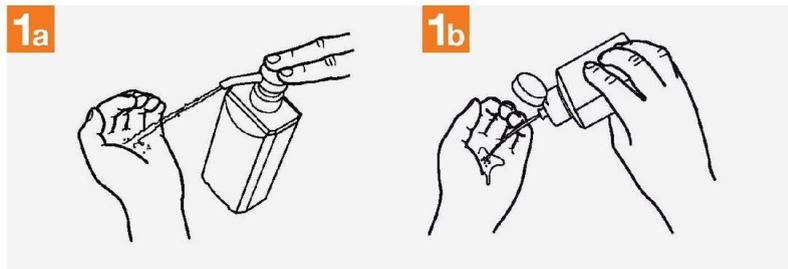


11 Your hands are now safe.

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

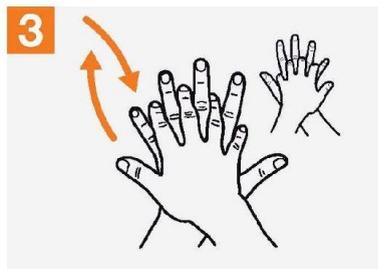
 **Duration of the entire procedure: 20-30 seconds**



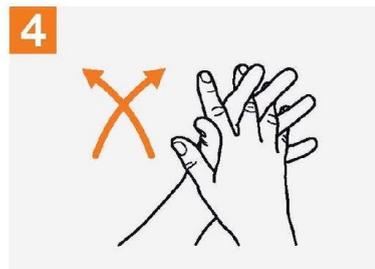
1a Apply a palmful of the product in a cupped hand, covering all surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



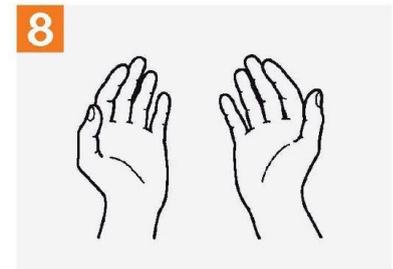
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Once dry, your hands are safe.

6.4.4 Procedural (clinical/non-surgical)

Use before aseptic procedures (e.g. catheterisation).

| Product | Duration | Technique |
|--|--------------------|--|
| Antimicrobial liquid soap and water | 30-60 seconds | Wet hands, then apply one measured dose of the solution, lather well over all surfaces, rinse and pat dry with a disposable towel. Use technique as per Diagram 1: How to Handwash, however, the duration must be 30-60 seconds. |
| Alcohol-based hand cleanser with known residual effect | 30 seconds minimum | Rub over all surfaces until dry without wiping. Use technique as per Diagram 2: How to Hand Rub, however, the duration must be a minimum of 30 seconds. |

6.4.5 Safety, storage and use of non-water cleansers (alcohol-based hand rub)

Alcohol-based hand rub will be made available in Foot Balance Technology Pty Ltd vehicles and offices. A safety data sheet (SDS) for alcohol-based hand rub is available in areas where alcohol-based hand rubs are stored.

Alcohol-based rubs can ignite and catch on fire when they reach 21° to 24° Celsius, or a large volume is located in one area. These rubs must be stored away at temperatures less than 21° Celsius.

6.5 Personal Protective Equipment (PPE)

6.5.1. Gloves

- **Sterile gloves:** Used for procedures where there is contact with susceptible sites (e.g. catheterisation, where aseptic technique is required for wound care or managing a tracheotomy).

- **Non-sterile gloves:** Used for procedures that involve contact with non-intact skin and mucous membranes (e.g. emptying a catheter bag) and personal care activities (e.g. assisting with toileting).
- **Reusable utilised gloves:** Used for non-care activities (e.g. general cleaning, cleaning contaminated surfaces).

Gloves are used when:

- changing a colostomy bag or urinary drainage bag
- dressing wounds or touching broken skin
- assisting with toileting
- giving mouth or eye care
- oral suctioning
- touching equipment or surfaces that may encounter blood or body substances
- blood glucose monitoring
- touching broken skin
- preparing food.

Gloves are not used instead of hand hygiene; staff must always:

- perform hand hygiene before and after using gloves
- remove gloves when a care activity is finished
- change gloves before starting a different care activity
- dispose of used gloves immediately.

Staff must not use multiple gloves at the same time.

6.5.2 Aprons or gowns

Impermeable (waterproof) gowns or aprons are used to stop contamination of staff workers' clothes and skin. Gowns and aprons are used when there is a risk of splashes or sprays of blood or body fluids (e.g. vomiting or diarrhoea). Gowns/aprons are worn during the care of participants who have an infection spread by the contact, droplet or airborne route.

Hand hygiene must be performed before and after using gowns or aprons.

Gown/apron must fully cover the torso from neck to knees, arms to the end of wrists and adequately wrap around the back. All fastenings on the gown/apron must be tied

and fastened at the back. Gown/apron will be removed and disposed of as soon as care is completed.

Plastic aprons can be used:

- when clothes may be exposed to blood or body fluids, and there is a low risk that arms will be contaminated
- when the staff worker's clothes might get wet (e.g. when showering a participant)
- only once and then must be disposed of as soon as care is completed.

6.5.3 Face masks

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

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

Masks are worn during the care of participants who have an infection spread by the droplet or airborne route. Masks may also be placed onto coughing participants, especially if they are unable to cover their mouths. Before doing this, consider whether wearing a mask will cause distress (e.g. if the participant cannot understand the purpose of wearing the mask).

Types of mask

- Surgical masks are appropriate for most situations.
- Other types of masks may be required.
- The supervisor will inform the staff of the appropriate mask to wear, if necessary.

Procedure

1. Check manufacturer's instructions before use.
2. Do not touch the front of the mask with hands once the mask is in place.
3. Use each mask for one person's care only and change if a care activity takes an extended time.
4. Do not leave a mask dangling around the neck.
5. Discard mask after use and perform hand hygiene after discarding

6.5.4 Protective eyewear

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

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

Eyewear is worn during the care of participants who have an infection spread by the droplet or airborne route. Staff are trained to understand that the outside of the eyewear is contaminated and to:

- remove eyewear using the headband or earpieces
- clean eye shield after each use with detergent and water and allow it to dry
- dispose of single use eyewear on completion of the care activity.

6.5.5 Handling medical devices

Indwelling medical devices, such as urinary catheters and intravenous catheters, provide a route for infection to enter the body. When handling these devices, staff workers are at risk of exposure to blood and body substances.

Essential work practices to be followed by staff:

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

6.5.6 Respiratory hygiene and coughing procedure

Respiratory hygiene and coughing etiquette are particularly important for infections spread by droplets. All participants accessing our service must cover sneezes and coughs to prevent them from dispersing droplets into the air and infecting others. Participants are requested to:

- cover nose and mouth with a tissue when coughing, sneezing, wiping or blowing the nose, and dispose of the tissue immediately after use
- cough or sneeze into your elbow (if they do not have a tissue) not their hand
- perform hand hygiene immediately.

Staff must support participants by:

- encouraging them to use tissues when they sneeze or cough
- putting a plastic garbage bag near them, so used tissues can be disposed of immediately
- encouraging hand hygiene
- providing alcohol-based hand rub within easy reach.

6.5.6.1 Staff health requirements

- Staff who have symptoms of a respiratory illness must seek medical advice to check if there is a risk of infecting others.
- Staff who are ill should take sick leave.
- Staff who have a cough must practice the above procedure.
- Staff who have a cough must see their doctor immediately.
- Staff must follow the instructions of Foot Balance Technology Pty Ltd to report any illness, including coughs, to prevent the spread of any virus or bacteria.

6.5.7 Sharps management

- Staff members who use a sharp are responsible for its safe disposal:
- Always place the whole disposable needle and syringe in the sharps container unless there are instructions to do otherwise, e.g. insulin pen.
- DO NOT put the lid back on the needle.
- Place sharp in a hard plastic or metal tray when passing to another person.
- Any reusable sharps must be placed immediately after use in a hard plastic or metal container.
- Containers are only to be filled to the level as marked on the container. DO NOT force items into a sharps' container (this can damage the container or cause injury).
- Full containers must have the lid firmly locked in place for collection by waste management.

6.5.8 Management of blood and body substance spills

If blood or body substance spills staff must:

- put on protective clothing; this always includes gloves but may also include impervious apron and nose/mouth and eye protection
- use brush and pan to remove any broken glass or sharps
- clean up the bulk of the spill with a paper towel and discard in the bin.
- use a mop and bucket to clean spill (checking first with the participant as they may have specific cleaning equipment for use).

When finished cleaning staff will:

- dispose of single-use items
- place reusable items (e.g. sheets, towels) in washing receptacle for washing and drying
- clean reusable items such as goggles with a neutral detergent and then dry.
- clean the mophead and bucket with detergent and place upside down to drain and dry
- inform the Manager or their delegate
- complete or assist with completing the Incident Report.

6.5.9 Multi-Resistant Organisms (MRO)

The issue of multiple resistant organisms (MROs) (also known as “superbugs”) can be a source of real anxiety for staff and participants. It can cause inappropriate social and physical isolation and excessive infection prevention actions. Finding a balance between infection prevention strategies and not inadvertently limiting a participant’s activity level and engagement with the residential care community is essential.

Staff workers will notify the Manager IMMEDIATELY that they know a participant is infected or suspected of being infected with a multi-resistant organism.

Standard precautions are used in this situation, and staff workers will follow appropriate policy and procedures.

6.5.10 Notification of infectious diseases

The Manager will report any of the following diseases applicable to relevant state and national legislative requirements. The Communicable Diseases Network Australia (CDNA) has agreed that the following list of communicable diseases is to be notified nationally and provided to the Commonwealth's National Notifiable Diseases Surveillance System (NNDSS).

Bloodborne diseases

- Hepatitis (NEC)
- Hepatitis B (newly acquired)
- Hepatitis B (unspecified)
- Hepatitis C (newly acquired)
- Hepatitis C (unspecified)
- Hepatitis D
- Gastrointestinal diseases
- Botulism
- Campylobacteriosis
- Cholera
- Cryptosporidiosis
- Haemolytic uraemic syndrome (otherwise known as HUS)
- Hepatitis A
- Hepatitis E
- Listeriosis
- Paratyphoid fever
- Salmonellosis
- Shiga Toxin-producing E. Coli or Vero toxin-producing E. Coli (otherwise known, respectively, as STEC or VTEC)
- Shigellosis
- Typhoid fever

Listed human diseases

- Human influenza in humans with pandemic potential
- Middle East Respiratory Syndrome Coronavirus (otherwise known as MERS-CoV)
- Plague
- Severe acute respiratory syndrome (otherwise known as SARS)

- Coronavirus (COVID-19)
- Smallpox
- Viral haemorrhagic fevers
- Yellow Fever
- Sexually transmissible infections
- Chlamydia
- Donovanosis
- Gonococcal infection
- Syphilis-congenital
- Syphilis-less than two years duration
- Syphilis-more than two years duration or unspecified duration

Vaccine-preventable diseases

- Diphtheria
- Haemophilus influenza (Type B)
- Influenza (laboratory-confirmed)
- Measles
- Mumps
- Pertussis
- Pneumococcal disease-invasive
- Poliovirus infection
- Rotavirus
- Rubella
- Rubella-congenital
- Tetanus
- Varicella-zoster infection - Chickenpox
- Varicella-zoster infection - Shingles
- Varicella-zoster infection - Unspecified

Vector-borne diseases

Note: Vector-borne means transmitted by an insect or other organism.

- Barmah Forest virus infection
- Chikungunya virus infection
- Dengue virus infection
- Flavivirus infection (unspecified)
- Japanese encephalitis virus infection
- Kunjin virus infection

- Malaria
- Murray Valley encephalitis virus infection
- Ross River virus infection

Zoonoses

Note: The term Zoonoses refers to diseases which are transferable to humans from another animal species.

- Anthrax
- Australian bat lyssavirus infection
- Brucellosis
- Leptospirosis
- Lyssavirus infection (NEC)
- Ornithosis (otherwise known as Psittacosis)
- Q fever
- Rabies
- Tularaemia
- Other bacterial diseases
- Legionellosis
- Leprosy
- Meningococcal disease-invasive
- Tuberculosis

7.0 Related documents

- Incident Report
- Incident Register
- Incident Investigation Form
- Incident Investigation Form Final Report
- Training Attendance Register – In-house
- Training Register
- Staff Training Record
- Staff Training Plan

8.0 References

- Australian Human Rights Commission Act 1986 (Commonwealth)
- World Health Organisation - How to Handwash Poster
- World Health Organisation - How to Hand rub Poster
- Department of Health - Australian Guidelines for Prevention and Control of Infection in Healthcare 2019 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2020

COVID-19 Response Policy and Procedure

1.0 Purpose

As an NDIS service provider, Foot Balance Technology Pty Ltd will fulfil our obligations to deliver safe, quality supports and services while also managing risks associated with the supports we provide to our participants.

Our COVID-19 Response Policy and Procedure is in line with the Australian Federal Government and NDIS guidelines regarding outbreak preparedness, prevention and management of COVID-19 within Foot Balance Technology Pty Ltd. The purpose of this policy is to avoid or minimise transmission of COVID-19 within our organisation and the community.

Throughout the pandemic, Foot Balance Technology Pty Ltd will endeavour to maintain full-service capacity and continue to provide supports that are critical to our participants' wellbeing, health, and safety while complying with both state and federal regulatory requirements. We acknowledge that at times due to COVID-19, we may have to tailor our services or apply limitations to the provision of our non-essential services.

We are focused on preserving the health and safety of the people we are responsible for, including our participants, employees, and families. However, we acknowledge that at some point, a participant or employee may contract COVID-19.

2.0 Scope

This policy intends to guide our employees regarding how to take reasonable precautions to protect themselves and participants from contracting COVID-19. The policy outlines how we have prepared for an outbreak of COVID-19 and how we will respond and manage confirmed or suspected cases of COVID-19.

3.0 Description

Coronaviruses are a large family of viruses known to cause respiratory infections. These can range from the common cold to more serious diseases. This new coronavirus is named COVID-19.

COVID-19 is transmitted from person-to-person, usually when an infected person coughs or sneezes. Common signs of novel coronavirus are:

- fever
- coughing
- sore throat
- fatigue
- loss of smell and taste
- shortness of breath.

It is important to note, to raise awareness and not spread fear, that while COVID-19 exhibits symptoms similar to the flu, it is not as simple as contracting seasonal flu. Most people have immunity to the flu, access to a vaccine, and the flu spreads more slowly through the community. There is no vaccine against COVID-19, and it is still highly unpredictable with conditions changing daily nationally and globally.

4.0 Definitions

| Term | Definition |
|----------------------|--|
| Close contact | <p>More than 15 minutes of face-to-face contact in any setting with a confirmed (or probable) case in the period from 24 hours before the onset of symptoms in the confirmed (or probable) case.</p> <p>Sharing a closed space with a confirmed (or probable) case for a prolonged period (more than two hours) in the period extending from 24 hours before the onset of symptoms in the confirmed (probable) case.</p> |
| Outbreak | <p>The Australian Government Department of Health considers an outbreak as when two people in three days become sick with symptoms and at least one of these three has a positive COVID-19 test.</p> |

5.0 Policy

Foot Balance Technology Pty Ltd will implement our COVID-19 Response Policy and Procedure to ensure all participants, staff members and external contractors are supported if a COVID-19 case is identified within, or connected to, our organisation.

With state government health orders frequently changing to respond to COVID-19 outbreaks, our organisation will, on an ongoing basis, identify and implement any revisions required to the practices and supports undertaken by our business to meet all requirements of the NDIS Commission and the state and federal government.

Foot Balance Technology Pty Ltd will identify threats that may require further analysis of our current work practices and supports. The review of current practices will inform our organisational risk management and continuous improvement systems.

5.1 Code of Conduct

All individuals engaged by Foot Balance Technology Pty Ltd must abide by both the NDIS Code of Conduct and our Code of Conduct.

6.0 Procedure

6.1 Preparing for an outbreak

As community transmission of COVID-19 is occurring within Australia, our organisation will plan and prepare for possible cases involving our participant or employees.

A COVID-19 Safe Plan and COVID-19 Outbreak Management Plan will be developed to identify risks to participants, employees and our organisation. Foot Balance Technology Pty Ltd will review current work practices, services offered and employee functions and will implement any relevant changes (as and when required) to ensure our organisation is appropriately prepared for a COVID-19 outbreak.

The Outbreak Management Plan will assist Foot Balance Technology Pty Ltd to help our employees identify, respond and manage a potential outbreak. It also helps protect our

employees and participants' health and reduce the severity of the duration of outbreaks, if they occur.

The COVID-19 Safe Plan and the Outbreak Management Plan is reviewed regularly by management. Oversight of the plans is the responsibility of the Manager.

6.2 Precautions relating to staff workers

6.2.1 Signs of symptoms and COVID-19 testing

All Foot Balance Technology Pty Ltd staff workers will take reasonable precautions to safely provide supports and services. Our staff workers have been instructed to immediately contact the Manager and not attend work if they have:

- symptoms of a respiratory illness (even mild symptoms) including a fever, cough, shortness of breath, sore throat, runny nose or congested nose, tiredness, loss of smell or appetite
- returned from overseas or interstate within the last 14 days, consistent with the state's public health directions
- been in contact with someone who has been diagnosed with COVID-19.

If a staff worker experiences any of the above symptoms while at work, they must:

- leave work immediately
- report symptoms to the Manager
- get tested for COVID-19
- self-isolate at home until test results are received.

If the COVID-19 test is negative, the worker may return to work once they are well.

If the test is positive, the state public health unit will contact the worker and inform them what they must do. Public health officials will undertake a close-contact investigation to provide advice on self-quarantine and testing for other workers or participants.

If a Foot Balance Technology Pty Ltd participant or staff member is diagnosed with COVID-19, our organisation will follow all appropriate and current government procedures. We will instruct all staff members who have been in contact or have

been in the same area as the participant or staff member with COVID-19 to seek appropriate medical advice, be tested for COVID-19, and self-isolate for 14 days.

Foot Balance Technology Pty Ltd will advise all appropriate personnel to work from home for 14 days in the following instances:

- Foot Balance Technology Pty Ltd staff member has been diagnosed with COVID-19.
- A confirmed case of COVID-19 has been identified in a participant or staff member.
- A confirmed case of COVID-19 has been identified in the local area of Foot Balance Technology Pty Ltd's head office location or a care environment (including a participant's home).

A staff member will also be asked to work from home for 14 days if a confirmed case of COVID-19 has been identified in the staff member's home, suburb or local area as a precaution.

Foot Balance Technology Pty Ltd will ensure that all staff members can continue their work remotely, if necessary.

6.3 Staff training

Employees will be instructed to complete the [Australian Department of Health's online COVID-19 Infection Control Training](#). The Manager records training details in the Staff Training Record filed in the employee's personnel file and the Training Register.

During staff meetings, employees will be trained to use PPE correctly, and they will be provided with regular updates on infection control procedures (including standard and transmission-based precautions content).

6.4 Personal protective equipment (PPE)

During a COVID-19 pandemic, we will stay updated with our state's public health unit's latest advice regarding when and where to use PPE while supporting participants to remain compliant with government orders.

All existing and new employees will be shown by the Manager how to wear PPE correctly.

When purchasing PPE, the Manager or their delegate will consult the Australian Department of Industry, Science and Energy and Resources Personal Protective Equipment Buyers Guide to determine how to purchase appropriate PPE.

When unable to access necessary PPE supplies, the Manager will request assistance by emailing the National Medical Stockpile at NDISCOVIDPPE@health.gov.au

6.5 Responding to a participant with suspected/confirmed case of COVID-19

Foot Balance Technology Pty Ltd employees are instructed to monitor for symptoms of COVID-19 in participants or their family. If a participant or family member shows symptoms, the Outbreak Management Plan will be implemented by the Manager immediately.

Support to the participant who is suspected or confirmed to have COVID-19 may still be provided. However, our employees are required to correctly wear all appropriate PPE as per state government orders. The Manager will seek instruction from the department of health before commencing any support with a participant suspected or confirmed of having COVID-19.

When responding to a participant with a suspected or confirmed case of COVID-19, the support our workers will offer may include:

- assisting the participant in seeking medical advice if they have symptoms
- identifying essential supports for maintaining the participant's health, wellbeing and safety and determining if they can be delivered differently.
- ensuring good communication with the participant and their family, so everyone understands disruptions and changes to supports
- always wearing appropriate PPE as per the state's public health guidelines.

Foot Balance Technology Pty Ltd workers will not enter the home of an unwell participant unless correctly wearing appropriate PPE to provide supports to maintain the participant's health, wellbeing, health or safety. An unwell participant will not be able to enter our premises until their COVID-19 status is confirmed.

6.6 Visitor management

Foot Balance Technology Pty Ltd will regularly review our COVID-19 Workplace Attendance Register or COVID-19 Check-In App to determine if there have been suspected or confirmed cases of COVID-19 within our workplace.

In the event of a confirmed or suspected case within our workplace, we will seek guidance from public health officials who shall assist with confirmed or suspected outbreaks.

Our employees, participants and families will be informed by the Manager of the steps we will be taking to prevent infection, including visitor management practices.

Foot Balance Technology Pty Ltd will manage visitors to our organisation using the following practices:

Inform all visitors regarding social distancing and hand hygiene.

Ask all visitors to check into our workplace by completing the Workplace Attendance Register or using a Check-In App. The information they must provide includes:

- first name
- phone number
- date and time entered and exited our workplace.

Foot Balance Technology Pty Ltd will provide hand sanitiser at the entry/reception area of the workplace.

6.7 Good respiratory and hand hygiene

Foot Balance Technology Pty Ltd will ensure that standard infection control precautions are practised throughout all work environments (see Infection Control Management Policy and Procedure).

There are preventative measures staff can take to protect themselves from infection and prevent the spread of infections and viruses. These measures include practising good respiratory and hand hygiene, such as:

- cleaning hands with soap and water or alcohol-based hand rubs or sanitisers
- avoiding touching your face

- avoiding handshaking and other physical greetings
- covering your nose and mouth with a tissue or flexed elbow when coughing or sneezing
- avoiding contact with anyone who has symptoms such as fever, a cough, sore throat, fatigue and shortness of breath
- staying home if you are unwell
- wearing appropriate PPE when caring for participants.
- regularly clean shared high-touch surfaces, e.g. tables, benches, doorknobs.

6.8 Social distancing in the workplace

Social distancing is critical as COVID-19 is most likely to spread from person-to-person. The following actions taken by our staff will help reduce risk in our work environment:

- staying at home if they are sick
- stop handshaking and other physical greetings
- all meetings are to be held via video conferencing or phone call
- deferring large face-to-face meetings
- holding essential meetings outside in the open air if possible
- eat lunch outside, rather than in the office if possible
- professional cleaners will regularly clean the office
- clean and disinfect shared high touch surfaces regularly and use hand sanitiser
- open windows and adjust the air conditioning to allow for more fresh air, if possible.

7.0 Managing an outbreak

The state public health unit may declare (or assist you in deciding whether to declare) an outbreak. The public health department will guide Foot Balance Technology Pty Ltd on how to manage the outbreak.

If an outbreak is suspected or confirmed in our workplace, the Manager will:

- confirm standard infection control precautions are in place
- commence transmission-based precautions (if not already in place)
- convene the Outbreak Management Team
- implement Outbreak Management Plan

- isolate suspected or confirmed cases and, if necessary, assign a dedicated support worker to them
- liaise with the public health department and follow their instructions
- schedule regular environmental cleaning and disinfection of all areas
- put up signage at entrance or workplace to inform visitors
- suspend all non-essential services and supports
- suspend all non-essential visitors to the workplace.

COVID-19 Safe Plan

Our COVID-19 Safe Plan sets out the following:

- Actions to help prevent the introduction of coronavirus (COVID-19) in the workplace.
- The level of face-covering or personal protective equipment (PPE) required for our workforce.
- The procedure on how we will prepare for, and respond to, a suspected or confirmed case of coronavirus (COVID-19) in our workplace.
- Details of how Foot Balance Technology Pty Ltd will meet all of the requirements set out by the state government (some higher-risk industries or workplaces have additional requirements of employers and employees).

A COVID-19 Workplace Attendance Register is maintained (see visitor management for more information).

The Manager will ensure our COVID-19 Safe Plan meets the state government's orders and action requirements at all times.

8.0 Related documents

- COVID-19 Outbreak Management Plan
- COVID-19 Safe Plan
- COVID-19 Workplace Attendance Register
- Infection Management Policy and Procedure
- Disaster Management Policy and Procedure
- Business Continuity Policy and Procedure
- Risk Management Policy and Procedure
- Work Health Safety and Environmental Management Policy and Procedure

9.0 References

- NDIS Practice Standards and Indicators 2020
- NDIS Code of Conduct
- Australian Department of Industry, Science and Energy and Resources - Personal Protective Equipment Buyers Guide
- Australian Government Department of Health Video - Coronavirus: Wearing personal protective equipment for disability workers.
- Australian Government Department of Health's website
 - <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>
 - <https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-on-social-distancing.pdf>
- [NDIS Coronavirus information and support webpage](#)

Complaints and Feedback Policy and Procedure

1.0 Purpose

This policy is intended to ensure that complaints are handled fairly, efficiently and effectively. The resolution of complaints will be consistent with a rights-based principle which is also fundamental to the United Nations Convention on the Rights of Persons with Disabilities.

The complaint and feedback management system intends to:

- provide a well-handled system than values the participant's opinions, and takes all feedback seriously, with the intent to improve the relationship between our organisation and our participants
- empower all employees and participants to feel free to voice their complaint or provide feedback
- allow us to respond to issues raised by individuals making complaints in a timely and cost-effective way
- boost participant confidence in our administrative processes
- provide Foot Balance Technology Pty Ltd with information that will help us deliver quality improvements in our services, supports, roles, and complaints handling process.

2.0 Scope

Our Complaints and Feedback Policy is Foot Balance Technology Pty Ltd's commitment to a positive complaints culture within our organisation, from the highest management levels to our frontline staff. The policy provides the foundation for all other components of a quality complaints management and resolution framework. The policy also guides our staff and participants (who may wish to make a complaint or provide feedback) on our complaint management system's fundamental principles and concepts.

A designated Complaints Manager will handle all complaints and feedback received by Foot Balance Technology Pty Ltd. All staff are bound by the National Disability Insurance Scheme (NDIS) Code of Conduct.

3.0 Policy

Foot Balance Technology Pty Ltd will create an environment where complaints and concerns, compliments and suggestions are welcomed and viewed as an opportunity for acknowledgement and improvement. This process ensures that individuals have the right to make complaints and are encouraged to exercise their right in a blame-free and resolution-focused culture, respecting an individual's right to privacy and confidentiality.

Foot Balance Technology Pty Ltd will appoint a staff member to be the designated Complaints Manager. The Complaints Manager is responsible for coordinating and handling complaints and feedback and ensuring the complaint or feedback is properly managed.

It is acknowledged that Foot Balance Technology Pty Ltd views all comments and complaints as a vital contribution to our internal review of performance and processes, which helps develop our services' continuous improvement, as we work towards achieving our care commitment.

A person does not necessarily have to expressly state that they wish to make a complaint to have the issue or concern dealt with as a complaint. Regardless of whether an issue is big or small, it will be treated seriously, and Foot Balance Technology Pty Ltd will ensure the person is advised on how valuable their opinion is to our organisation. We will use such information to continuously improve our service delivery.

Participants, families, advocates or other stakeholders may submit a Complaint and Feedback Form regarding Foot Balance Technology Pty Ltd's supports, services, staff, or contractors. The participants can be provided information in Easy Read format if required.

The Complaints Manager will ensure that the complainant can physically access all meetings to resolve the complaint by reviewing the environment to ensure that the meeting site is accessible for those with mobility issues.

It is our policy to follow the principles of procedural fairness and natural justice and comply with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 and NDIS (Procedural Fairness) Guidelines 2018 including:

- informing a person if their rights or interests may be adversely or detrimentally affected in a direct and specific way
- giving notice of each prejudicial matter that may be considered against them
- giving a reasonable opportunity to be heard on those matters before the adverse action is taken
- putting forward information and submissions in support of an outcome that is favourable to their interests
- ensuring that the decision to take adverse action should be soundly based on the facts and issues that were raised during that process, and this should be apparent in the record of the decision
- ensuring that the decision maker should be unbiased and maintain an unbiased appearance.

Foot Balance Technology Pty Ltd ensures complaints and feedback are managed effectively through:

- implementing an open and transparent complaint handling system
- observing the principles of natural justice and compliance with relevant mandatory reporting under Australian law
- committing to the right of stakeholders to complain either directly or through a representative
- undertaking procedural fairness to reach a fair and correct decision
- taking reasonable steps to inform the complainant of the NDIS commission complaints process, including the use of various communication means, e.g. oral and written
- maintaining complete confidentiality and privacy
- abiding by the NDIS Code of Conduct
- training staff in our complaint process and the rights of all stakeholders to complain
- considering all complaints seriously and respectfully
- advising participants and staff members of their right to complain
- staff will be trained in complaint handling during assessments and orientation
- guidance regarding the complaint process is outlined in the welcome information provided to our participants
- provision of support for people who may need assistance to make a complaint
- protection of complainants against retribution or discrimination
- prompt investigation and resolution of complaints
- communicating and consulting with participants, family and advocates during the complaints process and providing feedback and resolutions

- interpretation and application of policies and processes
- providing opportunities for all parties to participate in the complaint resolution process
- ensuring that complainant is involved in the resolution of the complaint
- keeping complainant informed of the progress of the complaint:
 - actions taken
 - the reasons the decisions are made
 - options to have decisions reviewed
- ensuring that the decision maker or advocate is included and recognised in the process
- accepting Foot Balance Technology Pty Ltd and staff accountability for actions and decisions taken due to a complaint
- committing to resolving problems at the point of service or through referral to alternatives
- committing to use complaints as a means of improving planning, delivery and review of services through our continuous improvement processes
- referring complaints and feedback into our continuous improvement cycle
- annually auditing the Complaints and Feedback Policy and Procedure.

3.1 Code of Conduct

All individuals engaged by Foot Balance Technology Pty Ltd must abide by both the NDIS Code of Conduct and our Code of Conduct.

4.0 Definitions

| Term | Definition |
|------------------|--|
| Complaint | An expression of dissatisfaction with an NDIS support or service, including how a previous complaint was handled, for which a response or resolution is explicitly or implicitly expected. |

| Role | Role requirements |
|---------------------------|--|
| Complaints Manager | The role of the Complaints Manager is to: <ul style="list-style-type: none"> ● manage the complaint process |

| | |
|--|--|
| | <ul style="list-style-type: none">• manage reviews and make recommendations for continuous improvement using the information gained from the issue of the complaint• stand independently from the management to allow participants and staff members to be able to make a complaint about the management of the organisation• provide feedback and advice, as required• review the complainant's needs to ensure that their mode of communication is managed (e.g. Easy Read, large print, translated documents, etc.)• collaborate with the complainant and their advocate• keep all parties informed during all stages of the complaint management process• handle all appeals related to the outcome of the complaint• complete all necessary reports and documents, including providing information to complainants and management• record all information into the Complaint Register• review the Complaint Register at monthly management meetings. |
|--|--|

5.0 Procedure

5.1 Complaint process

Complaints and suggestions can be made by:

- using the Complaints and Feedback Form or the Anonymous Complaints and Feedback Form

- contacting a member of staff, verbally or in writing, our staff must offer to document the complaint on behalf of the participant if required and refer the matter to the Manager
- contacting the Complaints Manager, verbally or in writing
- responding to questionnaires and surveys
- sending an email to our contact email
- attending meetings/care conferences
- contacting external complaint agencies, e.g. NDIS Quality and Safeguards Commission
- communicating orally, in writing, or any other relevant means.

Complaints may be made by:

- staff
- participants
- public
- advocates
- family members
- carers
- anonymous person/s.

Results are recorded in the Complaint Register, which allows for input into our continuous improvement processes. The Continuous Improvement Register will be used to record improvements that are established after the finalisation of the complaint management process.

If a complaint is about:

- **Support or services:** The complaint will be dealt with by the Complaints Manager.
- **Staff member/s:** The complaint will be dealt with by the Complaints Manager
- **CEO/Manager:** An external person or body may be approached, e.g. NDIS Quality and Safeguards Commission.

All staff, participants, family and advocates, visiting health professionals and visitors are informed of our complaints process via:

- participant welcome information
- initial access to supports
- staff orientation, induction and training
- Meetings, reviews and assessments

- participant agreements
- contractor agreements.

5.2 Complaint management process

The process and investigation must adhere to impartiality, privacy, confidentiality, transparency and timeliness. Complaints will not be discussed with anyone who does not have responsibility for resolving the issue. Foot Balance Technology Pty Ltd must consider any participant's cultural and linguistic needs and provide the relevant support mechanism, such as an interpreter or similar.

Complainants are provided with access to our Complaints and Feedback form. These may be accessed via staff or management. The Complaints Manager will review the individual's needs and assist them via the best means appropriate to suit their needs. The variance between individuals requires a personal approach, but may include:

- offering an advocate
- providing text telephone (TTY) service to people with a hearing impairment
- ensuring the meeting site is wheelchair accessible
- offering independent assistance to read and write to formulate and lodge a complaint
- seek information from the complainant to determine any special requirements (e.g. access or communication).

The resolution outcomes from a complaint will recognise that people who make a complaint are generally seeking one, or more, of the following outcomes:

- Acknowledgement:
 - genuinely listening without interruption
 - empathising
 - ensuring the complainant feels comfortable (e.g. being aware that staff may be defensive and consider how this is perceived)
 - acknowledgement of the effect of the situation on the individual
 - resolving to a good outcome
 - notifying regularly and promptly on steps undertaken.
- Answers:
 - clear explanations relevant to the issue which is provided ONLY once all the facts are known.
- Actions (Action Plan):

- what will be done?
- who will do it?
- action plan completion date
- how progress will be communicated to all parties involved
- oversight of actions.
- Apology:
 - consider the form of the apology and the managerial level of response
 - consider timeliness, sincerity
 - be specific and direct
 - accept responsibility if appropriate and provide information on the cause and impacts
 - provide an explanation without excuses
 - provide a summary of key actions agreed on to move forward and resolve the issue.

5.2.1 Non-investigation complaint process

All complaints, where possible, will be managed directly and quickly at the point of service unless the complaint requires investigation (see the procedure outlined below). The non-investigation complaint process is as follows:

1. Issue reviewed by the Complaints Manager.
2. The complainant will be consulted, and the issue discussed, to determine actions required to resolve the issue. During this process, Foot Balance Technology Pty Ltd will offer complainant support from an independent advocate to reduce stress and anxiety.
3. All available options will be discussed with the complainant and their advocate.
4. Where possible, a collaborative decision is finalised (i.e. acknowledgement, answer, action or apology).
5. The complainant is informed of the decision and the reasons for the outcome.
6. The complainant can seek to have the decision reviewed if they are not happy with the resolution; this may lead to implementing the complaint investigation process.
7. In the event of a complainant seeking a review, a review of the decisions may be resolved quickly by the Complaints Manager completing the above points (2 to 5) again.

5.2.2 Complaint Investigation Process

Step 1. Acknowledge

1. Acknowledge all complaints quickly, within one working day, where possible.

Step 2. Review of the complaint

1. Inform the complainant, before any consultative meeting, that they can have an advocate or support person present at all times throughout the process.
2. Offer to locate an independent advocate for the participant, if required.
3. Involve the complainant and their advocate using a consultative process to ensure their voice, views and preferred outcomes are heard and discussed.
4. Determine the type of outcome that the complainant is seeking (i.e. acknowledgement, answers, actions or apology). Information will be used to ensure that the complainant's feedback and requirements are at the core of the complaint investigation and management process.
5. Inform the complainant of:
 - their right to an advocate and interpreter
 - the stages of the complaint management and decision-making process
 - mechanisms implemented to protect the complainant's privacy
 - their right to complain to the NDIS Quality and Safeguards Commission at anytime
 - actual progress and outcomes of the investigation.
6. Determine the type of complaint (i.e. service, support or process).
7. Notify the complainant and their advocate at each stage of the investigation and seek their feedback.
8. If a consultative meeting is required, it will be held in a safe environment that has been determined by the complainant and at a time relevant to the participant. The complainant is a recipient of disability services under the NDIS; the participant's record will be checked for a preferred contact for complaints. The participant will also be asked if they would like to nominate a staff member from Foot Balance Technology Pty Ltd to assist them during the complaints resolution process.

Step 3. Assessing the complaint

1. When assessing a complaint, the Complaints Manager must prioritise the complaint and determine a resolution pathway (where required).
2. After the pathway is established, the complaint will be investigated.

3. Feedback from the complainant or their advocate must be used as part of this process (e.g. consultation meeting data).

Step 4. Investigation and decision making

1. When the complaint is lodged, the Complaints Manager should determine if it is practicable to find an immediate resolution (see 5.2.1 Non-investigation complaints process).
2. During the investigation and decision-making process, the Complaints Manager will:
 - keep the complainant informed about each stage of the investigation process
 - consult with the complainant to gather information about the underlying issue/s
 - analyse antecedents and underlying issues when determining a decision
 - review and approve all written reports and documents, before them being sent out to all parties
 - respond to the complainant with a clear decision and any next actions (if any)
 - inform the complainant that they have the right to reject the outcome
 - inform the complainant of their right to make a complaint directly to the NDIS Commission by:
 - phoning 1800 035 544 (free call from landlines) or TTY 133 677 (interpreters can be arranged)
 - using a [National Relay Service](#) and asking for 1800 035 544
 - completing an online [complaint contact form](#).

Step 5. After the decision

1. After investigation and a satisfactory response has been documented, the Complaints Manager will:
 - inform the complainant and their advocate of the decision, including the reason for the decision, and they will provide options for how the complainant can review the decision
 - ensure that the complaint investigation is satisfactorily completed
 - determine if the complainant is satisfied with the outcome
 - follow-up and consult with the complainant/s about any concerns
 - close out the complaint.

5.3 Review and improvement

Foot Balance Technology Pty Ltd takes a systematic approach to incorporate a review of all issues raised by a complaint to identify and address any possible systemic issues and determine any continuous improvement actions identified during the complaints process.

The review and improvement process includes:

- ascertaining preventative actions and continuous improvement
- considering if any systemic issues require addressing
- recording the information regarding the complaint in the Complaint Register
- recording the details of the improvement stemming from a complaint in the Continuous Improvement Register (if required)
- training staff in any new systems or actions
- adjusting policies and procedures
- monitoring the complaint resolution according to the internal audit schedule
- providing feedback to the complainant personally to inform them of the outcomes and influences their issue raised within our organisation.

5.4 Documentation

All employees are provided training regarding the complaints process during orientation, including information on the complaints process (see 5.6 Staff Training).

The complaints process is available for participants, families, carers and advocates via Easy Read documents (as required).

Documentation of the complaint process is as follows:

- All complaints will be recorded in the Complaint Register, and information in the register will include the:
 - complaint details
 - identified issues
 - actions are undertaken to resolve the complaint
 - the outcome of the complaint.
- All documents, including the Complaint and Feedback Forms, are uploaded into the computer system.
- Copies of any information provided to the complainant are stored in their relevant file.

- All documents are kept confidential, and access is only permitted to employees relevant to the complaint. The Complaints Manager determines who is relevant.
- A copy of all complaint documents will be retained in the file for seven years from the record date. If the documents relate to a participant under 18 years of age, the documents will be retained until the participant turns 25 years of age.
- Statistical and other information will be collected to:
 - review issues raised
 - identify and address systemic issues
 - report information to the Commissioner, if requested by the NDIS Quality and Safeguards Commission.
- A policy review will occur if legislation changes or determined by a regular or annual internal audit review.

5.5 Unresolved complaints

Unresolved complaints will be referred to the Complaints Manager for investigation and resolution. Should the complaint not be resolved to the complainant's satisfaction, the complaint will be escalated to a person nominated by the complainant (with the complainant's permission). When complaints cannot be resolved internally, the complainant may be referred to the:

NDIS Quality and Safeguards Commission

Phone: 1800 035 544 (free call from landlines) or TTY 133 677

National Relay Service and ask for 1800 035 544.

Interpreters can be arranged.

An NDIS Complaint Contact Form can be completed online at business.gov.au

5.6 Staff orientation and training

The staff orientation process includes training all employees in the complaints and feedback process, including the NDIS Commission requirements. Our in-house training includes:

- NDIS reporting requirements and contacts details
- providing information regarding Foot Balance Technology Pty Ltd's complaint and feedback process and procedures (e.g. forms to complete and how to assist participants wishing to make a complaint)
- identifying our Complaints Manager

- encouraging employees to have a positive attitude towards complainants and a commitment to resolving all complaints
- creating an understanding of how feedback and complaints inform and guide our continuous improvement cycle
- understanding timeframes for reporting and resolving complaints.

Additional training will occur when practices and policies are changed due to a complaint, or if staff are still not sure how to handle a complaint upon commencing work at Foot Balance Technology Pty Ltd.

6.0 Related documents

- Complaints and Feedback Form
- Anonymous Complaints and Feedback Form
- Complaints Process Checklist
- Complaint Register
- Internal Audit Schedule
- Easy Read Document: Complaints
- Staff Training Record
- Staff Training Plan
- Training Attendance Register – In-house
- Training Register
- Service Agreement
- Continuous Improvement Plan
- Continuous Improvement Register
- Risk Management Policy and Procedure

7.0 References

- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020
- NDIS Act 2013 (Commonwealth)
- NDIS (Procedural Fairness) Guidelines 2018
- Privacy Act 1988 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)

Reportable Incident, Accident and Emergency Policy and Procedure

1.0 Purpose

Foot Balance Technology Pty Ltd will comply with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.

It is our objective to maintain an incident management system that covers incidents that consist of acts, omissions, events or circumstances that:

- occur in connection with the provision of supports or services to a person with a disability
- has, or could have caused harm to a person with a disability.

2.0 Scope

All staff members are responsible for ensuring the safety of all participants who access our services. All incidents must be reported as per this policy. Management is responsible for ensuring that staff are trained and undertake the NDIS Worker Orientation training module.

3.0 Definitions

| Term | Definition |
|----------------------------|---|
| Incident | Acts, omissions, events or circumstances that occur in connection with providing supports or services to a person with a disability and have, or could have, caused harm to the participant. |
| Reportable incident | A reportable incident is any of the below: <ul style="list-style-type: none"> • The death of a person with a disability. • Serious injury of a person with a disability. • Abuse or neglect of a person with a disability. • Unlawful sexual or physical contact with, or assault of, a person with a disability. |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Sexual misconduct, committed against, or in the presence of, a person with a disability, including grooming the person with a disability for sexual activity. • Use of restrictive practice in relation to a person with a disability where the use is not in accordance with an authorisation (however described) of a state or territory in relation to the person, or if it is used according to that authorisation but not following a behaviour support plan for the person with a disability. |
| <p>Incident management system</p> | <p>Incorporates all items listed below:</p> <ul style="list-style-type: none"> • Acts, omissions, events or circumstances that occur in connection with providing supports or services to a person with a disability; and have or could have caused harm to the person with a disability. • Incidents that consist of acts by a person with a disability that occur in connection with providing supports or services to the person with a disability and have caused serious harm or a risk of serious harm to another person. • Reportable incidents alleged to have occurred in connection with providing supports or services to a person with a disability. |

4.0 Policy

Foot Balance Technology Pty Ltd recognises that many of the participants using Foot Balance Technology Pty Ltd services are at risk of incidents and accidents. Foot Balance Technology Pty Ltd's Reportable Incident, Accident and Emergency Policy and Procedure seeks to:

- minimise risk and prevent future incidents through the development of appropriate participant-centred plans, staff training, assessment and review
- ensure that there is immediate management of an incident, accident or emergency and that each of these events is prioritised, managed and investigated appropriately
- identify opportunities to improve participant support quality by ensuring that the incident system is planned and coordinated and linked to the quality and risk management systems.

Participants will be provided information in Easy Read format, as required.

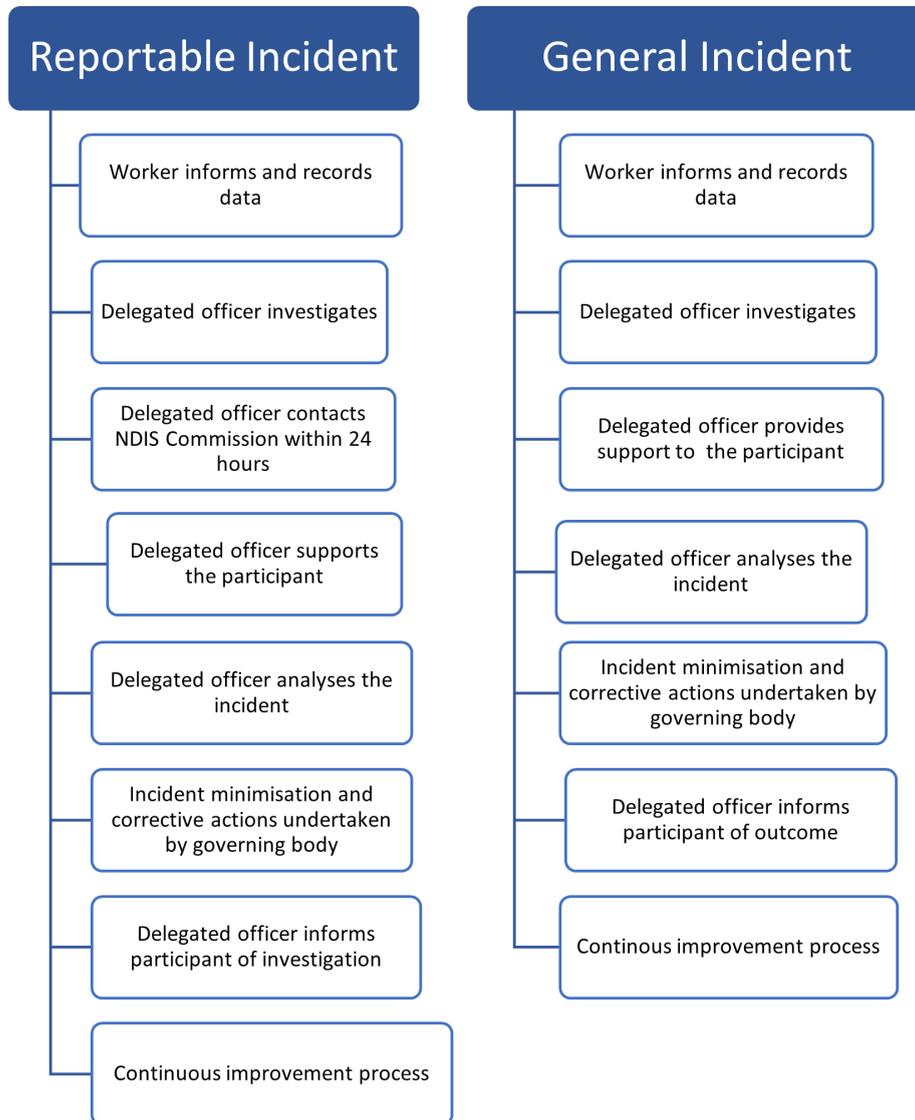
The Manager is the delegated officer listed in this policy and will manage, investigate and report all incidents as required. Within this process, the Manager will ensure procedural fairness when dealing with an incident. Our organisation will follow all procedural fairness guidelines as required by the Commissioner.

4.1 Code of Conduct

All individuals engaged by Foot Balance Technology Pty Ltd must abide by both the NDIS Code of Conduct and our Code of Conduct.

5.0 Procedure

5.1 Incident management procedure



Foot Balance Technology Pty Ltd will establish a procedure that identifies, manages and resolves incidents, as follows:

Step 1. Inform of incident

1. Support worker to report the incident to the Manager.
2. Support worker completes an Incident Report that identifies and records details relating to the incident, i.e. people, place, time and date.

Step 2. Investigation

1. The Manager will determine, from the information provided, if the incident is classified as a reportable incident by the NDIS Quality and Safeguards Commissioner or a different type of incident:
 - A reportable incident must comply with the reportable incident reporting process.
 - Foot Balance Technology Pty Ltd will comply with the National Disability Insurance Scheme (Incident Management and Reportable) Rules 2018.
 - A general incident is an accident with non-reportable injuries.
2. The Manager will review the details of the incident:
 - People involved.
 - Location.
 - Circumstances.
 - The outcome, e.g. injury.
3. The Manager will investigate the incident/accident in accordance with the process outlined in the Incident Investigation Form to determine the required information:
 - Primary reasons for the event.
 - Underlying reasons for the event.
 - Immediate actions required to fix the cause of the event.
 - Preventative actions required for the future.
4. Any information learned from incidents/accidents will be incorporated into our continuous improvement cycle to prevent the same incident/accident recurring in the future.
 - The analysis and investigation of each incident will vary based on the seriousness of the incident.

Step 3. Support participant

1. The Manager ensures that the affected participant is supported and assisted:
 - Informing them that they have access to an advocate if the participant does not have an advocate, the Manager can help access an independent advocate.
 - Reviewing their health status to assist and support.
 - Assessing the environment to ensure their safety and to prevent any recurrence.
 - Ensuring their wellbeing and assisting in developing the participant's confidence and competence so that they do not lose any function/s.
2. The Manager or their delegate will review the incident with the participant and collaborate with the person/s involved to manage and resolve the incident.

Step 4. Analyse incident

1. As part of our continuous improvement process, the information gained from an incident is used to amend or implement new practices:
 - when an investigation by a registered NDIS provider is necessary to establish the cause/s of an incident, the effects of the incident and any operational issues that may have contributed to the incident occurring and the nature of the investigation
 - if an incident requires the implementation of corrective action, an appropriate plan will be developed to adjust practices according to the nature of the action required.
2. The Manager or their delegate will undertake an appropriate analytical process to:
 - determine the cause of the incident
 - ascertain if the incident was an operational issue
 - consider the participant's perspective, including:
 - whether the incident was preventable
 - how the incident was managed and reviewed
 - determining any remedial action required to minimise future impacts and prevent a recurrence.
 - identify why the incident occurred, e.g. environmental factors, participant health
 - ascertain if current strategies or processes require review and improvement.

- devise new strategies or procedures, if required
- plan staff training for any new strategies
- implement new strategies
- evaluate the success of new strategies.

All Incident Investigation Forms, including the Final Report, must be closed out by the Manager or their delegate, and one other Foot Balance Technology Pty Ltd staff member.

Step 5. Incident/accident minimisation and corrective action

1. Foot Balance Technology Pty Ltd will risk assess all participants in conjunction with our Risk Management Policy and Procedure.
2. Incident, accident, emergency minimisation and procedures are taught during staff orientation and regular ongoing training sessions.
3. Risks will be identified, and control mechanisms agreed upon with participants.
4. Foot Balance Technology Pty Ltd will consult with participants, and relevant stakeholders, to design specific risk control mechanisms to reduce risk to participants and their environment.
5. Effectiveness of mechanisms will be evaluated via:
 - participant review processes, including support plan review
 - participant feedback
 - case conferencing.
6. Internal and external risk audits.
7. Reviews of policies and procedures.

Corrective actions

On completion of the incident analysis procedure, any corrective action will be implemented. Each corrective action identified will be evaluated to ascertain the action's effectiveness, as per our Continuous Improvement Policy and Procedure, i.e. plan, do, check, act.

Step 6. Informing participants

Foot Balance Technology Pty Ltd will inform participants, or their advocate, of the outcome/s of the incident, either in writing or verbally dependent on the participant and the situation. Collaborative practice will be undertaken to ensure the participant and their advocate are involved in the incident's management and resolution.

5.2 Staff training

Foot Balance Technology Pty Ltd recognises the importance of prevention to ensure our staff and participants' safety. Our orientation process includes training in risk and safety practices, including manual handling, infection control, safe environments, risk and hazard reduction.

Upon commencing employment with Foot Balance Technology Pty Ltd, all staff are trained in organisational incident management processes, including how to report an incident and who to report an incident to the Manager). All staff are given full access to our organisational policies and procedures to provide guidance. A Staff Incident Reference Card is provided to all staff as a guide.

5.3 Reportable incidents

Staff must report any reportable incident immediately that it becomes evident.

The Manager is responsible for reporting all reportable incidents to the NDIS Quality and Safeguards Commission. Reportable incidents are serious incidents, or allegations, which result in harm to any NDIS participant.

As a registered provider, Foot Balance Technology Pty Ltd is required to report serious incidents (including allegations) arising from the organisation's service provision to the NDIS Quality and Safeguards Commission. Reportable incidents, involving NDIS participants, include:

- the death of a person with a disability
- serious injury of a person with a disability
- abuse or neglect of a person with a disability
- unlawful sexual or physical contact with, or assault of, a person with a disability (excluding, in the case of unlawful physical assault, contact with, and impact on, the negligible person)
- sexual misconduct committed against, or in the presence of, a person with a disability, including grooming the person for sexual activity.
- the use of a restrictive practice in relation to a person with a disability, other than where the use is in accordance with an authorisation (however described) of a state or territory in relation to the person or a behaviour support plan for the person.

5.3.1 Reporting roles

The organisation will establish the following roles and ensure that allocated staff are aware of their responsibilities:

1. **Approved Reportable Incident Approver** responsibilities:
 - Authority to review reports before submission to the NDIS Commission.
 - Submits new reportable incidents.
 - Views previous reportable incidents submitted by their organisation.
2. **Authorised Reportable Incident Notifier** responsibilities:
 - Supports the Authorised Reportable Incident Approver to collate and report the required information.
 - Creates new reportable incident notifications to be saved as a draft for review and submission by the authorised Approver.

5.3.2 Reportable incident procedure

The Manager will review the information and contact the police immediately to inform them of any suspected abuse.

Important note: Information on how Foot Balance Technology Pty Ltd reports abuse against children can be found in our Working with Children Policy and Procedure.

The Approver submits reportable incidents via the NDIS Commission Portal's My Reportable Incidents page:

<https://www.ndiscommission.gov.au/providers/ndis-commission-portal:>

1. Complete an **Immediate Notification Form** and submit within 24 hours:
 - Approved Reportable Incident Notifier will create for approval.
 - Approved Reportable Incident Approver will approve the report and submit it.
Note: Approved Reportable Incident Notifier may create and submit, as required by the incident's circumstance.
2. **5-day form** to be completed within five days of key stakeholders being informed:
 - Approved Reportable Incident Notifier will create a form for approval.
 - Approved Reportable Incident Approver will approve and submit the form.
Note: Approved Reportable Incident Notifier may create and submit, as required by the incident's circumstance.
3. **Final Report** will be submitted on the due date if requested by the NDIS Commission:

- Approved Reportable Incident Notifier will create a report for approval.
 - Approved Reportable Incident Approver will approve the report and submit it.
- Note: Approved Reportable Incident Notifier may create and submit, as required by the incident's circumstance.

Assessment of the incident by the Manager, or their delegate, will involve:

- assessing the incident's impact on the NDIS participant
- analysing and identifying if the incident could have been prevented
- reviewing the management of the incident
- determining what, if any, changes are required to prevent further similar events occurring
- recording all incidents and responsive actions taken.

5.5 Documentation

- All reportable incident reports and registers must be maintained for seven (7) years.
- This policy is to be reviewed on an annual basis, or when legislation changes occur.
- All participants, families and advocates are informed of this policy.
- All staff are trained in the procedures outlined in this policy.
- Training details are recorded in each employee's personnel file.

6.0 Related documents

- Reportable Deaths (Coroner) – State version
- Incident Report
- Incident Investigation Form
- Incident Investigation Form Final Report
- Incident Register
- Participant Orientation Checklist
- Staff Incident Reference Card
- Support Plan Review Report
- Staff Training Record
- Staff Training Plan
- Training Attendance Register – In-house
- Training Register
- Reportable Incident, Accident and Emergency Policy and Procedure

- Risk Management Policy and Procedure

7.0 References

- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020
- Privacy Act 1988 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)

Human Resource Management Policy and Procedure

1.0 Purpose

This policy's objective is to ensure Foot Balance Technology Pty Ltd employees are safely and effectively managed. Our goal is to create a structured, fair, safe, and supportive environment that supports all employees to meet organisational requirements and facilitate the delivery of quality supports and services to create participant satisfaction.

2.0 Scope

Human resources are used to describe both the people who work for our organisation and the management of our staff members' resources. This policy is designed to incorporate effective human resources while complying with the *Fair Work Act 2009* and the NDIS Quality and Safeguards Commission requirements.

3.0 Policy

All staff payments, leave, and entitlements will comply with the relevant award per [Fair Work Awards and Agreements](#). The award is determined by the position description, which describes the work role and responsibilities.

3.1 Human resource management principles

Our human resource management principles are as follow:

- Only recruit and employ staff with appropriate qualifications, skill and competence.
- Allied health staff must hold a current registration certification.
- All staff are required to undertake, and successfully pass, the NDIS Worker Screening Check (see below), NDIS Worker Orientation Program and any other state requirements.
- Adequate staff levels are maintained to provide quality support that meets the assessed needs of participants and organisational requirements.

- All employees' skills and competency levels are improved through ongoing supervision and support and comprehensive training programs and annual performance reviews.
- All staff must hold current legislated work checks, professional registrations, licences, insurances, and any other employment requirements (as needed).
- Poor performance, or allegations of misconduct, will result in performance management.
- Human resource management procedures are continually reviewed and improved.
- Expert external advice and information on human resource management are accessed by Foot Balance Technology Pty Ltd, as and when required.
- Contractors are viewed as employees for the purpose of recruitment, NDIS Worker screening, supervision and monitoring (note: see contract requirements related to NDIS Worker Screening).
- Working conditions for employees will comply with relevant legislation and be comparable with industry standards.
- Foot Balance Technology Pty Ltd will apply the following principles to all aspects of our relationship with our employees:
 - equity and fairness
 - respect for individuals, their privacy and confidentiality
 - accountability for actions and performance
 - encourage and support professional development
 - workplace flexibility and understanding of personal needs.

3.2 Corporate governance management

A review of all persons who influence our organisation's governance is instigated to ensure that they hold the relevant experience and knowledge to undertake their role. If a person requires additional expertise, Foot Balance Technology Pty Ltd will arrange for the relevant education or training or legislative checks necessary.

3.3 Staff identification requirements

All staff are required to provide 100 points of identification and information related to their right to work. These documents are kept in their personnel file and will be available for review at times of audit.

The 100 points of identification will consist of a combination of the following documents:

- **Primary identification document** (one required = 70 points each):
 - Current AHPRA registration
 - Birth certificate
 - Citizenship certificate
 - Current passport
 - An expired passport that was not cancelled and current within the preceding two years.
- **Secondary identification document** (one required = 40 points each):
 - Australian driver's licence
 - Identification card for an Australian public employee
 - An identification card issued by the Commonwealth, a state or territory, as evidence of entitlement to a financial benefit
 - State or territory issued personal identification card
 - Student card issued by an Australian tertiary education institution.
- **Right to work in Australia:**
 - Citizens must provide evidence of citizenship in the form of birth certificate, citizenship certificate or passport.
 - Non-citizens must provide a copy of their passport or ImmiCard.

3.4 Qualifications and experience

Evidence will be provided to show employees who deliver therapeutic supports:

- hold the relevant industries' acknowledgement of the institute as a body, which maintains the reputation and quality of the profession (e.g. AHPRA, CPSP)
- have relevant experience and qualifications required for professionals in the industry to gain membership of the institute.

3.5 Worker screening

As an NDIS provider, our organisation follows the NDIS (Practice Standards – Worker Screening) Rules 2018 to assess whether a worker may be required to undergo worker screening. The guidelines used to determine this requirement includes:

- if the role for which the regular duties are likely to require more than incidental contact with participants

- if the role for which the normal duties include the direct delivery of specified supports or specified services to a person with a disability
- if the employee holds a key personnel role in our organisation, including key executive, management or operational positions (e.g. directors, managers or similar).

If required by the NDIS, we will disclose the requested information for all key personnel. All staff whose role is risk assessed will be required to undertake the relevant screening. Each risk assessed employee's information will be kept in a Risk Assessed Role Register.

3.6 Insurance

Our organisation will hold the required **personal accident insurance** or **workers compensation insurance**. Our organisation holds a currency certificate for the required insurance (which meets the minimum level of cover commensurate to our registration requirements).

When an employee suffers an injury or a disease, and work is a substantial contributing factor to that illness or injury, Foot Balance Technology Pty Ltd ensures that financial benefits and other assistance are provided, as required by the relevant state legislation and regulations via workers compensation.

3.7 Code of Conduct

All individuals engaged by Foot Balance Technology Pty Ltd must abide by both the NDIS Code of Conduct and our organisation's Code of Conduct.

3.7.1 NDIS Code of Conduct

- Act with respect for individual rights to freedom of expression, self-determination and decision-making, following applicable laws and conventions.
- Respect the privacy of people with disabilities.
- Provide supports and services safely and competently and with care and skill.
- Act with integrity, honesty and transparency.
- Promptly take steps to raise and act on concerns regarding matters that may impact the quality and safety of supports and services provided to people with disabilities.

- Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect and abuse against people with disabilities.
- Take all reasonable steps to prevent and respond to sexual misconduct against people with disabilities.

3.7.2 Foot Balance Technology Pty Ltd Code of Conduct

- Abide by the philosophy of our organisation.
- Provide supports to participants in a safe, ethical manner with care and skill.
- Work safely and competently, following the policies and procedures of our organisation.
- Respect the dignity, culture, values and beliefs of all individuals.
- Do not discriminate against participants on any basis.
- Respond in flexible and innovative ways to support participant decision-making.
- Never discuss confidential issues with people outside the organisation, consider all information provided by a participant as confidential, and never disclose personal information to a participant.
- Do not harass other employees or our participants.
- Do not alienate participants from their family or representatives.
- Do not take illegal drugs or consume alcohol when on duty or the organisation or participant's premises.
- Never accept gifts or purchase items from participants.
- Do not engage in sexual misconduct with participants.
- Employees are never to take a participant to their (the employee's) home or engage in a relationship with a participant that is not professional.
- Always positively and professionally represent our organisation.
- Adhere to all record keeping and accounting procedures.
- Provide quality service and care.

3.8 NDIS Worker screening requirements for contractors

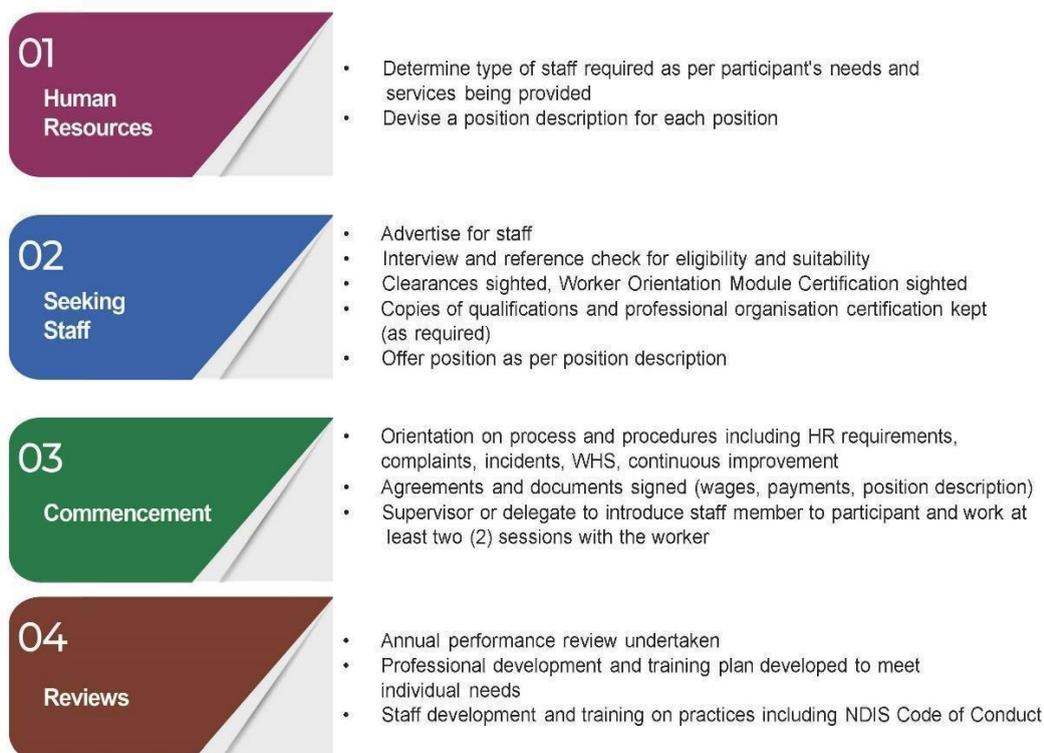
Foot Balance Technology Pty Ltd acknowledges that the NDIS Commission may require our organisation to provide information or records provided by a contractor to demonstrate requirements. The Manager will, therefore:

- identify to the contractor each risk assessed role that the contractor engages in
- take reasonable steps to satisfy themselves that the contractor has an acceptable state-based check during the transition period

- ensure contractors are required to:
 - only allow a worker who has a check or is subject to an exemption to work in a risk assessed role
 - only allow someone to work in a risk assessed role if the contractor is allowed to share information with Foot Balance Technology Pty Ltd about any matter relating to whether that person be engaged in a risk assessed role, (e.g. whether they are subject to an interim bar, suspension, or exclusion)
 - cooperate with any reasonable request to assist our organisation in investigating a complaint or a reportable incident involving their worker who is engaged a risk assessed role
 - cooperate with any reasonable request from Foot Balance Technology Pty Ltd for information relating to whether and how it is complying with its obligations under the contract
 - impose these obligations on any other party with whom the contractor enters an arrangement involving or allowing for the provision of services by another worker to Foot Balance Technology Pty Ltd.

4.0 Procedure

Figure 1. Employment process



4.1 Supervision

Supervision and support are essential to making our employees feel supported in their work and assist them in performing satisfactorily. Additionally, supervision sessions provide an opportunity to follow-up on any staff development issues noted during performance development reviews. Foot Balance Technology Pty Ltd will supervise performance issues in our office/s, participants' homes and the community.

Upon employment, all employees are provided with our head office's contact details. The Manager is available to be contacted over the phone by a staff member. Alternatively, the Manager is available to meet with an employee if they want to discuss any issues or concerns.

The employee's annual competency assessment, education and training, and performance appraisal also offer our organisation other avenues to provide our support and supervision.

The relevant staff members are invited to attend participant meetings and care conferences, so they are aware of any support changes and to take the opportunity to provide input and feedback.

4.2 Position descriptions

- Position descriptions are reviewed and updated as required.
- Every employee is provided with a copy of their position description that specifies their role and responsibilities before commencing employment.
- Employees are provided with an updated position description when their role and responsibilities change.

4.3 Code of Conduct and Privacy and Confidentiality Agreement

- Employees are required to comply with the Code of Conduct, which encapsulates the respectful, safe and professional delivery of support to our participants, representatives, community and any other stakeholders.
- All employees must sign a Code of Conduct Agreement and a Privacy and Confidentiality Agreement on commencement. Disciplinary action will be taken if an employee does not abide by these agreements.

4.4 Employee information

The organisation's policies and procedures contain critical information that all employees must be familiar with to complete their roles safely and effectively. New employees are provided the time to read all policies and procedures. Reminders to complete reviews of policy documents are conducted during staff meetings and through communication with the employee, e.g. memos and emails.

4.5 Staff identification

Any staff workers representing Foot Balance Technology Pty Ltd are required to provide identification to the participant so that the participant can recognise that they belong to our organisation. Our organisation will supply the appropriate identification.

4.6 Record keeping

An individual personnel file is maintained for each employee. These files may include the following:

- employment application
- criminal record check
- working with children check
- professional registrations
- a signed offer of employment
- photocopy of driver's licence, car registration and insurance (if applicable)
- signed Code of Conduct Agreement
- signed Privacy and Confidentiality Agreement
- training offered
- training provided
- mandatory training attendance record
- evaluation of training events
- mandatory NDIS Worker Screening Check
- mandatory NDIS Worker Orientation Certificate
- data entered in the Risk Assessed Role Register.

Employees are entitled to view their file at any suitable time arranged with the Manager.

Foot Balance Technology Pty Ltd will never employ a person as a staff member unless satisfied that all regulatory checks are current and in place.

4.7 Performance development reviews

- Foot Balance Technology Pty Ltd is committed to supporting employees to improve their efficiency and effectiveness.
- All employees are expected to perform their duties to the best of their ability and show a high level of personal commitment to always provide quality and professional service.
- Performance development reviews are conducted annually in consultation with individual employees and are based on the position description and agreed to work plans.
- The aims of the review are to:
 - conduct an honest and confidential discussion regarding work performance and the workplace between the employee and the Manager
 - discuss job performance in the context of the position description
 - discuss work problems and develop appropriate solutions
 - discuss possible ways of improving work performance; including identifying training and development needs or changes to work practice.

4.8 Employee education and training

Foot Balance Technology Pty Ltd provides appropriate training and development opportunities for all employees; this includes:

- review of currency as per their professional registration requirements.
- identifying training needs through annual performance development reviews and ongoing employee input
- providing appropriate training to meet identified needs
- providing training opportunities
- evaluating training to ensure it meets the needs of employees and assists in improving operations and services
- devising appropriate training plans to meet employee performance requirements.

5.0 Related documents

- Application for Leave Form
- Code of Conduct Agreement
- Complaints and Feedback Form
- Personnel File Contents Checklist
- Position Descriptions
- Privacy and Confidentiality Agreement
- Risk Assessed Role Register
- Risk Assessed Role – Employee Register
- Staff Orientation Checklist
- Staff Training Record
- Staff Training Plan
- Training Attendance Register – In-house
- Training Register

6.0 References

- Disability Discrimination Act 1992
- Fair Work Act 2009
- NDIS (Practice Standards Worker Screening) Rules 2018
- NDIS (Code of Conduct) Rules 2018
- NDIS Practice Standards and Quality Indicators 2020
- Privacy Act 1988
- Safe Work Australia Act 2008
- Work Health and Safety Act 2011
- Workplace Gender Equality Act 2012