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Welcome to Independent Living Victoria

Independent Living Victoria is a local support provider servicing The Greater Melbourne Region

This Policy and Procedure Manual sets out the policies and procedures that govern Independent Living Victoria' support services. The Manual is designed to ensure all staff and participants have a common understanding and common organisational practices.

All staff are inducted on the key policies and procedures and will have access to a controlled copy for reference. All policies and procedures will be provided to interested parties as part of our compliance requirements. The policies and procedures are reviewed on a scheduled basis.

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1. Our Commitment

These policies and procedures document our commitment to deliver person-centered support services by ensuring:

- participants are involved in making decisions and choices about all aspects of the support services they receive;

- individual plans are in place that clearly document individual choices, needs and consent arrangements;

- service delivery supports the participant's achievement of their goals;

- services are delivered in an ethical, respectful and safe manner that focuses on human rights; and

- services promote the wellbeing, inclusion, safety and quality of life of people with disability.

2. Who we are

Our Service Coordinators are committed in building positive, personable rapport with NDIS participants to:

- Develop individual supports to understand their NDIS Plan;

- develop the support plan creatively to best meet their individual needs and goals;

- develop strategies to minimise risk;

- access the supports most suitable to their needs and goals;

- maximise the value for money and flexibility available in their plan and avoid duplication of supports;

- encourage the setting up of clear, concise service agreements with service providers;

- access mainstream services and involve these services in planning and coordinating supports (where appropriate) to implement the plan, and any plan review;

- choose preferred options or providers;

- negotiate services to be provided and their prices, develop service agreements and create service bookings with preferred providers;

- negotiate services and prices as part of any quotable supports;

- arrange any assessments required to determine the nature and type of funding required (e.g. assessment to determine the type of complex home modifications required);

- determine the budget for each support type and advise any relevant plan manager and participant of the breakdown of funds;

- establish the appropriate claim categories and attribute the correct amount of funds and pay received invoices within agreed timeframes;

- link to mainstream or community services, including housing, education, transport, health.

3. Service Delivery Responsibilities

Our support services will be delivered to:

- respect and support participant rights;

- put the participant at the centre of decision-making in all aspects of their life;

- recognise and accommodate participant preferences;

- respect the participant's gender, sexuality, culture, religion and spiritual identity;

- support participants to actively participate in their community and pursue their interests and goals;

- support participants to develop and maintain autonomy, independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances;

- use a strengths-based approach to identifying individual participant needs and life goals, particularly in relation to recognising individuals' capacity to develop their independence, problem solving, social and self-care skills;

- support the participant's dignity of risk;

- be based on the least intrusive options in accordance with contemporary evidence-based practices.

Staff will recognise that people can communicate their choices, likes and dislikes in many ways, including verbal communication, withdrawal, acting out, engagement and disengagement, aggression, excitement, despondency and joyfulness.

Independent Living Victoria recognises the importance of family, carers and support people, and that these support people often have intimate knowledge of the person living with a disability.

4. Service Delivery Principles

All Independent Living Victoria staff will, at all times, provide a standard of service that is consistent with the policies and procedures outlined in this manual.

Staff will not carry out tasks requiring qualifications or training that they do not have.

Staff will promptly report concerns about the safety of participants (including environmental hazards) to the Director so that appropriate action can be taken. *See Independent Living Victorias' Incident Management Policy and Procedure.*

participants will be encouraged to make their own decisions regarding their support services at all times. This may require the support of other significant people as per the *Independence and Informed Choice Policy and Procedure.*

In managing behaviours of concern staff will first ensure their own safety and the safety of others

participants have a right to complain about Independent Living Victoria services and they and their key support person/advocate should be alerted to the *Feedback, Compliments and Complaints Policy and Procedure* and external complaints bodies.

5. Documented Framework

Our policies and procedures form part of our principles-based framework setting out how we go about achieving our business and service delivery goals in a controlled and compliant way.

Each Policy is developed to be a statement of Independent Living Victoria's commitment to meet our external regulatory requirements and deliver a consistently high-quality service with appropriate safeguards in place to uphold the participant's rights.

The Procedure provides the documented process of "how" we will meet the requirement.

Not every Policy will have a separate Procedure, and not every Procedure has a dedicated Policy. One Policy may be applicable to a number of Procedures.

The Manual has four parts that align to the Core Module Divisions of the NDIS Practice Standards.

Version Control	
Issued: October 2022	Authorised by Director –Emily Mayne
Issued November 2022: Version changes include:	Updates to the: Behaviour Support Policies & Procedures Wound Management Policies & Procedures

6. Meeting the Standards

Part 1: Rights & Responsibilities

Independent Living Victoria has a series of documented policies that state our commitment to upholding and safeguarding potential and current participant's rights across all aspects of our person-centered supports, inclusive of the following expected outcomes:

- Individual values and beliefs

- Privacy and Dignity

- Independence and Informed Choice

- Violence, Abuse, Neglect, Exploitation and Discrimination

Part 2: Governance & Management

Governance and Management Policies and Procedures describe how Independent Living Victoria meet its external and internal compliance requirements.

The policies and procedures provide a framework to provide effective planning, monitoring and continual improvement across key inter-related processes including risk management, business and financial management, quality management and continual improvement.

Part 3: Service Provision

Independent Living Victoria promotes a person-centered approach to its service delivery whereby individuals lead and direct their services and are supported to maintain connections with their family, friends and communities.

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

Participant assessment, planning, service delivery and review will include activities or supports that assist and support participants to take control of and responsibility for their choices and enhance their autonomy, independence and community participation.

Part 4: Module 1 – High Intensity Support

Part 5: Module 2a – Implementing Behaviour Support

7. Participant Rights & Responsibilities Policy & Procedure

PURPOSE AND SCOPE

The purpose of this policy and procedure is to confirm our commitment to uphold and protect participant rights.

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

Independent Living Victoria duty of care extends beyond the scope of their own support services. Duty of Care applies to preventing the occurrence of abuse and neglect of the participant within the community, within their home, within the service scope of other providers.

DEFINITIONS

Abuse – Verbal, physical and/or emotional mistreatment and/or lack of care of a person. Examples include sexual abuse and any non- accidental injury.

CALD – An acronym to denote individuals of a Culturally and Linguistically Diverse background.

Consent - Consent means providing voluntary, informed, specific and current approval. That is, a person must be informed and free to exercise genuine choice about whether to give or withhold consent about how their personal information is handled

Dignity of Risk – Respecting each individual's autonomy and self-determination to make informed choices and calculated risks for themselves.

Duty of Care – Responsibility to provide participants with an adequate level of care and protection against foreseeable harm and injury.

Personal Information – Recorded information (including audio / visual and images) or opinion, whether true or not, from which the identity of a person could be reasonably ascertained.

Rights & Responsibilities Policy

Independent Living Victoria respects and fully commits to upholding the rights of all people in accordance with our external compliance requirements including the *National Disability Insurance Scheme Act* and the *Australian Privacy Act.*

Independent Living Victoria has developed a governance framework and service delivery model to ensure all participants:

- receive person-centered supports

- have individual values and beliefs respected

- have privacy and dignity safeguarded

- are provided information to facilitate independence and informed choice

- are safeguarded from violence, abuse, neglect, exploitation or discrimination.

Independent Living Victoria is committed to ensuring people are made aware of their rights and responsibilities and are supported to exercise those rights at every step through their service experience.

Independent Living Victoria maintains a complaints and incident handling system to effectively respond to concerns or breaches. Where required, connections to additional resources, including translators and advocacy groups will be facilitated with the participant's consent.

Rights & Responsibilities Procedure

Independent Living Victoria

The Participant

Independent Living Victoria is responsible for:

- fostering a person-centered service culture which supports participants' safety and wellbeing

- establishing and maintaining a safe service environment

- providing staff with training and guidance on upholding and safeguarding people's rights.

Participants have a responsibility to:

- treat staff and contractors with respect and safeguard their personal safety.

- respect other people's rights to privacy and confidentiality.

- follow the terms of the Service Agreement and policies and procedures as they relate to the Independent Living Victoria scope of service.

Rights & Responsibility Procedure

To ensure all participants receive person-centered supports:

- each participant will have access to supports that promote, uphold and respect their legal and human rights

- each participant will be enabled to exercise informed choice and control

- supports provided will promote, uphold and respect individual rights to freedom of expression, self-determination and decision-making.

To ensure all participants have their individual values and beliefs respected:

- Quality services will be provided, appropriate to the individual's preferences and needs;

- Each participant can access supports that respect their culture, diversity, values and beliefs;

- Each participant's autonomy is respected, including their right to intimacy and sexual expression;

- Participants can expect fair treatment – regardless of gender, religion, disability, cultural and linguistic background or age; and

- Supports will take into account lifestyle, communication, & cultural differences. Where required, Independent Living Victoria can arrange access to resources for participants for those who spoken English is not their primary form of communication, particularly through intake, planning and review meetings. This is inclusive of individuals of a CALD & Aboriginal and Torres Strait Islander background.

- To safeguard the participant's privacy and dignity, personal information is handled as per our *Privacy and Confidentiality Policy*.

Rights & Responsibility Procedure

Independent Living Victoria supports people with disability to exercise their right to participate in and contribute to the social, cultural, political and economic life of the community on an equal basis with others. In addition, people with disability are empowered to determine their own best interests, including the right to exercise informed choice and take calculated risks. To do this we:

- Facilitate independence, informed choice and active participation in the services provided

- Provide Information in an accessible format to enable informed decisions and choices about the services people receive;

- Provide support to facilitate access to services in our community; and

To ensure people can access supports free from violence, abuse, neglect, exploitation or discrimination, Independent Living Victoria has a *Preventing and Responding to Abuse, Neglect and Exploitation Policy* that is supported with an incident management system

- People will be provided with information about how to pursue a grievance about the service and to have that grievance resolved in a timely and appropriate manner; and

- Have a support person/advocate/ally of their choice to represent them in matters relating to their supports.

8. Privacy & Confidentiality Policy & Procedure

PURPOSE AND SCOPE

To provide assurance to potential and current participants that Independent Living Victoria is committed to handling and safeguarding personal information with respect and robust information management systems.

To ensure that management of participants' personal information meets all relevant legislative and regulatory requirements.

This policy and procedure applies to all staff, current and potential participants.

DEFINITIONS and PRINCIPLES CONTINUED.

Consent - Consent means providing voluntary, informed, specific and current approval. That is, a person must be informed and free to exercise genuine choice about whether to give or withhold consent about how their personal information is handled.

Support must be provided for the person to communicate their consent. For example, choices must be offered in a way to enable effective communication, for example by using images or signing.

Consent must be sought for a specific purpose and this purpose must be understood by the participant.

Consent cannot be assumed to remain the same indefinitely. People are entitled to change their minds and revoke consent at any time.

Personal information – Recorded information (including images) or opinion, whether true or not, from which the identity of a person could be reasonably ascertained. Personal Information can include:

- name and date of birth

- gender

- current and previous addresses, telephone numbers and e-mail addresses

- residency status

- bank account details

- driver's licence number

- Government identifiers such as an NDIS Tax file number or Centrelink information

- photographs

- medical history or information provided by a health service

Sensitive information – Sensitive personal information usually refers to personal information that people like to keep private such as: health information; ethnicity; political opinions; religious beliefs or affiliations; sexuality and criminal record

Privacy Policy

Independent Living Victoria values the privacy of every person and is committed to protecting the privacy and dignity of all participants.

We have implemented safeguards to ensure the safety and security of participants' personal information in line with the Australian Privacy Principles of the *Privacy Act 1988* and the *National Disability Insurance Scheme Act 2013.*

Independent Living Victoria will only collect information that is relevant to the needs of service delivery for the individual.

Personal information is not shared with anyone unless required by law.

In collecting personal information Independent Living Victoria will take all reasonable practical steps to ensure the participant knows:

- Why the information is being collected,

- What the information is being used for,

- How the information will be stored and where,

- Who has access to the information and why, and

- Raise questions or concerns about how Independent Living Victoria is dealing with personal information and how we handle privacy concerns or complaints.

Privacy & Confidentiality Procedure

Personal Information

Independent Living Victoria handles personal information with great care.

All participants' information is recorded, maintained, stored, and made available in ways that respect participant's rights to privacy, dignity and confidentiality.

Participant issues are not discussed by staff with people outside the service without their consent.

Where appropriate, and with the consent of the participant, information is communicated to family members, nominated support person, other providers and relevant government agencies.

In collecting personal information, Independent Living Victoria will inform the participant:

- that information is being collected;

- the purposes for collection;

- who will have access to the information;

- the right to seek access to, and/or correct, the information; and

- the right to make a complaint or appeal decisions about the handling of their information.

HANDLING OF PERSONAL INFORMATION

Collection & Storage	Consent	Disclosing Information	Access	Breaches & Complaints

Collection & Storage

Information is collected:

- directly from participants orally or in writing;
- from third parties, such as medical practitioners, government agencies, participant representatives, and other providers;
- from referrals; and
- from publicly available sources of information.

Independent Living Victoria takes all reasonable steps to protect personal information against loss, interference, misuse, unauthorised access, modification, or disclosure.

Independent Living Victoria will destroy, or permanently de-identify personal information that is:

- no longer needed;
- unsolicited and could not have been obtained directly; or
- not required to be retained by, or under, an Australian law or a court/tribunal order.

Independent Living Victoria has appropriate security measures in place to protect stored electronic and hard-copy materials.

An archiving and record destruction process is in place to ensure controlled storage and destruction of personal information takes place.

Consent

Participants are to be provided with the *participant Consent Form* at intake, prior to commencing services with Independent Living Victoria.

People will be supported to understand what Consent means and encourage the person to make an informed decision.

Staff members must explain to the participant, using the language, mode of communication and terms that they are most likely to understand, why the information is required and who will have access to the information. The participant may need to be provided with additional information to help them make an informed decision. If the participant chooses not to sign the consent form or disclose information, this needs to be documented and retained in the participant's file.

This form must be signed and placed in the participant's file.

Disclosing Information

Information pertaining to participants' activities may be disclosed to family members based on the participant's signed consent. Where a participant is unable to consent to the release of information, staff may contact his/her carer or legal guardian.

Independent Living Victoria respects the right to privacy and confidentiality, and will not disclose personal information except:

- where disclosure would protect the participant and / or others;
- where necessary for best service practice; or
- where obligated by law.

Access

Each participant has the right to see any information Independent Living Victoria keeps about them, to correct their information and withdraw or amend any prior consents they have given.

Breaches & Complaints

Suspected or actual breaches or concerns/complaints about Independent Living Victoria privacy practices should be brought, in the first instance, to the Director's attention.

In investigating the breach or complaint, Independent Living Victoria may contact the person making the complaint to obtain more information.

If concerns cannot be resolved and the person wants to raise a formal complaint, or if they believe Independent Living Victoria has breached an APP and/or IPP, they may send their concerns to:

The Office of the Australian Information Commissioner
Phone: 1300 363 992
Web: http://www.oaic.gov.au (online complaint form)
Email: enquiries@oaic.gov.au

Any breach of privacy will be handled with the incident management and complaint handling process. Incidents and complaints about breaches of privacy will be reported to the NDIS Quality and Safeguards Commission via:

web: https://www.ndiscommission.gov.au/
email: feedback@ndis.gov.au
phone: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.

The participant will be advised either in writing, or in a face to face meeting, of the breach and the outcomes and actions arising from the investigation.

9. Independence & Informed Choice Policy and Procedure

PURPOSE AND SCOPE

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

Independent Living Victoria has developed participant service delivery processes with the following underpinning principles:

- A person is presumed to have decision-making capacity unless proven otherwise.

- If it has not already been predetermined that a person has impaired decision-making capacity, individuals should have all decisions referred directly to them.

- If there are doubts about a person's ability to make a particular decision, efforts must first be made to facilitate supported decision-making.

This policy and procedure applies to all staff, contractors and all potential and existing participants and their nominated support network.

Independence & Informed Choice Policy

Independent Living Victoria is committed to providing best-practice support services.

We have developed person-centered processes and take a rights-based approach to ensure people are directly involved in decision making and have choices about all aspects of the support services they receive.

Independent Living Victoria is guided by the following principles:

• A person is presumed to have decision-making capacity unless proven otherwise.

• Individuals should have all decisions referred directly to them.

• Information about supports and services should be given in a format most accessible to the individual.

• Efforts must be made to facilitate supported decision-making.

• All participants have the right to maintain their personal, gender, sexual, cultural, religious and spiritual identities.

• People with disability are empowered to determine their own best interests, including the right to exercise informed choice, take calculated risks and make their own mistakes.

People will be informed of their rights and will be supported to exercise these rights.

If there are doubts about a person's ability to make a specific decision, and the person has been assessed as having impaired decision-making capacity, Independent Living Victoria will facilitate access to appropriate assistance and support.

PRINCIPLES OF DECISION MAKING & CHOICE

Formal decision-making (on behalf of a person)	Impaired decision-making capacity	Informed Consent	Informal Decision Making	Person Responsible
Formal arrangements should take a rights-based approach and consider the person's individual wishes as much as possible regardless of his or her impaired decision-making capacity. Where informal decision-making arrangements are considered to be insufficient, formal arrangements such as an Advance Care Directive will need to be activated. Advance care directive is a legal form where a person, 18 years of age or over, is able to write down (or where unable to do so have written down on his or her behalf) his or her instructions, wishes and preferences for future health care, accommodation and personal matters and/or to appoint one or more substitute decision makers who can make decisions on the person's behalf in any period of impaired decision making capacity, or as determined by the person. Substitute decision-maker is an adult appointed under an advance care directive who can make decisions about health care, end of life, living arrangements and other personal matters on behalf of a person during a period of impaired decision-making capacity, whether for a short time or permanently.	Refers to the inability of a person to make a specific decision at a particular time because he or she is incapable of: • understanding any information that may be relevant to the decision; or • retaining such information; or • using such information in the course of making the decision; or • communicating his or her decision in any manner; or • by reason of being comatose or otherwise unconscious, is unable to make a particular decision about his or her medical treatment.	Informed consent is the act of agreeing to or giving permission for certain actions affecting one or more aspects of one's life (eg legal, financial, health, lifestyle and social). To be informed a person must be given information about the proposed activity relative to the individual situation including potential for an adverse outcome, other options and the possible results of alternative action or no action. For consent to be effective, the person should be able to communicate an understanding of the proposed activity. Consent can be refused or withdrawn at any time.	Is where a person making a decision on behalf of another person has not been legally appointed. People who can make informal decisions include the person's family, friends, carer or nominated support. Most decisions can be made informally, including decisions about who a person wishes to see, their work, leisure, recreation, holidays or accessing services.	Where there is no substitute decision-maker or relevant instruction, a person responsible for a person with impaired decision-making capacity has legal authority to provide or refuse consent to health care and medical treatment for that person, in the following legal order: • a guardian (including an enduring, private or public guardian) who has been appointed with a medical and dental consent function • a spouse, de facto spouse or same sex partner who has a close and continuing relationship with the person • the carer or person who arranges care regularly and is unpaid (the carer's pension does not count as payment); or • a close friend or relative

PRINCIPLES OF DECISION MAKING & CHOICE

Lifestyle Matters		Capacity	Dignity of Risk

Lifestyle decisions can include decisions about who a person wishes to see, their work, leisure, recreation, holidays, accommodation or accessing services such as assistance with daily living, cleaning and mobility.

Where a person has impaired decision-making capacity, alternative consent to lifestyle decisions must be sought:

If a substitute decision-maker with relevant decision-making powers has been appointed within an advance care directive, decisions about lifestyle will be referred to the substitute decision-maker.

Where no advance care directive exists, lifestyle decisions must be referred to the person's family, friends or carer.

In the absence of the above, service providers may consent to decisions about lifestyle consistent with the person's individual support plan.

Independent Living Victoria will ensure that the person's decision-making arrangements for lifestyle matters, are clearly discussed and documented.

A person is presumed to have decision-making capacity unless proven otherwise

Where a participant has the capacity for decision making, all options, risks and possible consequences must be discussed with them and all relevant stakeholders involved in the decision-making process.

If a decision doesn't place anyone at risk of harm, staff are to comply with the decision.

Staff will support participant's access to information on which to base their decisions when they want to try new things or continue with options that may not have gone well in the past, including the benefits and risks, consequences and responsibilities to them and others.

All staff will be trained in responding to the needs of participants, participant decision making, dignity of risk and assisting participants to make informed choices in the least restrictive way, through formal induction and training processes as well as regular team meetings.

All staff will support participants to articulate their decision-making arrangements and record these in their individual support plans. This should include consideration of strategies that seek to support individuals to identify and manage risks and live their lives in a way that best suits them.

Where appropriate, staff should maintain ongoing liaison with the participant's family, nominated support and/or legally appointed guardian to ensure this.

Independence & Informed Choice Procedure

Full Capacity

Independent

Where a person has full-capacity for independent and informed decision-making, the Directors (or Delegate) will:

- advise participants when making appointments for an Intake Interview and subsequent reviews that they are entitled to have an independent support person at the meeting to assist them in the decision-making process.

- support participants/parents/carers to access any information they reasonably require to enable them to participate in decisions affecting participants' lives. The Directors (or delegate) will be responsive to the changing needs, goals, aspirations and choices of participants and will communicate in appropriate formats to facilitate their informed decision-making and choice.

- recognise that a person's views may be expressed through body language, behaviour, and/or through a variety of verbal or non-verbal signs. Where needed, the individual's preferred augmentative communication aids should be used to assist communication.

- Ensure that information provided to the participant is in a format most accessible to them.

- act upon the outcomes of a participant/parent/guardian's input into decision- making.

Where Independent Living Victoria is unable to meet the needs and goals of a participant or is not resourced to effectively meet the person's needs, the Directors (or delegate) will refer the person to other relevant service providers or community-based organisations to facilitate their support needs.

Information about participants' rights, services and processes that impact them will be provided in a variety of formats where practicable to assist understanding, in order to support decision-making and choice.

This includes supporting their access to technology, aids, equipment and services that increase and enhance their decision-making and independence.

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

Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds will be supported to make decisions in the context of their culture and heritage.

Independence & Informed Choice Procedure

Supported Decision-making

Where a person requires some support in decision-making, the Directors (or delegate) will:

- facilitate access to appropriate support and information to enable the person to make the decision for themselves as far as is practicable;

- bear in mind that a person's views may be expressed through body language, behaviour, and/or through a variety of verbal or non-verbal signs. Where needed, the individual's preferred augmentative communication aids should be used to assist communication.

Where a person is determined to not have capacity, ILV will:

- engage with informal decision-makers – family, friends, carers or nominated supports.

- ensure that all informal decision-making arrangements are clearly recorded and communicated to relevant staff. Decisions can then be pursued through the agreed informal arrangements.

Informal arrangements can be considered insufficient, for example when:

• There is conflict over decisions being made about the person;

• The person's safety or the safety of others may be at risk;

• Where specific legislative requirements exist (e.g. consent to medical treatment).

Where informal decision-making arrangements are considered to be insufficient, the Directors will pursue formal arrangements.

Formal arrangements should take a rights-based approach and consider the person's individual wishes as much as possible regardless of his or her impaired decision-making capacity.

Formal arrangements will be recorded on the participant File and maintained in service reviews. Any amendments to the participant's decision-making arrangements will be clearly recorded.

10. Preventing & Responding to Abuse, Neglect & Exploitation

PURPOSE AND SCOPE

This policy outlines Independent Living Victoria duty of care responsibilities to its participants and other stakeholders.

This policy applies to all staff and contractors.

Staff will promptly report concerns about the safety of participants to the Directors so that appropriate action can be taken as per the Independent Living Victoria's Incident Management Policies and Procedure.

Duty of care must be balanced with an individual's dignity of risk, with guidance provided in our Independence and Informed Choice Policy and Procedure.

This policy and procedure draws on and aligns with the National Disability Insurance Scheme Act 2013, National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018, the NDIS Quality and Safeguards Commission Reportable Incidents Guidance (2018), and relevant state anti-discrimination legislation.

DEFINITIONS

Abuse – Verbal, physical and/or emotional mistreatment and/or lack of care of a person. Examples include sexual abuse and any non- accidental injury.

Dignity of risk – Respecting an individual's autonomy and self-determination, to make informed choices and calculated risks for themselves.

Duty of care – A common law concept that refers to Independent Living Victoria responsibility to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury.

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

Preventing & Responding to Abuse, Neglect & Exploitation Policy

Independent Living Victoria is proactive in preventing the occurrence of abuse and neglect in its services and within our community.

We are aware that people living with a disability are at greater risk of physical and sexual assault than the general population.

Independent Living Victoria has a:

• zero tolerance policy towards abuse, harm and neglect.

• duty of care to ensure that people with a disability are not subject to any type of abuse, harm or neglect.

• moral and legal obligation to take all reasonable care in providing services and to meet appropriate standards of care. The appropriate standard of care is assessed on the action a reasonable person would take in a particular situation.

We consider our duty of care is breached by failing to do what is reasonable or by doing something unreasonable that results in harm, loss or injury to another. This can be physical harm, economic loss or psychological trauma.

Staff will promptly report concerns about the safety of participants to the Directors so that appropriate action can be taken. (See Independent Living Victoria Incident Handling Policy and Procedure.)

Duty of care must be balanced with an individual's dignity of risk, with guidance provided in our Independence and Informed Choice Policy and Procedure.

Child Safety Procedure

Independent Living Victoria is committed to the adoption and application of the National Child Safe Principles. The Principles outline at a high level the 10 elements that are fundamental for making an organisation safe for children.

The National Principles emphasise the importance of culturally safe environments and practices for Aboriginal and Torres Strait Islander children and young people. Aboriginal and Torres Strait Islander families and communities are more likely to access services that are culturally safe and experience better outcomes in such services. This includes improving the way organisations engage with Aboriginal and Torres Strait Islander children and their families, recognising the impact of intergenerational trauma, and respecting cultural diversity.

The National Principles collectively show that a child safe organisation is one that creates a culture, adopts strategies and takes action to promote child wellbeing and prevent harm to children and young people. A child safe organisation consciously and systematically: creates an environment where children's safety and wellbeing is the centre of thought, values and actions places emphasis on genuine engagement with, and valuing of children

- creates conditions that reduce the likelihood of harm to children and young people

- creates conditions that increase the likelihood of identifying any harm

- responds to any concerns, disclosures, allegations or suspicions.

Wheel of Child Safety
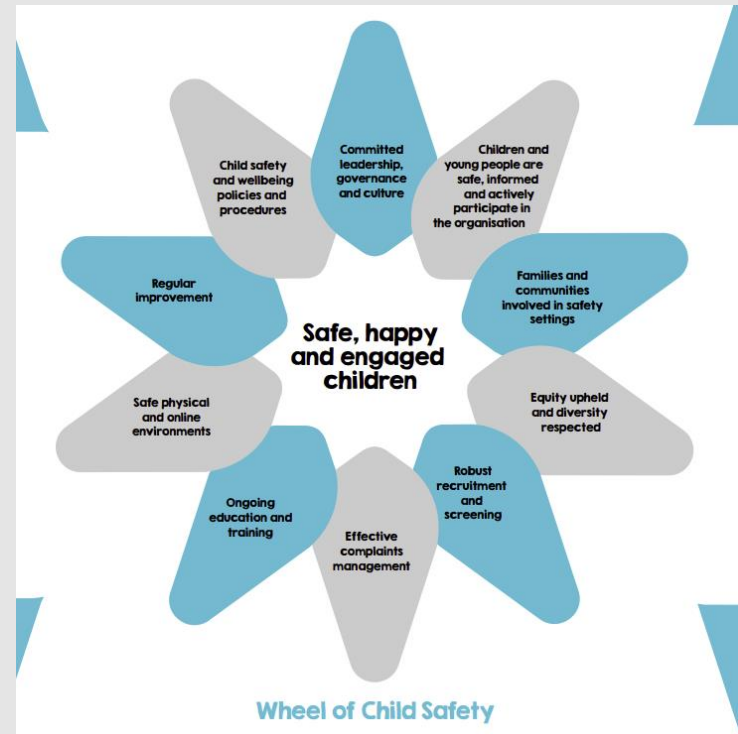
Child Safe Policy - VIC

Independent Living Victoria operates a child centred practice. Safeguarding and supporting children to reach their potential is embedded into our robust policies and procedures.

All staff are responsible for protecting the wellbeing and safety of children and all staff have a responsibility to report any case where a child is suspected to be at risk of harm.

Independent Living Victoria is committed to meeting the requirements of the *Children, Youth, and Families Act 2005* and adheres to *the Child Safe Standards* as set out by the Commission for Children and Young People.

At Independent Living Victoria we use the advice provided by along with our professional judgement and critical thinking to help decide whether a child is suspected to be at risk of significant harm.

If we consider a child is at risk of significant harm a report to the Child Protection Helpline on the appropriate Division number will be made. The staff member will also report and handle their concerns as an incident within Independent Living Victoria's incident handling process.

All staff. meet the NDIS Worker Screening requirements. Our Key Personnel meet the requirements set down by the NDIS Commission's Guide to Suitability. Staff also complete the online Protecting Children - Mandatory Reporting and Other Obligations for the Early Childhood Sector (PROTECT) through the Department of Education.

All staff, including contractors meet the minimum qualification and experience requirements set down by the NDIA for the delivery of early childhood supports and young people.

Preventing & Responding to Abuse, Neglect & Exploitation Procedure

Child

Related

Where a staff member is the alleged perpetrator

If a staff member is accused or suspected of harming the participant, they should be removed from contact with all participants pending an investigation.

After reporting to the Police, the Director must be immediately notified of the report.

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

Actions, or alleged actions, by a staff member causing harm to a person with disability during service delivery are reportable incidents and must be reported to the NDIS Quality and Safeguards Commission. Where child-related, the incident may also be reportable to the Office of the Children's Guardian. See the Incident Management Policy and Procedure.

Where a participant is the alleged perpetrator

Where a participant's actions cause, or could have caused, serious harm to a staff member or other person, treat the matter as a Reportable Incident (see below).

Where a participant is accused or suspected of harming another participant, they should be removed from contact with other participants, where possible, pending an investigation.

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

Under no circumstances should anyone but the Police interview the participant about the allegation. It is acknowledged however that some discussion with the participant may be required to establish safety and a basic understanding of what has occurred.

Preventing & Responding to Abuse, Neglect & Exploitation Procedure

Notifying

Networks

Notification of next of kin or guardian – all participants

If the alleged perpetrator is the participant's next of kin or legal guardian, the staff member must ensure that the immediate needs of the participant are considered and an appropriate planned response are undertaken.

The Director must notify the participant's next of kin or guardian where:

•the participant is under 18 years old;

•the participant is over 18 years old and consents to their next of kin or guardian being contacted. If the participant is unable to make an informed decision regarding contact and the participant does not have an appointed guardian, the Director should contact the next of kin as appropriate;

•the participant has a legal guardian; or

•the participant is on a guardianship order.

The Director must explain to the next of kin or guardian: the nature of the allegation; the standard procedure for reporting allegations to the Police; that the participant may choose whether or not to participate in the Police investigation; and any action taken by staff since reporting the allegation.

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

Incident Handling Procedure

Child Related

VIC Reporting

Where a child is suspected to be at Risk of Significant Harm, a report to the Child Protection Intake Services on must be made to one of the below numbers depending on the respective local government area.

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

To report concerns that are life threatening, ring Victoria Police: **000**

To report concerns about the immediate safety of a child after hours, call the After Hours Child Protection Emergency Service: **13 12 78**.

If there are concerns about a child's wellbeing, but no immediate concerns regarding their safety, staff will contact the ChildFIRST or Orange Door service associated with that child's LGA.

When to make a report

Child protection receive reports about children when there are concerns the child is in need of protection. A child in need of protection is a child who has suffered or is likely to suffer significant harm as a result of abuse or neglect, and their parent has not protected or is unlikely to protect the child from harm of that type.

To make a report to child protection a person needs to have formed a **reasonable** belief that a child has suffered or is likely to suffer significant harm as a result of abuse or neglect, and that their parent has not protected or is unlikely to protect the child from harm of that type.
Information provided to child protection when a report is made needs to be sufficiently detailed for child protection to identify the child at risk of harm.

Where concerns relate to an alleged perpetrator of abuse, who may pose a risk more generally to all children, the concerns should be reported to Police.

Incident Handling Procedure

Child Related Reporting

Child FIRST & Orange Door

If staff have significant concerns for the wellbeing of a child, but do not believe they are at risk of significant harm, and where the immediate safety of the child will not be compromised, a referral to Child FIRST or The Orange Door may be appropriate. Staff should discuss concerns with their line manager to triage the situation prior to making a report.

Referring to Child FIRST or The Orange Door would be appropriate where families:

- Are experiencing significant parenting problems that may be affecting the child's development

- Are experiencing family conflict, including family breakdown

- Are under pressure due to a family member's physical or mental illness, substance abuse, disability or bereavement

- Are young, isolated or unsupported

- Are experiencing significant social or economic disadvantage that may adversely impact on a child's care or development.

Orange Door Contact Details

Barwon
1800 312 820

Bayside Peninsula
1800 319 353

Central Highlands
1800 219 819

Goulburn

1800 634 245

Hume Moreland
1800 271 151

Inner Eastern Melbourne
1800 354 322

Inner Gippsland
1800 319 354

Loddon
1800 512 359

Mallee
1800 290 943

North Eastern Melbourne
1800 319 355

Outer Gippsland
1800 512 358

Ovens Murray
1800 271 157

Southern Melbourne
1800 271 170

Wimmera South West (South West)
1800 271 180

11. Governance Policy and Procedure

PURPOSE AND SCOPE

This policy and procedure supports Independent Living Victoria to outline their commitment to good governance.

Good governance provides oversight and control to support achievement of the organisation's goals and objectives, while ensuring sound decision-making in relation to any associate risk-taking

There are a number of inter-related policies and procedures that form part of the documented governance framework.

The framework is available to be reviewed by interested parties to provide assurance the organization has effective planning, monitoring and improvement processes in place.

This policy and procedure applies to the Directors, and any additional staff, where employed.

DEFINITIONS

Governance is the process by which organisations are directed, controlled and held to account. It encompasses:

•Planning

•Responsibility & Accountability

•Organisation Building

•Behavioural Standards

•Monitoring Processes

•Performance Reporting

•Risk-Recognition & Management

Key Personnel means individuals who hold key executive, management or operational positions in an organisation, such as Directors, managers, board members, chief executive officer or chairperson.

Governance Policy

Independent Living Victoria uses a documented governance framework to ensure it meets its legal, regulatory, industry, stakeholder obligations, to conform to both internal & external requirements, while still working on organisational goals.

Governance policies are supported with effective systems and processes in place to guide and support its overall planning, supervision and monitoring processes.

Accountable and transparent governance arrangements ensure Independent Living Victoria:

•complies with relevant legislation, regulations and contractual arrangements;

•supports and develops its staff (where staff are employed);

•delivers quality and safe services to its participants, free of conflict of interest.

The Director, as Key Personnel has the qualifications and experience to deal with the operational management of Independent Living Victoria.

Independent Living Victoria takes a risk-based approach to business planning, operations and performance monitoring and improvement activities.

11. Governance Procedure

Business | Planning

Business Planning

Independent Living Victoria is committed to working to an agreed organisational vision and set of values, and to using these to inform consistent and controlled planning and service delivery processes.

Independent Living Victoria has identified the key outcomes that the organisation wants to achieve, in line with the agreed vision and values of the organisation within the Business Plan.

Management will formally review and update these objectives each financial year and at times of significant and unanticipated change.

Independent Living Victoria is committed to maintaining compliance with all regulatory, legislative and contractual requirements.

Continuity of Operations

Independent Living Victoria has identified and planned for continuity of supports within the risk management process.

In the event Key Personnel are unable to perform their roles and responsibilities, processes are in place to provide continuity of services by establishing an arrangement for a competent contractor, or alternative local service provider to provide support services.

Participants will be informed if such an event occurs and consent will be obtained to support the requirement to share information.

Governance Procedure

The Directors, as Key Personnel is responsible for all aspects of Independent Living Victoria service delivery, including:

External compliance monitoring – ensuring compliance with all relevant laws, regulations and regulatory requirements

Internal compliance monitoring ensuring compliance with the objectives, purposes and values of the organisation;

Organisational governance – setting or approving policies, plans and budgets to achieve business objectives, and monitoring performance against key performance indicators on an ongoing basis;

Financial planning, monitoring & reporting – reviewing the organisation's budget, monitoring management and financial performance to ensure the solvency, financial strength and sustainable performance of the business; and preparing, considering and approving annual financial statements and required reports;

Organisational structure – setting and maintaining a framework of delegation to mitigate conflict of interest and support business continuity;

Business continuity planning – ensuring appropriate processes are in place to ensure business continuity for participants;

Risk management – reviewing and monitoring the effectiveness of risk management and compliance in the organisation; agreeing or ratifying all policies and decisions on matters which might create significant risk to the organisation, financial or otherwise; and

Incident and complaint management – dealing with and managing events, incidents or complains that arise.

The Directors meets the suitability criteria as defined by the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018

In addition to the Key Personnel criteria, the Directors:

•holds the relevant skills and knowledge necessary to fulfil their responsibilities;

•undertakes training to address gaps in their skills and knowledge; and/or

•delegates tasks to persons who possess the necessary qualifications or experience to mitigate conflict of interest and disruptions in service delivery.

Governance Procedure

External

Compliance

The Directors is responsible for ensuring Independent Living Victoria is, and remains, compliant.

The Directors (or delegate) will monitor changes to legislation and service standards and ensure regulatory compliance via ongoing contact with relevant government agencies, websites, and membership of peak organisations, and via internal reviews and external audits.

Policies and procedures will be updated accordingly as compliance requirements change. Staff will be immediately advised of any changes.

The Directors (or delegate) is responsible for internal reviews and external audits, in accordance with the Compliance Schedule.

Upon commencement, all staff will undergo Induction, which includes information and training on compliance responsibilities.

NDIA Registered NDIS Provider Compliance

As an NDIA Registered NDIS Provider, Independent Living Victoria will comply with the NDIS Terms of Business and the NDIS Guide to Suitability.

Independent Living Victoria will continue to assess its compliance with the Terms of Business and Guide to Suitability and regulatory requirements.

Compliance evaluation and ongoing reviews are part of the internal audits/self-assessments conducted on a scheduled basis (See Compliance Schedule).

Governance Procedure

Conflict   Of Interest

Independent Living Victoria commits to providing services that are free from conflict of interest. For Independent Living Victoria, conflict of interest means the personal interests of staff, and those of any associated persons, must not be allowed to take precedence over the best interests of the participant.

To mitigate the potential conflict of interest we will ensure that:

- we identify and review the conflict of interest within our risk management process;

- we declare the potential conflict of interest and explain how this may impact participants ensuring participants understand the choice they make about service providers will not impact on the provision of their support services service, and vice versa.

- we commit to act as directed by, and in the best interest of the participant;

- we will always offer the participant choices about providers of support services and will not seek to influence the participant's choice

- we ask all staff to disclose any conflict, potential conflict, or the appearance of a potential conflict in the onboarding process;

- People will be informed about their right to change support services providers and how to raise and concerns or complaints.

- Once a conflict of interest has been declared, the Directors will decide what action can be taken to manage the conflict.

Conflicts of Interest
Perceived or Actual

Company Interests and Duties

Outside Business Interests
Family and Friends
External Boards
Communications
Gifts and Entertainment

Personal Interests or Loyalties

Conflict of Interest Policy

Independent Living Victoria commits to providing services that are free from conflict of interest.

For Independent Living Victoria, conflict of interest means the personal interests of staff, and those of any associated persons, must not be allowed to take precedence over the best interests of the participant.

To mitigate this potential conflict of interest we will ensure that:

- we identify and review the conflict of interest within our risk management process;

- we declare the potential conflict of interest and explain how this may impact participants ensuring participants understand the choice they make about service providers will not impact on the provision of their support services service, and vice versa.

- we commit to act as directed by, and in the best interest of the participant;

- we will always offer the participant choices about providers of support services and will not seek to influence the participant's choice

- we ask all staff to disclose any conflict, potential conflict, or the appearance of a potential conflict in the onboarding process;

- People will be informed about their right to change support services providers and how to raise and concerns or complaints.

- Once a conflict of interest has been declared, the Directors will decide what action can be taken to manage the conflict.

11. Financial Management & Delegations Policy and Procedure

PURPOSE AND SCOPE

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

This policy and procedure is an extract of the full policy and procedure documented in the Policy Manual.

The Policy and Procedure applies to the Directors, all staff, and contractors.

POLICY

Independent Living Victoria is committed to effective management of its finances and the prevention of fraud or mismanagement of its funds as per our Quality Management Policy. Independent Living Victoria will maintain financial management and accounting systems that:

•are transparent and accountable;

•allow for the keeping of full and accurate records;

•allow budgeting and reporting on an accrual basis;

•meet applicable Australian Accounting Standards; and

•are consistent with the financial compliance and reporting requirements for any of the organisation's funding arrangements.

Independent Living Victoria will:

•prepare financial statements according to the Australian Accounting Standards; and

•have its accounts and records audited in accordance with Australian Auditing Standards.

Financial Management & Delegations Procedure

Finance

Delegations

The Directors will ensure that all of Independent Living Victoria financial arrangements regarding NDIS service delivery comply with:

•the NDIS Act, the NDIS Rules, all relevant NDIS guidelines, and all policies issued by the NDIA including the NDIS Terms of Business and Guide to Suitability; and

•any other relevant Commonwealth or State law or other requirements.

The Directors will develop pricing structures for Independent Living Victoria that align with the price controls and quoting requirements in place for NDIS supports, in accordance with current Price Arrangements.

The Directors (or delegate) will maintain full and accurate accounts and financial records of the supports delivered to NDIS participants, along with records of all Service Agreements. Financial Delegations are recorded in the Delegations Register

All financial transactions, including receipts and payments related to NDIS service provision, must be clearly identifiable and easily tracked within Independent Living Victoria financial accounts.

Independent Living Victoria accounts and financial records will be maintained on a regular basis and in such detail that the National Disability Insurance Agency (NDIA) is able to accurately ascertain the quantity, type and duration of support delivered.

The retention of all records will comply with all relevant statutes, regulations, by- laws and requirements of any Commonwealth, State or Local Authority. Financial records and accounts relating to NDIS service provision will be retained for a period of no less than 7 years from the date of issue.

National Disability Insurance Scheme

Financial Management & Delegations Procedure

Service   Agreements

A NDIS Service Agreement will be used to formalise the supports Independent Living Victoria will provide NDIS participants.

Independent Living Victoria will declare prices to all participants before providing services and include all fees in the Service Agreements along with detailed information about the supports to be provided.

Fees charged will not exceed the price controls set by the NDIA.

No other charges will be added to the cost of supports provided, including credit card surcharges, additional fees such as 'gap' fees, or late payment fees.

Independent Living Victoria will work collaboratively with participants and their supporters to develop their Service Agreement. The participant is asked to sign the Service Agreement before service delivery can commence.

Service Agreements will clearly set out the costs to be paid for supports, when delivery of supports is to be performed and the method of payment required.

Service Agreements will be consistent with the NDIS' pricing arrangements and the requirements of the A New Tax System (Goods and Service Tax) Act 1999 regarding the application of the GST. Additional guidance can be found at *A Guide to Competition and Consumer Law*

Through its invoicing and statement arrangements, Independent Living Victoria will ensure that participants are regularly provided with details of services delivered and the amount charged for those services.

participants, their supporters and other stakeholders have access to the organisation's feedback processes to raise issues about financial management of their supports without fear of retribution.

12. Risk Management Policy and Procedure

PURPOSE AND SCOPE

This policy and procedure outlines the risk management processes in place to guide the effective identification, assessment and treatment of risk across business risk and service delivery.

Independent Living Victoria is committed to providing a safe work environment for NDIS participants and workers.

This policy and procedure applies to all staff and contractors.

DEFINITIONS

Risk – indicates a potential danger to the business, to its ability to meet stated goals and objectives, maintain financial viability and its reputation. Risks can also be present during service delivery, with the potential to impact the health and safety of participants and staff.

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

Risk management – coordinated activities to direct and control an organisation, with regard to a risk or hazard.

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

Risk Management Policy

Independent Living Victoria is committed to the effective identification and management of risks, which may arise during the general management of the business and in the delivery of support services.

The Directors are ultimately responsible for identifying and managing risks that impact the business.

All staff are inducted on, and are required to actively participate in, the ongoing identification and implementation of risk control measures.

Independent Living Victoria approach to effective approach to management of risks to the participant will be developed in consultation with participants.

Risk controls and failures will be evaluated as part of our drive to improve the quality and safety of our services.

Risk Management Procedure

Four **Steps**

The Risk Management Process can be summarised in four phases:

Step 1 Identify Identify the risk events that may prevent or delay the achievement of strategic goals and objectives or that could cause harm.

Step 2 Assess understand the nature of the risk by assessing the likelihood of it happening and the impact or harm that could be caused to determine the risk rating.

Step 3 Control Implement existing and future measures to prevent or mitigate the risk.

Step 4 Review Control Measures Continually monitor and evaluate the risks and treatments to maintain the effectiveness and appropriateness of the control measure.

Provide regular reports and updates to interested parties to assure them risks are being appropriately managed and treated.

IDENTIFY RISK

ASSESS RISK

RISK MANAGEMENT PROCESS

MONITOR & REPORT

CONTROL RISK

Risk Management Procedure

Identify the risks and hazards and document in the Risk Register that includes risk categories, likelihood and impact, mitigation plan and residual risk rating.

Assess and measure identified risks using a set of criteria that aims to understand the nature of the harm that could be caused by the risk, how serious the harm could be and the likelihood of it happening

We implement the most **effective control measure** that is reasonably practicable in the circumstances.

For business risk, control measures would include context analysis, planning, system design and performance monitoring.

For participant risk, controls would typically include: Consultation, training and Instruction and Supervision

The performance of the risk management system is reviewed on a scheduled basis as per the *Compliance Schedule.*

IDENTIFY RISK

ASSESS RISK

CONTROL RISK

REVIEW

RISK MANAGEMENT PROCESS

Risk Management Procedure

Identify

Assess

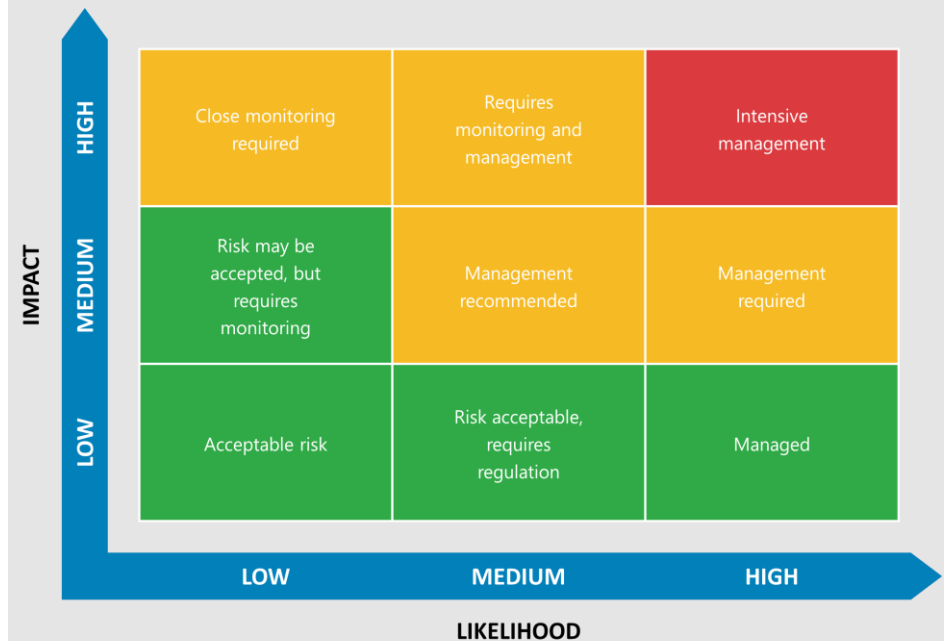Independent Living Victoria has **identified** the following categories of risk:

Governance – covering strategic planning, external and internal compliance requirements and legal issues, business planning including continuity planning, financial and information management and quality management.

Business – includes any risks of reputational or relationship damage, changes in market demand and financial planning and management, and performance monitoring and reporting

Human Resources and Safety – risks to staff health and wellbeing, including (but not limited to) workplace injury, staff turnover, and Industrial Relations issues.

Risks to the Participant – includes any aspect of operations and service delivery to participants, including risks in transition in and out of the service, and complaints and incidents.

Independent Living Victoria uses the risk assessment matrix below to support the identification, assessment and treatment of risks.

	LOW	MEDIUM	HIGH
HIGH	Close monitoring required	Requires monitoring and management	Intensive management
MEDIUM	Risk may be accepted, but requires monitoring	Management recommended	Management required
LOW	Acceptable risk	Risk acceptable, requires regulation	Managed

IMPACT / LIKELIHOOD

Risk Management Procedure

Participant	RISK

Risks to the Participant – Risk assessments are completed in consultation with the participant prior to intake.

A risk assessment process is supported with the *participants Strengths and Needs Assessment.*

Risks in transition in and out of the service are identified in the Support Planning process and Exit process in the *Support Plan*

Vulnerable Participants – to mitigate the risk presented by an individual Support Worker providing support to a participant Independent Living Victoria always establishes a team of a minimum of two Support Workers.

If any incidents occur, both within the service scope of Independent Living Victoria and services delivered by other service providers, these incidents will be handled within the Incident Management system.

All incidents are logged, investigated and evaluated.

Information and support is provided to Participants to engage in the incident handling process. Outcomes are identified and reported to the affected participant and relevant agencies, if required.

Vulnerable Participant

A vulnerable person means a child (an individual under the age of 18), or an adult (18 years and above) who may be unable to safeguard themselves against harm or exploitation by reason of illness, trauma, disability, or for any other reason.

A vulnerable adult is unable, rather than unwilling, to learn or properly maintain some aspects of basic living skills and self-protective behaviours.

Physical, economic, social and political factors determine a person's level of vulnerability and the extent of their capacity to resist, cope with, and recover from hazards.

Risk Management Procedure

Participant

Risk

Working in the Home

Where supports are to be provided in a participant's home, the following are completed, monitored and reviewed to support identified risks (see Risk *Management Policy and Procedure*).

- Home Risk Assessment and/or
- Participant Transport Assessment

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

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

Staff must determine at each visit the safety of the care recipients' home as a workplace before commencing their duties. This includes undertaking a visual scan of the home immediately on arrival, and of any equipment to be used, before use.

participants and/or their supporters are responsible for:

- maintaining a safe work environment for staff (for example, repair broken steps, mow long grass, restrain animals, provide adequate lighting, etc.);
- looking after their own in-home safety (for example, maintaining electrical equipment and installing smoke alarms and safety switches to switchboards);
- cooperating with staff to ensure they can work in a safe way (for example, moving furniture to allow adequate work space, etc.);
- keeping their equipment safe, well maintained and in good order; and
- informing staff of any known hazards.

Risk Management Procedure

Risks in Transport

Where transport supports are to be provided, and the participant has safety hazards and risks identified, in terms of mobility or equipment, a participant Transport Assessment will be undertaken.

Reporting Risks

Near Misses and incidents including injury, medication and any safety concern should be reported in accordance with Independent Living Victoria Incident Management policies and procedures.

Risk Management Procedure

Extreme Heat Days

To support participants on extreme heat days or during heatwaves, staff must be aware of the following:
- which care recipients are most at risk;
- how to assist care recipients to reduce the risk of heat related illnesses;
- how to recognise heat related symptoms; and
- what to do if a care recipient is heat affected.

On days above 30 degrees Celsius, staff should encourage participants to:
- drink plenty of water, even if they don't feel thirsty;
- spend as much time as possible in cool or air conditioned buildings (shopping centres, libraries or community centres);
- wear light coloured, loose fitting clothing;
- stay out of the sun during the hottest part of the day;
- wear a hat and apply sunscreen;
- avoid strenuous activity, cancel or postpone outings;
- avoid alcohol and caffeine;
- close curtains or blinds to block out the sun; and
- use wet towels and cold foot baths to cool themselves down.

Risk Management Procedure

Emergency

Plans

Power Failure

Some care recipients may require an uninterrupted supply of power because they:

- use life support equipment;
- have a medical condition that requires continuous power supply; or
- have other special needs.
- energy providers keep a database of power dependent people.

If required, participants Services or Support staff will:
- have a plan in place to identify people with a special need for uninterrupted power;
- assist the care recipient to report this to their electricity retailer; and
- ensure the retailer has the care recipients' up-to-date telephone number and contact details.

Where care recipients require medication, particularly medication that are sensitive to heat (such as insulin), staff should talk with a pharmacist to make sure there is a plan to store medicines at the appropriate temperature in the event of a power failure.

It is also important to consider the safety of the food supply and ability to cook in the event of a power outage.

Some participants may require an uninterrupted supply of power because they:

- use life support equipment;
- have a medical condition that requires continuous power supply; or
- have other special needs.
- energy providers keep a database of power dependent people.

If required, participants Services or Support staff will:
- have a plan in place to identify people with a special need for uninterrupted power;
- assist the participant to report this to their electricity retailer; and
- ensure the retailer has the client's up-to-date telephone number and contact details.

Risk Management Procedure

Emergency Planning

Emergency Readiness

- Independent Living Victoria expects that the participant (and where appropriate, the owner of the premises) will have responsibility for their own fire safety and ensure that the premises meets all relevant building laws, regulations and legislation. However, we understand that where services are delivered in the community, they may need to be ceased or relocated in an emergency.

- Staff must conduct emergency planning with participants, which should include how changes to services will be communicated to participant, transport arrangements for continuity of service provision and support that will be provided should a participant be unable to receive services during emergencies.

- participants receiving services in their home must be encouraged and supported to develop personal emergency plans that cater for all types of emergencies and address the participants' needs.

Key considerations include:

- health needs;
- Points of escalation in a medical or other emergency;
- transportation;
- location of the home in regard to fire or flood risks; and
- ensuring emergency information is available and relevant for the participant.

Risk Management Procedure

Emergency   Plans

Personal emergency management plans are developed:

- be appropriate to the location, physical environment and structure and participant and staff profile;
- include emergency preparedness activities such as site assessments and risk mitigation strategies;
- include planned emergency responses for different emergency situations, such as options for altering or ceasing services, relocation, sheltering and evacuation;
- include clear triggers for activation, including processes for maintaining situational awareness and sourcing accurate and up-to-date information;
- be tailored to meet the particular needs of care recipients, such as Aboriginal people and communities, to ensure a culturally responsive approach;
- outline clear authority for decision making and communication arrangements; and
- include business continuity arrangements and options should emergency services be unable to respond immediately.

Risk Management Procedure

Emergency Plans

Vulnerable Participants

Personal emergency plans must be reviewed, exercised and updated regularly, preferably annually.

Independent Living Victoria will actively work to improve the safety of vulnerable people in emergencies through encouraging and supporting participants (who meet the definition of a vulnerable person) to undertake personal emergency planning. Where there is recognised bushfire risk, specific bushfire planning will be undertaken in addition to basic personal emergency planning.

Independent Living Victoria will screen participants to identify people who should be listed on a Vulnerable Persons Register (VPR) meet the definition of a vulnerable person **and** cannot identify personal or community support networks to help them in an emergency. Independent Living Victoria will obtain informed consent from identified people and enter and maintain their information on VPRs.

Staff will support care recipients to exercise their choice and control in emergency response processes through listening to their needs and preferences for care, as well as seeking care recipient and other relevant stakeholder's participation and feedback when identifying risks and developing solutions.

At Risk Participants – to mitigate the risk presented by an individual Support Worker providing personal care, support to a participant Independent Living Victoria always establishes a team of a minimum of two Support Workers.

Risk Management Procedure

Emergency

Disaster Management

Emergency and disaster management

Independent Living Victoria have undertaken a risk assessment to identify, evaluate and assesses potential emergency scenarios.

The following have been identified as potential emergencies with the scope our services.

Potential	Plan
COVID-19 Infection of Participant and or member of household	Individual Strengths & Needs Assessment and Emergency Plan
COVID-19 Infection of Support Worker	Resource & Continuity Plan COVID-19 Safety Plan
Natural Disaster e.g bush fire, flood, extreme weather	Individual Strengths & Needs Assessment & Emergency Plan
Homelessness	Individual Strengths & Needs Assessment & Emergency Plan

Measures for the prevention and control of infection and outbreaks.

Mandatory Training –
- COVID-19 Infection Control
- PPE Training

13. Quality Management Policy and Procedure

PURPOSE AND SCOPE

To ensure that Independent Living Victoria complies with the Human Services Quality Standards which cover all service delivery and organisational management, structure, procedures, processes and resource development.

Performance monitoring outcomes are logged into the continuous Improvement process to support planning, service provision, quality evaluation, assessment and improvement. Some of the inputs to the continuous improvement process include:

Complaint - Complaints include an expression of displeasure, such as poor service, and any verbal or written complaint directly related to the service (including general and notifiable complaints).

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

participant/Participant Incident – Acts, omissions, events or circumstances that occur in connection with providing services to a person receiving funding under the NDIS

Internal & External Audit Outcomes - an independent, objective assurance activity designed to add value and improve an organisation's operations. The outcomes of an audit help an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

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

Notifiable Incident – Any extremely serious incident arising out of the conduct of a business or undertaking at a worksite, relating to any person —whether an employee, contractor or member of the public.

Reportable incidents **as defined by** Section 73Z(4) of the NDIS Act. See Incident Management Policy and Procedure

Suggestions for Improvement – an opportunity for improvement identified by staff appliable to any aspect of the quality and safety management system or service provision.

Quality Management Policy

Independent Living Victoria is committed to delivering consistently high-quality support services. To do this, we have implemented a governance framework with pragmatic objectives, key performance indicators, feedback and monitoring systems.

Independent Living Victoria considers feedback to be a valuable input to continual improvement.

The Directors will specifically focus on continuous improvement by reviewing the organisation's performance annually.

The Directors is responsible for instigating, monitoring and implementing internal and external audits, in accordance with the Compliance Schedule.

Staff are responsible for identifying and actioning opportunities for continuous improvement.

Independent Living Victoria is committed to maintaining clear and accountable information systems to support and record management processes and service delivery to participants, and which protect rights of staff and participants with regard to privacy and confidentiality.

Independent Living Victoria is committed to effective management of its finances and the prevention of fraud or mismanagement of its funds.

All continuous improvement issues or opportunities identified will be reported to and tracked by the Directors.

13. Quality Management Procedure

Quality

Improve

Independent Living Victoria is committed to delivering consistently high-quality support services. To do this, we have implemented a governance framework with SMART objectives, key performance indicators, feedback and monitoring systems.

Independent Living Victoria considers feedback to be a valuable input and to continual improvement.

The Directors will specifically focus on continuous improvement by reviewing the organisation's performance annually.

The Directors is responsible for instigating, monitoring and implementing internal and external audits, in accordance with the Compliance Schedule.

Staff are responsible for identifying and actioning opportunities for continuous improvement.

Monitoring and analysis of key performance indicators including complaints, incidents, and non-conformances or opportunities for improvement raised in the internal and external audit process standing item on continuous improvement.

All continuous improvement issues or opportunities identified will be reported to and tracked by the Directors in the Continuous Improvement Register.

14. Information Management Procedure

Information

Independent Living Victoria maintains a documented management system that support the effective control of creation, approval and review processes. Only the Directors may amend or approve these documents.

Staff and participants are encouraged to identify improvements to approved policies. Any suggested improvement will be considered by the Directors (or delegate) and where approved, the Directors will ensure the policy is updated and all staff are informed of this change.

Superseded documents must be immediately removed from circulation and destroyed.

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

Storage and Access - All hard copy records are kept in appropriate conditions and protected from known risks, degradation and unauthorised access.

Electronic records are stored securely, password protected and are backed up regularly.

Where participant files are transported out of the office, the records should be moved securely.

14. Information Management Procedure

Information

Records

Archiving – Independent Living Victoria will maintain a secure archive system for records and information no longer in use.

Participant files will be kept for a period of seven (7) years and general correspondence and documents for two (2) years.

Files for children will be kept for a period of seven (7) years after turning 18 years of age.

Files for Indigenous individuals will be kept indefinitely.

Financial records will be archived in order of financial year in which they occur and kept for a minimum period of seven (7) years.

participant records, files and information will be stored, accessed and used in accordance with Independent Living Victoria policies on privacy and confidentiality.

Staff files (including paid staff and volunteers) will be stored securely with access limited to the Directors. Personnel files of ex-staff members will be kept on file for a period of seven (7) years.

Obsolete documents containing personal information will be shredded or disposed of in such a way that no identifying information is visible.

Freedom of Information – Independent Living Victoria will provide participants and government agencies access to records in accordance with any applicable legislation, including Freedom of Information legislation.

INFORMATION SECURITY

Use of Passwords	Secure use of email and defence against viruses	Staying secure when offsite	Physical security	Transferring data outside the organization
The security of some of our data is only as strong as the password used to protect it. When creating a password, try to make it as strong and unguessable as possible. In particular: •Make it at least eight characters long •Use numbers as well as upper and lower-case letters •Use a passphrase rather than a word. For example, TheCatSatOnTheMat2020 •Don't use publicly available information associated to you, such as your name, children's names or date of birth •Don't use common passwords such as Password1 or 12345678 •Change your password if you think it has been compromised •Never share your password with anyone else, including staff, third parties or even the [IT Support Desk] •Don't write your password down •Use different passwords for different key systems where possible	Users must be constantly vigilant against the threat of malicious code in the form of viruses. In order to minimize the risk of introducing a virus to the network, follow the following code of practice: •Don't open attachments unless you know they are from a reliable source •Always scan files from outside the organization before storing them on the network •Ensure your virus-scanning software is working correctly •Always report any virus-related messages you encounter to the [IT Support Desk] •Don't download unauthorized software or files from the Internet	Employees travelling on business are responsible for the security of information in their custody. They should not take confidential data offsite unless there is a valid reason to do so. While offsite: •Don't leave laptops, tablets, phones or other portable IT equipment in an unattended vehicle •Don't advertise the fact that you have a device in your possession •Use PINs and passwords to protect devices from unauthorized access	When locating computers and other hardware, precautions are to be taken to guard against the environmental threats of fire, flood and excessive ambient temperature and humidity. All employees should be aware of the need to challenge strangers on the organization's premises. Consideration must be given to the secure storage of paper documentation containing sensitive or confidential information, such as customer files.	Where appropriate, sensitive or confidential information or data should always be transmitted in encrypted form. Prior to sending information to third parties, not only must the intended recipient be authorized to receive such information, but the procedures and information security measures adopted by the third party must be seen to continue to assure the confidentiality and integrity of the information. Never store confidential information in unauthorized cloud services.

In-service Shift Notes

Accurate documentation is vital to monitor the care and health of clients.

Documentation can be writing shift notes and/or filling out charts

Shift notes should outline details of what has occurred on the shift, document anything that may be different or may have changed for the client- such as "skin on sacrum was red today, cream applied"

You may document that the client was incontinent, what they ate, amount type of food, refused to eat, their mood, sad, happy, upset or an activity or event their participated in.

You can leave a note for the next shift to check on something for example, "please apply more cream ….."

Shift notes also give important information to other care professional who may visit a client. A Physiotherapist or an OT will get great information about how the care and health of their client by reading the information in the shift notes. This can help with ensuring they provide the correct care.

All documents that are filled out are a legal document. They must be filled out so they can be read easily, and each shift note and many of the charts require a signature.

Shift notes must have the date and time at the start and at the end a signature and a printed name. If there are any questions or clarification is needed in relation to what is written, it is easier to find out who to ask if their name is written against what they have documented.

Charts

Charts are an important was we can specifically monitor aspects of a clients care and health. These charts may record how much they have had to drink, how much urine is in their catheter bag, amount and consistency of bowel movements and blood sugar levels for a diabetic.

Filing out these charts as accurately as possible is very important. Many clients ongoing good health is dependent on knowing this detail.

Clients with spinal cord injuries will have catheters. Recording the amount of urine in the catheter bag is essential to know if the bag is draining properly. If there is not enough urine draining, this may mean the client is not drinking enough or it could mean that the urine bag tubing is kinked or blocked, and this can cause many serious health complications.

Recording consistency and amount in relation to bowel action is very important. If we do not record how much is in a bowel cation, a client can become constipated, and this can lead to bowel impaction and very serious health issues.

Diabetics must have their blood glucose levels recorded so that medical professional can treat them correctly. Their sugar levels may determine how much insulin is given and all this is vital to ensure they are healthy, and their care is done correctly.

Accurate, clear, legible, documentation is a vital part of the care that we give our clients and is just as important, often more so than the actual physical care that we give.

15. Feedback & Complaints Policy and Procedure

PURPOSE AND SCOPE

This policy and procedure:

- outlines how people can provide feedback and make complaints about any aspect of Independent Living Victoria operations.

- documents the process of addressing or responding to feedback and complaints.

- applies to all staff, contractors and potential and existing participants. The policy also applies to other service providers, government agencies and members of the community.

DEFINITIONS

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

Complaint - Complaints include an expression of displeasure, such as poor service, and any verbal or written complaint directly related to the service (including general and notifiable complaints).

Feedback and Complaints Policy

Independent Living Victoria is committed to doing our best to resolve any issues raised by participants or interested parties in a responsive, fair and consultative manner.

We encourage people to provide feedback, raise concerns or complaints about any aspect of our service. We investigate and evaluate feedback and complaints to ensure we are continuing to improve the quality of our service.

We will support people through the complaint handling process, linking to external agencies such as Advocacy services and the NDIS Quality & Safeguards Commission, if applicable.

Independent Living Victoria staff are trained on effective complaint handling processes and commit to abiding by the NDIS Code of Conduct and NDIS (Complaints Management and Resolution) Rules 2018.

Independent Living Victoria is committed to providing people with accessible mechanisms to provide feedback, compliments and complaints. However, if you feel uncomfortable using Independent Living Victoria internal complaints process, complaints can be lodged directly with the NDIS Quality and Safeguards Commission via the dedicated complaints reporting line

A complaint can be made to the NDIS Commission by:

• Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.

• National Relay Service and ask for 1800 035 544.

• Completing a complaint contact form.

Feedback & Complaints Procedure

Rights

Responsibilities

Independent Living Victoria fosters an open and respectful culture that encourages and supports staff, participants and other stakeholders to make complaints and report concerns without fear of retribution.

Independent Living Victoria will provide all participants, their families and carers (collectively referred to as participants) with the Feedback, Compliments and Complaints policy through the onboarding process.

Participants are verbally guided through the Welcome Pack, including the *Service Agreement* and *Feedback, Complaints & Incidents Brochure* to support a good understanding of the feedback and complaints handling process.

Information about providing feedback and making complaints will be provided in a variety of formats, including the Service Agreement and Complaints & Incident Brochure. Connections to interpreters and advocates will be facilitated.

Feedback and complaints will be dealt with in a confidential manner and will only be discussed with the people directly involved. All information regarding feedback and complaints will be kept securely in accordance with Australian Privacy Principles.

Complaints and feedback can be lodged by a third party on behalf of another person, if their consent has been provided.

The Directors will monitor and review feedback and complaints to identify any ongoing issues and opportunities for service improvement as part of our commitment to continual improvement.

Quick view of the Feedback, Complaints & Incident Brochure

16. Incident Handling Policy and Procedure

PURPOSE AND SCOPE

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

This policy and procedure:

- aligns with the Work Health and Safety Act, the Work Health and Safety Regulations, National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018, and the NDIS Quality and Safeguards Commission Reportable Incidents Guidance (2018).

- applies to the Directors, staff and contractors.

DEFINITIONS

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

Participant/Participant Incident – Acts, omissions, events or circumstances that occur in connection with providing services to a person receiving funding under the NDIS

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

Notifiable Incident – Any extremely serious incident arising out of the conduct of a business or undertaking at a worksite, relating to any person —whether an employee, contractor or member of the public. Under the Work Health and Safety Act and the Work Health and Safety Regulations, businesses are obligated to notify SafeWork in the event of:

- the death of a person
- a serious injury or illness of a person
- a potentially dangerous incident

Reportable incidents - Section 73Z(4) of the NDIS Act defines a reportable incident as:

- the death or serious injury of a person with disability

- abuse of a person with disability behaviour management including verbal, psychological and financial abuse

- neglect of a person with disability behaviour management that is seriously inappropriate or improper

- unlawful sexual or physical contact with, or assault of, a person with disability by a worker or another NDIS participant

- sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity

- unauthorised use of restrictive practices

Incidents Policy

Independent Living Victoria is vigilant in exercising a duty of care and reporting incidents when they occur.

All incidents are investigated and analysed to reduce the likelihood of a similar event occurring again and drive continual improvement.

We encourage people to raise concerns about any aspect of our service, or their experience with other providers. We investigate all reports of near misses and incidents that have occurred.

We will support people through the incident handling process, linking to external agencies such as Advocacy services and the NDIS Quality & Safeguards Commission.

Independent Living Victoria staff are trained on effective incident handling processes and commit to abiding by the NDIS Code of Conduct and NDIS (Incident Management and Reportable Incidents) Rules 2018.

Independent Living Victoria is committed to providing people with accessible mechanisms to raise concerns and report incidents including a Feedback, Complaint & Incident Brochure with information on the NDIS Quality and Safeguards Commission complaints handling mechanism.

A complaint can be made to the NDIS Commission by:

•Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.

•National Relay Service and ask for 1800 035 544.

•Completing a complaint contact form.

Compulsory Reporting Policy

Independent Living Victoria is vigilant in exercising a duty of care and reporting assaults when they are suspected or are known to have occurred.

Independent Living Victoria have adopted the compulsory reporting requirements of the *Aged Care Act* as they apply to residential care.

For Independent Living Victoria, a reportable assault is an allegation, suspected case of or instance of **unreasonable use of force** on a participant, ranging from deliberate and violent physical attacks to the use of unwarranted physical force, or **unlawful sexual contact**, meaning any sexual contact without consent.

Independent Living Victoria commits to abiding by the five key elements of compulsory reporting by:

- Reporting every allegation or suspicion of a reportable assault

- Reporting to both the police and the Commission within 24 hours of the allegation being made, or from the time any of our staff or volunteer start to suspect, on reasonable grounds, that a reportable assault may have occurred.

- Protecting the identity of the staff member or volunteer and ensure that the staff member is not victimised if the staff member who makes a disclosure qualifies for protection under the Aged Care Act.

Independent Living Victoria staff are trained on effective incident handling processes and commit to abiding by the *Aged Care Act.*

Independent Living Victoria is committed to providing people with accessible mechanisms to raise concerns and report suspicion or allegations of a reportable assault. Information can be found in our Feedback, Complaint & Incident Brochure and on our website. People will be supported to connect to external reporting mechanisms and advocates.

Website: agedcarequality.gov.au

Email info@agedcarequality.gov.au

Phone: 1800 951 822 (free call from landlines) or TTY 131 450. Interpreters can be arranged.

Call the National Aged Care Advocacy Line on 1800 700 600 (free call) or visit the Older Persons Advocacy Network website opan.com.au

Incident Handling Procedure

Rights

Safety

Information about reporting incidents and the incident handling process is provided in a variety of formats, including the Service Agreement and Complaints & Incident Brochure.

Connections to interpreters and advocates will be facilitated. Participants are verbally guided through the Welcome Pack, Service Agreement and Feedback, Complaints and Incident Brochure to support a good understanding of the incident handling process.

All incidents and near misses must be reported to the Director via phone as soon as the person affected is safe.

If a worker witnesses any abuse, they must record what they have seen and heard. Service Notes about the incident will be made recording the following:

• The details of what the impacted person (or other person) has told them, using their exact words if possible

• Details of any witnesses

• What has been seen and following actions

Care must be taken to ensure:

• the person who allegedly committed the abuse IS NOT interviewed.

• Opinions, interpretations and things not witnessed are not part of the reporter's notes.

The Director will risk assess the incident and determine whether
• an incident report is required; and if
• the incident is classified as reportable or notifiable

If the incident is assessed as reportable or notifiable, the Director (or nominated Reportable Incident Approver or Notifier) will notify the Commission within 24 hours via PRODA.
• An Incident Investigation Report will be required to be commenced within 24 hours of the event occurring.

The investigation process will be conducted by the Director(s) or their nominated delegate. [See following Investigation Reporting]

The Director(s) will review incidents to conduct a root-cause-analysis and identify any ongoing issues and opportunities for service improvement as part of our commitment to continual improvement.

Incidents will be recorded in the Continual Improvement Register, which the Director(s) reviews on a regular basis.

Incident Handling Procedure

Child Related | VIC Reporting

Where a child is suspected to be at Risk of Significant Harm, a report to the Child Protection Intake Services on must be made to one of the below numbers depending on the respective local government area.

- North Division intake: 1300 664 977

- South Division intake: 1300 655 795

- East Division intake: 1300 360 391

- West Division intake – metropolitan: 1300 664 977

- West Division intake – rural and regional: 1800 075 599

To report concerns that are life threatening, ring Victoria Police: 000

To report concerns about the immediate safety of a child after hours, call the After-hours Child Protection Emergency Service: 13 12 78.

If there are concerns about a child's wellbeing, but no immediate concerns regarding their safety, staff will contact the ChildFIRST or Orange Door service associated with that child's LGA.

When to make a report

Child protection receive reports about children when there are concerns the child is in need of protection. A child in need of protection is a child who has suffered or is likely to suffer significant harm as a result of abuse or neglect, and their parent has not protected or is unlikely to protect the child from harm of that type.

To make a report to child protection a person needs to have formed a **reasonable** belief that a child has suffered or is likely to suffer significant harm as a result of abuse or neglect, and that their parent has not protected or is unlikely to protect the child from harm of that type.
Information provided to child protection when a report is made needs to be sufficiently detailed for child protection to identify the child at risk of harm.

Where concerns relate to an alleged perpetrator of abuse, who may pose a risk more generally to all children, the concerns should be reported to Police.

Incident Handling Procedure

Child Related Reporting

Child FIRST & Orange Door

If staff have significant concerns for the wellbeing of a child, but do not believe they are at risk of significant harm, and where the immediate safety of the child will not be compromised, a referral to Child FIRST or The Orange Door may be appropriate. Staff should discuss concerns with their line manager to triage the situation prior to making a report.

Referring to Child FIRST or The Orange Door would be appropriate where families:

- Are experiencing significant parenting problems that may be affecting the child's development

- Are experiencing family conflict, including family breakdown

- Are under pressure due to a family member's physical or mental illness, substance abuse, disability or bereavement

- Are young, isolated or unsupported

- Are experiencing significant social or economic disadvantage that may adversely impact on a child's care or development.

Orange Door Contact Details

Barwon
1800 312 820

Bayside Peninsula
1800 319 353

Central Highlands
1800 219 819

Goulburn

1800 634 245

Hume Moreland
1800 271 151

Inner Eastern Melbourne
1800 354 322

Inner Gippsland
1800 319 354

Loddon
1800 512 359

Mallee
1800 290 943

North Eastern Melbourne
1800 319 355

Outer Gippsland
1800 512 358

Ovens Murray
1800 271 157

Southern Melbourne
1800 271 170

Wimmera South West (South West)
1800 271 180

Incident Handling Procedure

Investigation

Reporting

An Investigation Report will be produced in response to an investigation assessed as posing a risk to participants, workers or the business. The Investigation Report will include:

- The issue and scope of the investigation in full (including the allegation)

- Investigation methodology, including process, all inquiries made, who was interviewed and what other evidence has been taken into account

- All identified and confirmed facts about events

- Analysis of the evidence in support of each separate allegation

- Recorded statements quoted as close to verbatim as possible to avoid misrepresentation

- Conflicting, contradictory or exculpatory evidence (evidence that exonerates the accused) and analysis of this material

- A summary of any analysis and conclusions. If there is limited supporting evidence and/or there is a question of conflicting statements and the investigator relies on one in preference of another, a reason must be provided.

- Recommendations for Independent Living Victoria, the victim and the alleged perpetrator(s)

- A statement that allegations have been substantiated / not substantiated (based on available evidence)

The finished report along with copies of evidence should be provided to the point of contact who will review the report and evidence to ensure:

- Conclusions are appropriate based on evidence presented;

- There is a clear, consistent narrative of events to inform the conclusion;

- There is not overreliance on a single witness or piece of evidence;

- The report satisfactorily addresses both the experiences of the victim and the staff member(s) being investigated;

- The investigation is thorough and all avenues of enquiry have been followed.

Incident Handling Procedure

Investigation & Reporting

Responding to Investigation Findings

For criminal acts, the response of the police and the courts will guide actions.

Where a staff member is found guilty or convicted of the criminal act in a court of law, this may be a valid reason for summary dismissal provided the employer has followed its own natural justice process with the employee. Independent Living Victoria will work to ensure that relevant legislation, policies and industrial requirements are met.

Where a court of law does not find sufficient evidence for a guilty verdict or criminal conviction, or where the alleged incident is not a criminal matter, Independent Living Victoria may use the findings of the internal investigation to inform their actions.

Unlike in the case of a criminal investigation, disciplinary investigations do not require that the incident be proven 'beyond reasonable doubt', but only that the incident has been proven 'on the balance of probabilities' (i.e., that it is more probable than not that an incident took place).

Reportable Conduct Scheme: Investigation Findings

For those investigations under the Reportable Conduct Scheme, the Director will come to an informed determination as to whether the allegations are substantiated or not on 'the balance of probabilities'.

The findings will be categorised as:

- substantiated;

- unsubstantiated - insufficient evidence;

- unsubstantiated – lack of weight of evidence;

- unfounded; and

- conduct outside the scheme.

Incident Handling Procedure

Investigation **& Reporting**

Reportable incident	Required timeframe
death of a person with disability	**24 hours**
serious injury of a person with disability	**24 hours**
abuse or neglect of a person with disability	**24 hours**
unlawful sexual or physical contact with, or assault of, a person with disability	**24 hours**
sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity	**24 hours**
the use of a restrictive practice in relation to a person with disability if the use is not in accordance with a required state or territory authorisation and/or not in accordance with a behaviour support plan.	**Five business days**

Reporting to the NDIS Commission

- Timeframes for reporting to the NDIS Commission via NDIS Commission reportable incident portal are outlined in the Table

Incident Handling Procedure

Outcomes for Staff Members

Outcome for the Staff Member under Investigation

If the finding is **not substantiated – insufficient evidence**, action may still be recommended. This may include engaging in coaching and other management strategies where it has been concluded there is a skills deficit even though no deliberate misconduct has been substantiated.

For a finding of **not substantiated - no evidence** (or evidence to the contrary), Independent Living Victoria will work closely with the staff involved and any industrial representatives to develop a return to work plan.

Careful consideration will be given to whether it is appropriate for the staff member to have any further contact with the person involved based on likelihood of adding to trauma for the person concerned.

Person-centred investigation and response

The primary consideration will always be the experience of people with disability.

Careful and considered thought will be given to outcomes and actions to mitigate **any** further contact with the person involved based on likelihood of adding to trauma for the person concerned.

Incident Handling Procedure

Outcomes for Staff Members

Outcome for the Staff Member under Investigation

Where an investigation concludes that there is enough evidence for a disclosure or allegation to be **substantiated**, Independent Living Victoria will act according to legislation and industrial requirements and consider options including dismissal, a formal misconduct warning or suspension.

A finding that a person has engaged in reportable conduct can trigger an assessment of whether that person is suitable to continue to work or volunteer with children and vulnerable individuals.

When the Commission for Children and Young People is advised of reportable conduct, this may, in turn, lead the Working with Children Check Unit to revoke a person's Working with Children Check card.

When the NDIS Quality & Safeguards Commission is advised of reportable conduct, this may, in turn, lead the National Disability Worker Screening Unit to revoke a person's NWDS card.

Person-centred investigation & response

Where misconduct is **substantiated,** prior to determining the outcome for the worker, the employer should also take into consideration:

- the worker's prior conduct;
- the nature of the allegations;
- the strength of evidence and evidence relied on by decision-maker;
- any mitigating circumstances; and
- any submissions made by the worker.

Regardless of the findings, the accused worker should be provided with a written outcome that articulates how the organisation came to its decision regarding employment based on the evidence provided.

Incident Handling Procedure

Outcomes For the   Victim

Outcomes for Victims: Person-focused review

Irrespective of other outcomes, a person-centred response is still required to communicate the outcome of the investigation to the victim and their family with clear information about any future actions.

A specific person-focused review should take place; that seeks to understand the person's experience and implement any recommendations specific to the victim. The review should seek to understand the incident from the perspective and experience of the person with disability as well as any related issues (prior or subsequent) related to a person's support that may have contributed to the incident occurring.

Person-focused reviews will be led by the Director(s) with the full participation of the person(s) and any others in their support network. The review will be conducted with the aim of leading to clear actions and next steps being developed with the person concerned and their families/carers.

The review will prioritise the person's future safety and the need for any ongoing specialist supports, healing strategies and trauma-sensitive care.

Person-focused review

Independent Living Victoria follow an AAAA approach, which seeks to provide

Acknowledgement

Actions

Answers, and

Apology

in the person's preferred communication style and ensure that the person is satisfied with the response.

Issues of redress will be discussed with the victim and their nominate representatives as appropriate

Incident Handling Procedure

Outcomes For

Independent Living Victoria

Outcomes for Independent Living Victoria: Organisational Review

If an allegation of abuse has been substantiated, the Investigation Report will form the basis of an internal organisational investigation. This will consider the events covered by the investigation in the broader context of policies, guidelines, practice and culture.

Key Personnel will review the incident and investigation. A root-cause analysis will include the following questions:

- What was it in our organisation that allowed this incident to occur?
- Were there any earlier signs or signals missed by the service provider?
- Was there anything that could have been done to prevent the incident?
- Did staff adhere to policy and practice guidelines and, if not, why not?
- Are current policies and practice guides sufficient?
- What additional training, practice or resources would assist in future?
- Does the organisation need to do anything else to manage risks?

Record Control & Continuous Improvement

Independent Living Victoria will record all investigations in the:

- Participant affected file
- Subject of allegation's file
- Continuous Improvement Register

Care will be taken to safeguard personal information with information de-identified and access controls implemented.

Records relating to an incident and allegation involving an adult will be stored for 10 years after the date of the incident.

Information collected while a participant is under the age of 18 years will be retained until the individual has attained the age of 25 years. Where an incident or allegation has occurred, these records will be stored for an additional 25 years, so until the person has attained the age of 50 years

17. Human Resources Policy & Procedure

PURPOSE AND SCOPE

This is a segment of Independent Living Victoria full Human Resources Policy and Procedure that:

- Covers the NDIS mandatory worker screening process as per the NDIS (*Practice Standards – Worker Screening)* Rules 2018

- Sets out Independent Living Victoria commitment to implement recruitment and performance management processes to support the delivery of quality and safe services

- Applies to all employees and contractors providing services and products to NDIS Participants.

Human Resource Policy

Independent Living Victoria is committed to recruiting people who have the competence and appropriate qualities to undertake their role.

All staff, including contractors have their qualifications, experience, NDIS Worker Screening Check, and ID verified before they commence work.

All staff commit to upholding the NDIS Code of Conduct and abide by the requirements set out under the NDIS Act and Independent Living Victoria policies and procedures.

Risk Assessed Roles

NDIS

Workers

Identifying a risk assessed role

We have conducted a risk assessment on the roles within the organisation. The requirements and responsibilities of each role have been identified, including mandatory NDIS worker screening clearance.

For Independent Living Victoria, a risk assessed role is:
• a key personnel role of a person or an entity as defined in s 11A of the *National Disability Insurance Scheme Act 2013* (for example, a CEO or a Board Member)
• a roles that involves the direct delivery of specified supports or services to a person with disability
• likely to require 'more than incidental contact' with people with disability, which includes:
  • physically touching a person with disability; or
  • building a rapport with a person with disability as an integral and ordinary part of the performance of normal duties; or
  • having contact with multiple people with disability as part of the direct delivery of a specialist disability support or service, or in a specialist disability accommodation setting.

More than incidental contact with a person with disability, contact includes physical contact, face-to-face contact, oral communication, written communication and electronic communication.

Independent Living Victoria has conducted a risk assessment on all roles within the scope of our support services model

These roles are identified and assessed in the Competency Matrix and are subject to:

• NDIS Worker Screening requirements; and

• NDIS Code of Conduct

Worker screening records for all staff and contractors are sighted and verified in the onboarding process.

Records to support verifications will be maintained and can include certificate numbers and expiry dates.

To safeguard privacy, Independent Living Victoria will avoid storing copies of more than one key original documents on file, such as both Passport and License.

Worker Screening - Victoria

Worker | Screening

Mandatory Worker Screening Checks

Independent Living Victoria ensures all NDIS workers hold appropriate NDIS Worker checks including:

- ✓ NDIS Worker Check;   or

- ✓ State/Territory screening check as indicated here

- ✓ 100 points of ID (through photo identification) and

- ✓ Qualifications (through sighting a copy) of all prospective staff prior to their appointment

- ✓ Right to work in Australia

- ✓ Vaccinations, as per Public Health Orders

When worker's State/Territory checks expire a NDIS Worker Check will be required.

Mandatory Training Modules

Worker Orientation

Quality, Safety, Communication

Mandatory Worker Orientation Modules

Independent Living Victoria and the people we employ or otherwise engage need to understand their responsibilities to the NDIS participants we support.
The Worker Orientation module "Quality Safety and You" is a mandatory requirement for all staff engaged with Independent Living Victoria. The module supports staff to understand:
- The role of the NDIS Quality and Safeguards Commission
- Individual responsibilities under the NDIS Code of Conduct

The Worker Orientation module "Supporting Effective Communication" is also a mandatory requirement for all staff engaged with Independent Living Victoria. The module supports staff to understand:
- What effective communication looks like and how it supports choice and control.
- The different ways in which we communicate.
- Times when effective communication is very important.
- How workers can support effective communication with people with disability.

The Worker Orientation module "Supporting Safe and Enjoyable Meals" is also a mandatory requirement for all staff engaged with Independent Living Victoria who assist participants at mealtimes. The module supports staff to understand:
- Mealtime assistance and the Mealtime Plan.
- Identifying, preventing, and responding to swallowing difficulties
- Planning food and food texture modifications
- Mealtime positioning and assistive technology.

Worker Orientation Module

NDIS Commission - Introduction to the Worker Orientation Mo...

Mandatory Training Modules

Worker Orientation

Infection Control

Infection Prevention and Control & Effective Use of PPE

Independent Living Victoria has a responsibility to effectively manage risk to ensure the safety of all staff and participants. As part of this responsibility, it is mandatory for all staff to complete the Department of Health's Infection Prevention and Control module and Effective Use of PPE Module (COVID 19 - Aged Care Module 5 - Personal Protective Equipment (PPE)) as part of our induction program.

These module outlines the following:

- The nature and spread of COVID-19
- Preventative and protective measures all staff can undertake to ensure the safety of participants, staff and the wider community.
- Discerning signs and symptoms of the virus
- Necessary steps if participants and/or staff encounter someone potentially infected with COVID-19.
- Effective hygiene practices to prevent the spread of communicable diseases
- Effective use and disposal techniques for PPE.

NDIS Code of Conduct

The NDIS Code of Conduct promotes safe and ethical service delivery, by setting out expectations for both NDIS providers and workers.

Independent Living Victoria requires all staff, including contractors to read and agree to the following Code of Conduct:

- act with respect for individual rights to freedom of expression, self-determination, and decision-making in accordance with relevant laws and conventions

- respect the privacy of people with disability

- provide supports and services in a safe and competent manner with care and skill

- act with integrity, honesty, and transparency

- promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability

- take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect, and abuse

- take all reasonable steps to prevent sexual misconduct.

Human Resources Procedure

Plan	Training & Documentation	Requirement
Before Commencement	Employment Contract Signed & Returned	Mandatory
Before Commencement	NDIS Worker Orientation Module called 'Quality, Safety and You'	Mandatory
Before Commencement	NDIS Module called 'Supporting Effective Communication'	Mandatory
Before Commencement	NDIS Module called 'Supporting safe and enjoyable meals'	Mandatory
Before Commencement	Infection Prevention Control & Effective Use of PPE (COVID 19 - Aged Care Module 5 - Personal Protective Equipment (PPE))	Mandatory
Before Commencement	NDIS Quality and Safeguards Commission's eLearning modules – New NDIS Worker Induction Module	Mandatory
Before Commencement	Relevant State Based Child Safety Training	Mandatory
Before Commencement	Induction Program NDIS covering internal policies & procedures, NDIS Code of Conduct, Risk & Emergency Management and compliance requirements	Mandatory
Week 1	Job-specific and Person – Centred training	Mandatory

Induction

Independent Living Victoria will provide all workers and contractors with an induction program prior to commencing work.

The Induction Program covers training in:

- Internal Policies & Procedures, including Privacy, Complaints & Incident Management

- NDIS Code of Conduct

- Job specific systems and reporting requirements

A record of inductions and competencies is maintained in the *Staff Training and Competency Register.*

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Human Resources Procedure

Ongoing Training and Performance Reviews

Independent Living Victoria is committed to ensuring staff and contractors have the necessary skills and knowledge to competently undertake their roles.

Regular staff Performance Reviews will:

- clarify any issues relevant to the staff member's job description and performance standards

- identify training and development needs

- encourage staff engagement in their ongoing professional development journey.

The Director(s) is responsible for overseeing training and development needs and will track training undertaken and future needs in the *Staff Training and Competency Register.*

Human Resources Procedure

Reporting Breaches of the Code of Conduct

In determining whether a person's behavior has breached the NDIS Code of Conduct, an investigation will be conducted to review the nature of the conduct and the circumstances in which the conduct has taken place.

Breaches or suspected breaches of the Code of Conduct, should, in the first instance, be reported to the Director(s). Allegations and reports will be handled within the Incident Management process.

Trivial, unfounded or vexatious complaints may result in disciplinary action.
Any person who complies with the Code of Conduct in reporting a breach will not be discriminated against and will be protected from reprisal.

Confidentiality of affected parties will be maintained at the highest level possible.

LEAVE PROVISIONS

Accrual & Accessing	Taking Leave	Personal/Carer & Compassionate Leave	Unpaid Leave	Parental & Family Violence Leave
Full-time and part-time staff are entitled to annual leave. The National Employment Standards provide 4 weeks of paid annual leave for full-time staff members for each year of service with the company. Part time staff members receive a pro rata entitlement. **Casual staff are not entitled to annual or personal leave.**	All requests for paid leave must be made in writing. For annual leave, staff members are required to provide at least two (2) weeks' notice prior to taking annual leave. Staff members taking personal/carer's leave or compassionate leave must provide evidence that would satisfy a reasonable person that the leave was taken as per the guidelines.	All staff members, including casual staff members are entitled to two (2) days unpaid carer's and compassionate leave when a member of their immediate family or household requires care and support due to illness, injury or an unexpected emergency. Evidence, to support the leave is required **Casual staff are only eligible for unpaid compassionate leave**	Requests for unpaid leave of absence must be made in writing. Applications will be considered on a case by case basis. Noting, requests for unpaid leave of absence in excess of six (6) weeks generally will not be considered. Any request for variation in approved unpaid leave conditions or change to the agreed return to work date must be made in writing.	Staff are entitled to unpaid **parental** leave as set out in the National Employment Standards. **Domestic and Family Violence Leave** entitlements apply to all staff covered by an industry or occupation award. Staff covered by an award, are entitled to 5 days of unpaid family and domestic violence leave each year, immediately after they start work if required.

18. Continuity of Supports Policy & Procedure

PURPOSE AND SCOPE

This policy and procedure seeks to ensure the effective resourcing of services.

The policy and procedure also supports the effective management of emergencies that may affect the safety of staff, participants and other stakeholders. This includes ensuring planning measures are in place to enable continuation of critical supports before, during and after a disaster.

This policy and procedure applies to all staff and contractors.

Continuity of Supports Policy

The health and safety of Independent Living Victoria participants and stakeholders is of paramount importance.

Independent Living Victoria is committed to the implementation of clear and effective procedures to mitigate the risk of service disruption as a result of crisis, natural disaster or incapacity.

Independent Living Victoria complies with all laws and mandatory standards relating to health and general safety.

Independent Living Victoria Directors has arrangements in place to ensure support is provided to participants without interruption throughout the period of their service agreement

Where changes or interruptions are unavoidable Independent Living Victoria will consult with the participant to make alternative arrangements.

Independent Living Victoria Directors has a duty of care and must take all reasonable steps to safeguard participants, other staff and stakeholders from risk including fire and infection. This includes in relation to Independent Living Victoria premises, operational readiness and participant placement.

Independent Living Victoria will support participants to improve their safety and resilience through promoting personal emergency planning.

18. Continuity of Supports Procedure

Service   **Continuity**

Independent Living Victoria will fulfil its responsibilities under the participant's NDIS Service Agreement by:

- providing the participant with the supports agreed to, at the agreed time, and consistent with all relevant laws and regulations;

- managing operations efficiently and effectively to minimise or avoid disruption to participants;

- keep scheduled appointments with the participant or, if unable to do so, provide a minimum of 48 hours' notice.

Independent Living Victoria will develop processes to provide continuity of services if unable to meet the above requirements, including (but not limited to):

- arranging for contractors to provide services; or

- signing Memorandums of Understanding with other local service providers to provide services.

The Directors is responsible to check that replacement staff have undergone mandatory criminal history checks, have appropriate qualifications (where necessary to deliver the service), and have been inducted such that they can deliver services on Independent Living Victoria behalf (see Human Resources Policy and Procedure).

18. Continuity of Supports - Emergency and Disaster Management

Emergency   Planning

Independent Living Victoria will actively work to improve the safety of vulnerable people in emergencies through encouraging and supporting participants (who meet the definition of a vulnerable person) to undertake personal emergency planning.

Crises, disasters and extreme weather events can vary in intensity, duration and effect. Because damage to property, equipment and information storage systems can cause extended disruption to services, this assessment primarily considers the significant effects of typical crises on participants, staff and service delivery.

The Directors (or delegate) will re-assess co-operative service-continuity plans with other local service-providers, participants and their support networks. The Directors (or delegate) will liaise with them to make improvements to the Continuity Plan.

The Directors will review the measures taken to preserve business continuity during crises and emergencies and make appropriate improvements to the Continuity and Emergency Plan.

Independent Living Victoria will revisit and retest this Plan periodically, particularly when new services are introduced, and to include learnings from previous tests.

Independent Living Victoria will ensure that all relevant Emergency Management Plans are communicated to workers, participants and their support networks on a routine basis and when any amendments are made.

All staff will be trained at induction and on a routine basis on their responsibilities under the Emergency Management Plan per their role.
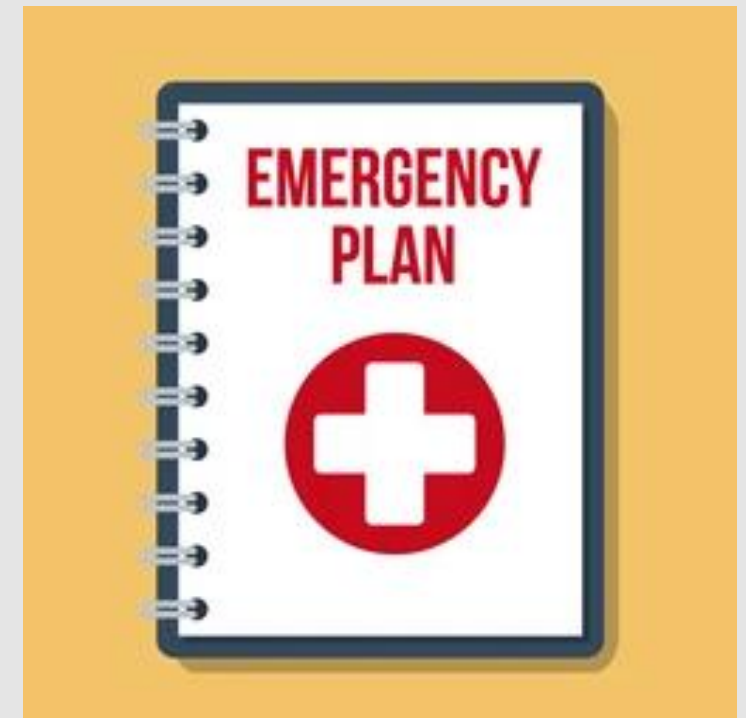
18. Continuity of Supports Procedure

Emergency   Planning

Emergency Preparedness & Planning

Independent Living Victoria will:

• identify supports critical to participants' wellbeing, which must be maintained during a crisis, and prepare contingency plans in the event that participants are inaccessible to suitably qualified support workers;

• store participant contact details in a secure, accessible, off-site location

• identify key management and service-delivery personnel and consult them regarding their roles in this Plan.

• store staff contact details in a secure, accessible, off-site location

• Ensure data is backed-up regularly, stored securely and off-site, and is accessible off-line

• identify essential service functions to be maintained during, or restored immediately after, a disruptive event.

• subscribe to a local service issuing news and weather alerts

• discuss co-operative service-continuity plans with other local service-providers

• liaise with Police and Emergency Services.

• Identify crisis and emergency event scenarios, mapping these against its insurance coverage to identify gaps.

18. Continuity of Supports Procedure

During the Event

Independent Living Victoria will:

• prioritise participants' immediate safety

• contact participants to inform them of service status

• contact participants regularly during protracted weather events to ascertain needs and wellbeing

• prioritise staff safety

Post-Event

Independent Living Victoria will contact participants (or carers) in order to:

• ensure their wellbeing

• inform them of current service status

• arrange continuation of participant services

Independent Living Victoria will check the integrity of information systems and restore as necessary.

Independent Living Victoria will resume services as quickly as possible after a disruptive event, provided that

• information systems are functioning and secure;

• available staff are qualified to carry out service delivery; and

• supplies of service-essential goods are available.

18. Continuity of Supports Procedure

While the coronavirus (COVID-19) pandemic is presenting the community with a high-level of risk to participants and workers, Independent Living Victoria will focus on ensuring the health, wellbeing and safety of people with disability, and the workforce that delivers the supports and services that are critical to NDIS participants' personal support, nutrition and hygiene.

To continue to provide the safe and quality supports NDIS participants rely on and stay the Director(s) and their nominated delegate will remain connected to the NDIS Commission's updates and will monitor the dedicated COVID-19 webpage for NDIS providers, which contains links to all resources, and others from trusted sources.

Resources are available to support NDIS participants, and support will be provided to participants to access information in a range of formats.

Independent Living Victoria has also developed a COVID-19 Safety Plan to effectively respond to a COVID-19 outbreak.

Independent Living Victoria requires all workers in a direct support role to be vaccinated against COVID-19 and to implement standard precautions for infection control, including wearing PPE where directed.

COVID RESPONSE

Key principles for infection prevention and control

Early recognition of patients/participants who have suspected, probable or confirmed

COVID-19 is essential to maintaining the health and wellbeing of participants, providers,

carers, staff and the community.

1. Triage and risk assessment through pre-screening

2. Physical distancing is to be practiced at all times to limit the transmission of COVID-19.

3. Respiratory and cough hygiene

4. Standard Precautions and infection prevention measures.

19. Service Access & Equity Policy & Procedure

PURPOSE AND SCOPE

This policy and procedure provides guidelines relating to equitable access to Independent Living Victoria's services.

This policy and procedure applies to the all potential and existing Independent Living Victoria participants and other relevant stakeholders.

PRINCIPLES

Access – services are provided to everyone who is entitled to them, without discrimination. Access to services is based on eligibility, relative need, organisational capacity, the best interests of people using the service and potential impact on existing participants.

Each participant will be supported to understand the circumstances under which supports may be withdrawn. Access to supports will not be withdrawn or denied solely on the basis of a dignity of risk choice that has been made by the participant.

Equity – services are developed and delivered to ensure fair treatment of all eligible participants.

Communication – Independent Living Victoria will inform eligible participants of the services available, their entitlements, and how to obtain them. The organisation will regularly seek participant feedback about the scope and standard of service provision.

Responsiveness – Independent Living Victoria will be sensitive to participants from diverse linguistic and cultural backgrounds and, as far as practicable, respond to their particular circumstances and needs. Staff will work with participants and adapt to their individual needs as they change over time, regardless of the frequency or cause.

Efficiency – Independent Living Victoria will optimise the use of available public resources through a user-responsive approach to service delivery that meets the needs of participants.

Accountability – Independent Living Victoria will ensure it is accountable for implementing access and equity objectives for participants.

Service Access & Equity Procedure

Access	Equity

Independent Living Victoria will be listed on relevant Directories, including through the 'Find Registered Service Providers' tool on the NDIS website and distribute information about its services in appropriate formats to local agencies.

Independent Living Victoria will respond quickly and appropriately to each request for service.

Independent Living Victoria process for receiving and assessing requests for a service is designed to be inclusive and consistently applied.

To be eligible for a Independent Living Victoria service, the person must be an NDIS participant.

During an intake interview, the Service Coordinator will assess any barriers to the person accessing services.

The Service Coordinator will advise the person of their right to involve a support person in their dealings with Independent Living Victoria .

The Service Coordinator will provide information and support for the person to access a person of their choice, such as an advocate, to assist them to interact with the service (see Independence and Informed Choice Policy and Procedure).

Where access issues are identified, the Directors will consider whether Independent Living Victoria is accessible for the person, and if not, how it could be made accessible.

Where a language or cultural barrier is identified, the Service Coordinator will engage an interpreter or an appropriate external agency to support the person.

The Service Coordinator will contact the person or their supporter within 3 working days of the Intake Interview to advise them of the outcome. Notification will be provided by phone and or email.

Comprehensive and records will be kept using the Support Plan template detailing: the name of the applicant, how they were referred, their eligibility, and any onward referrals made.

The Service Coordinator will conduct all intake interviews. They will provide the person with information about:

• entry and exit procedures;

• eligibility and priority of access requirements;

• conditions that may apply to service provision; and

• fees.

The Service Coordinator will provide the person with a Welcome Pack that outlines Independent Living Victoria entry and exit procedures, fees, hours of operation, the participant Rights and Responsibilities statement, Privacy and Confidentiality Policy and Procedure and Feedback, Compliments and Complaints brochure.

Service Access & Equity Procedure

Culture

Connections

Cultural Connections

Independent Living Victoria will use a strengths-based approach to identifying individual participant needs and life goals, particularly in relation to recognising the importance of family, extended family, kinship and community ties and recognise the importance of people's ties to their culture, spirituality and language.

Independent Living Victoria is committed to supporting people from Aboriginal and Torres Strait Islander (A&TSI) and Culturally and Linguistically Diverse (CALD) backgrounds to maintain and strengthen their connection to their community, their spiritual and language connections.

Independent Living Victoria   will be mindful that where specific requirements are outside the scope of competency of Independent Living Victoria the Directors and Service Coordinator will identify and provide referrals and linkages to community services and activities operated by or for A&TSI and CALD people.

Independent Living Victoria   will work collaboratively with A&TSI and CALD services to provide holistic service delivery.

Interpreters and Translation services

Where appropriate or requested, Independent Living Victoria will engage with interpreters and translation services to assist the participant's understanding of the service.

Carers and Community

Where required, staff will identify and provide referrals and linkages to services and activities that will enhance people's community participation and provide support and assistance to help participants access these. (See Independent Living Victoria Transition, and Referrals and Exit Policy and Procedure.)

Independent Living Victoria will work collaboratively with disability-specific and mainstream services to provide holistic service delivery to participants.

Independent Living Victoria will take all practicable measures to ensure that carers are involved in service delivery to the participant.

Service Access & Equity Procedure

Refusal

Appeal

Appeal

When a participant is excluded from or is ineligible for a service with Independent Living Victoria, the Directors (or delegate) will advise them of their right of appeal and offer referral to more appropriate agencies, as per the Transition, Referral and Exit Policy and Procedure.

Appeals should be directed in writing to Independent Living Victoria Directors.

If required, staff will provide support for a person to make an appeal, by either transcribing their feedback for the Directors (or delegate's) review or referring the person to interpreter or advocacy services.

Those not successful in their appeal will be provided written advice to this effect.

If a person is unhappy with outcome of their appeal, they will be directed to Independent Living Victoria complaints process. As per Independent Living Victoria Feedback, Compliments and Complaints Policy and Procedure, information on the complaints process can be provided in a variety of formats if required including support to access interpreters or advocates if necessary.

Alternative supports

Independent Living Victoria will work collaboratively with all people refused services and (with consent) their supporters, to identify what alternative services and referrals could best meet their needs.

With the participant's consent, relevant information will be provided by Independent Living Victoria to new service providers to support the participant's seamless transition. Where appropriate, Independent Living Victoria staff may also meet with staff of alternative providers to facilitate a smooth transition for the participant.

20. Support Coordination Policy & Procedure

PURPOSE AND SCOPE

To provide guidance for the delivery of Coordination of Supports under registration groups 0106 – Assist Life Stage Transition. This Policy and Procedure covers processes aligned with NDIS Practice Standards:

- Outcome 20 - Support Planning

- Outcome 21 – Service Agreements

- Outcome 22 – Responsive Support Provision

DEFINITIONS

Support Coordination – Assistance to strengthen participant's abilities to coordinate and implement supports and participate more fully in the community. This is longer term support to provide connection and coordination of a participant's NDIS supports.

It can include initial assistance with linking participants with the right providers to meet their needs, assistance to source providers, coordinating a range of supports both funded and mainstream and building on informal supports, resolving points of crisis, parenting training and developing participant resilience in their own network and community.

Support coordinators are not funded to provide: participant transport, plan administration, plan management, support rostering, advocacy, and disability supports.

Support Coordination Policy

Independent Living Victoria is committed to providing support coordination services that are tailored to each individual's strengths and needs.

Support coordination plays a key role in NDIS participants' exercising control and choice and achieving their goals.

Independent Living Victoria is committed to providing support coordination services that support our participants live their best life.

We have transparent processes in place to ensure potential, perceived and actual conflicts of interest are declared and their influence minimised.

We have developed an efficient participant-centred service delivery model with robust systems to ensure participants realise maximum value from our services.

We understand there can be barriers to understanding the aims and role of support coordination, the resources available and the processes involved, so we commit to supporting people through the NDIS support coordination process with clear information and solid, professional guidance.

This policy and procedure aligns with the planning requirements as set out in the *NDIS Act 2013* supporting participation, choice and control, engaging as equal partners in decisions and including families, carers and other significant people.

Support Coordination Procedure

Process

6 phases

Support coordinators are responsible for:

assisting the participant to access and use the Participant Portal;

ensuring service bookings are completed;

making referrals for any assessments in a participant's plan;

ensuring any urgent equipment requests are managed;

implementing the supports in the participant's plan;

Discovering and exploring potential independent living options best suited to the participant's needs, interests and social connections.

Liaising with service providers and ILO supports to ensure they:

-understand the participant's goals;

-understand the participant's strengths and needs;

-understand the risks involved in delivering supports where applicable;

-are capable of delivering the planned supports to achieve the participants goals and manage risks;

-post-implementation reporting to NDIA (as agreed)

Support Coordinators implement a collaborative and person-centred approach throughout the participant's journey from pre-service to exit.

This journey has been mapped out over 6 phases and 7 key steps in the Support Plan.

THE PARTICIPANT JOURNEY = THE SUPPORT PLAN

Process	Pre-Service	Intake	Service Delivery	Service Monitoring	Review	Exit

Steps	Step 1 Initial Meeting	Step 2 Initial Assessment	Step 3 Intake	Step 4 Support Planning	Step 5 Monitoring	Step 6 Review	Step 7 Exit

Documents	Initial Meeting Service Agreement	Client Support Plan Service Agreement	Client Support Plan Service Agreement Client Strengths & Needs Assessment	Support Plan NDIS 8 Week Review	Support Plan Service Register	NDIS 9 Month Review Support Plan NDIS Plan Review	Exit Plan Satisfaction Survey

Support Coordination Procedure

Step 1

Initial Meeting

Independent Living Victoria will ensure the timely and responsive provision of services by responding to requests for support coordination services as soon as possible.

Where people have referred by the NDIS Planner, initial contact will be made with the participant to provide information about the service (ideally within two business days)

If the participant is interested in the service, an initial meeting will be arranged at a suitable place, convenient for the participant (ideally within five days of responding to a request).

Consent processes will be implemented to ensure the participant is aware and provides approval for personal information being obtained. [See participant Consent Form]

With consent, an initial assessment process will commence to identify the appropriate to the level of support required.

A strengths-based approach is employed to ensure participants are directed to progressing towards their established or newly identified goals [See participant Strengths and Needs Assessment and participant Intake Form]

Independent Living Victoria has a strong focus on collaborating with participant to identify meaningful goals. Our competent Support Coordinators will use the initial meeting to discuss some potential support coordination strategies to support continuation of progress towards existing goals or achieve new goals.

The potential participant's existing NDIS Plan will be reviewed, with consent to support discussions about the development of a support plan.

Support Coordination Procedure

Step 1

Support Networks

Independent Living Victoria recognises the importance of the role of support networks including family, carers, informal supports and other service providers.

Independent Living Victoria will implement processes to identify the participant's network of support (inclusive of family, carers, guardians and other informal supports) as soon as possible in all service episodes and maintain an ongoing relationship with the participant's network of support as partners in service delivery.

Participants will be invited to identify their network of support during their initial contact with Independent Living Victoria , and Independent Living Victoria processes will include he participant's network of support to the extent that the participant wishes.

Ways in which Independent Living Victoria will support the participant's network of support can include (but is not limited to):

•Identifying the participant's network of support as soon as possible and ensuring this is recorded in the participant's record.

•Reviewing the participant's network of support information regularly throughout service delivery.

•Promoting and developing the strengths of the family and assisting them to develop their own network of formal and informal resources.

•Ensuring that the needs of family members who are children or aged persons are met, by maintaining knowledge of specialist support services/organisations that can assist them.

•Engaging with family members/carers/informal supports prior to the participant exiting

Support Coordination Procedure

INFORMED CONSENT

If a participant refuses or does not wish to nominate a family member / support person during the initial access process, this will be respected.

Independent Living Victoria will review this at each service review.

Information will only be provided to a family member or person directly involved with the participant:

- if the participant provides consent;

- if the information is critical to ensure the person can provide support to the participant;

- the support person needs to know the participant has been made an involuntary patient; or

- it is to prevent harm to the participant or to another person.

If participants do not provide their consent for a support person to be involved in their service, Independent Living Victoria will aim to engage with family members without breaching participant confidentiality.

Independent Living Victoria can:

- provide the participant's network of support the opportunity to present their issues and needs;

- consider the concerns and needs raised by family in the assessment, planning and support of the participant ;

- provide participant information in general terms, and provide reassurance about the supports;

- provide opportunities for the participant's network of support to be involved in Independent Living Victoria at a service level; and

- provide support to assist family members to access other services and advocacy supports.

Support Coordination Procedure

Support Networks - Children

Where Independent Living Victoria provides services to a child, it is important to have the family's involvement in the service provided.

Independent Living Victoria is committed to:

•collaborating with the family and other providers to support the coordination of supports provided

•recognising and acknowledging the expertise and knowledge of the family about the child

•building the confidence of family members to understand how family routines and everyday activities can support the child's development through collaborating with other service providers

•ensuring that support plans are flexible and customised to suit the child's and family member's preferences

•promoting supports that include the child in daily routines in their natural learning environment

•working with the family and other providers where the family wishes to engage a key worker, to identify an appropriately skilled and experienced worker.

•sharing information, knowledge and skills with the family, and other providers where consent has been provided to do so

•respecting and valuing feedback from the child, family and other professionals to improve service delivery.

Support Coordination Procedure

Step 2

Initial Assessment

Where possible, the initial assessment will identify if the participant considers there have been barriers to access and participation in health services (both primary and allied health), mainstream services, support services and the community in the past.

If in this step, significant barriers to access and participation are identified within the Client's Strengths and Needs assessment, the Support Coordinator may consider recommending a Plan Review with a view of including Specialised Support Coordination.

In the Initial Assessment, the Support Coordinator may discuss NDIS and mainstream service providers appropriately skilled and experienced to provide the required services (see the Service Transition, Referral and Exit Policy and Procedure).

The need for a participant Risk Assessment will be considered and incorporated in a proportional way to ensure early identification of support coordination strategies to respond to crises, incidents or breakdowns of support arrangements [See Risk Management Policy and Procedure and participant Risk Assessment Form].

Information about all providers involved in implementing the participant's plan will be obtained, with consent, to ensure the benefit of the NDIS Plan is for the participant by:

•getting a holistic/whole picture understanding of the participant's needs and preferences;
•understanding what support service management strategies have been and will be successful; and
•mitigating duplication of services.

Support Coordination Procedure

Step 2 cont.

Initial Assessment

Staff involved in assessment, planning and review activities have the relevant skills (or the capacity to acquire skills) in order to provide:

• active engagement and early intervention strategies, including with families;

• participatory and strength-based planning, assessment and review;

• holistic and collaborative approaches to service delivery; and

• capacity building of families, carers, and informal supports.

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

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

Staff will advise the person of their right to involve a support person in their dealings with Independent Living Victoria.

Where required, participants will be provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. See Independence and Informed Choice Policy and Procedure.

In accordance with the Privacy and Confidentiality Policy and Procedure, respect for and protection of participants' privacy and confidentiality will be reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.

If necessary and with the participant or their supporter/s consent, other parties such as service providers who deliver existing or complementary services to participants will be included in assessment, planning and review activities.

Staff will support each participant's right to practice their culture, values and beliefs while accessing supports.

Support Coordination Procedure

Following their Intake Interview, where a participant is offered services and accepts, the Support Coordinator will work with the participant and their supporter/s to assess their needs, develop and agree upon a Service Agreement.

Staff will meet with the participant as soon as practicable for an assessment and planning meeting.

Independent Living Victoria will engage in joint assessment and planning activities where the NDIS, Local Area Coordinator, or Plan Management provider in negotiating appropriate supports for the participant. All activities undertaken with, or on behalf of, the participant will be documented in their participant file.

The assessment will take into account:

• the participant's needs (including health, wellbeing and safety needs), goals and longer-term aspirations;

• the participant's preferred links to family, friendships, community, and other support networks;

• the participant's and their supporters' age, ability, gender, sexual identity, culture, religion or spirituality;

• any barriers to community participation;

• risks determined in a participant risk assessment;

• how, when, and where the participant requires the supports to be delivered; and

• the participant's NDIS Plan (noting the Plan does not have to be provided by the participant).

Where possible, services provided to participants should:
• remove barriers to access and participation to primary and allied health services relevant to the participant's healthcare needs;
• support them to develop, maintain and strengthen independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances; and
• help participants to take control of and responsibility for their choices and enhance their autonomy, independence and community participation.

Where required, staff will identify and provide referrals and linkages in accordance with the Transition, Referral and Exit Policy and Procedure to other services and activities that will enhance the participant's community participation and provide support and assistance to help them access these, including training, employment, health, wellness, cultural and community services.

Support Coordination Procedure

Step 3 cont.

Service Agreements

Staff will work in collaboration with the participant to formalise the supports to be provided in an NDIS Service Agreement in which:

- expectations are established,

- supports to be delivered are explained, and

- conditions attached to the delivery of supports, including why these conditions are attached, are specified.

Supports provided should:

- recognise the participant's needs and desired outcomes;

- be based on the least intrusive, person-centred and strengths-based options;

- link with other services and supports, with participant consent;

- include the participant's supporters, where possible and with participant consent; and

- recognise, where possible, the participant's preferences including preferred gender of workers providing services.

The participant must sign the Service Agreement before service delivery can commence.
Staff must ensure the participant (and their supporter/s):

- understands their Service Agreement, or is supported to understand it;

- has sufficient time to consider and review their options and seek advice if required; and

- receives a copy of the Service Agreement.

If a copy of the Service Agreement is not provided staff should record the reasons for not doing so. A copy of the Service Agreement will also be kept on the participant's file.

Support Coordination Procedure

Support Planning

Independent Living Victoria Coordinators are competent and knowledgeable in efficient planning strategies that maximise participants' rights to exercise choice and control. We understand that effective Support Planning requires a little time to get to know the participant. We anticipate Support Planning to be undertaken within four weeks of the initial assessment meeting.

The information and advice our Coordinators provide is supported with systems that provide accurate, comprehensive and factual information on a broad range of local supports available [See the Referral Register]

Staff will develop strategies based on a deep understanding of the NDIS environment to achieve participant goals and enhance their wellbeing that represent best value for the participant.

Support Coordinators are committed to provide participants with all available information necessary to support participants' choice and control.

While Independent Living Victoria understands the boundaries of the scope of Assist Daily Life Transition 'Support Coordination' and does not provide specialised support coordination services, we are committed to collaborating with participants to increase their understanding of support coordination processes by:

- engaging participants in the support coordination process;

- providing information about the processes involved;

- providing information about the resources available;

- strengthening the capacity of participants' informal support networks; and

- providing support and assistance to resolve issues that may arise

Support Coordination Procedure

Step 5

Monitoring & Reporting

Support coordinators will monitor the progress of the plan and report to the NDIA:

• after implementation of the participant's plan @ 8 weeks;

• prior to the annual review of the participant's plan @ 9 months.

Reports to the NDIA should refer to the following expected outcomes:

• The participant has been supported to work towards their goals.

• The participant is well connected with informal and mainstream supports.

• The participant and their network better understand how to participate in the NDIA processes, such as establishing agreement with service providers, managing budget flexibility, and setting and refining goals, objectives and strategies.

The participant's supports are managed within the budget parameters in the plan.
•Participants have genuine choice and control of service providers.
•Where possible a participant's or their nominees are confident at managing their support with no or a reduced need for support coordinator in subsequent plans.
•Participant is able to manage any issues that arise with service provision (including optimising service quality and effectiveness).
•Participants will address issues or barriers in accessing service provision within existing funded supports in the first instance. Requests for additional funded supports are made when there is significant change in circumstances. In these instances, the NDIA will review the plan as required.
•All task items are completed as required.

If any of the indicators above are not met, barriers must be clearly identified, and strategies put in place to address them.

Support Coordination Procedure

Step 5 cont.

Monitoring @ 8 weeks

Support coordinators will monitor the delivery of supports at 8 weeks to:

•ensure skill-building supports are implemented and delivered, and complementary to other plans that already exist in a participants life (i.e. behavioural management plans, individual learning plans, or existing skill development plans);

• barriers to access and participation in primary and allied health services relevant to the participant's healthcare needs are identified and connection to services are facilitated;

•work with the participant to increase their ability to access their local community;

•support participant to monitor plan expenditure to ensure that the participant can manage their budget over a 12 month plan;

•strengthen and enhance the participant's abilities to achieve greater independence in coordinating supports and participating in the community;

•assist the participant or service providers where required to manage crises;

•ensure that participant is accessing eligible supports through the Health, Justice, Education and housing sector (as relevant); and

•conduct 6-monthly case reviews.

7 key steps
Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Support Coordination Procedure

Step 5

Monitoring @ 6 months

Staff, with the relevant stakeholders, will review the provision of supports for each participant every 6 months with the participant and their supporter/s, or at any time where the participant's needs have changed. The participant can also request a review at any time.

Reviews will include:

• assessing changes to the participant's needs (including health, wellbeing and safety needs), goals and longer-term aspirations;

• the participant's progress towards addressing their needs and achieving their goals;

• recognition and celebration of the participant's progress;

• any barriers to community participation and strategies to help participants overcome them;

• risks identified in a participant risk assessment;

• whether a change to the supports provided is necessary.

Reviews will take into account the participant's NDIS Plan and incorporate any changes to the Plan where practicable.

7 key steps
Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Support Coordination Procedure

Support coordinators are responsible for:

• preparing the participant for review by developing new goals, evaluating current supports and exploring new supports;

• assisting the participant to fill in and return any NDIS review documentation;

• reporting on outcomes to the NDIA prior to review (as agreed).

Reports to the NDIA should refer to the following expected outcomes:

• The participant has been supported to work towards their goals.

• The participant is well connected with informal and mainstream supports.

• The participant and their network better understand how to participate in the NDIA processes, such as establishing agreement with service providers, managing budget flexibility, and setting and refining goals, objectives and strategies.

• The participant's supports are managed within the budget parameters in the plan.

• Participants have genuine choice and control of service providers.

7 key steps
Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Support Coordination Procedure

Reports to the NDIA should refer to the following expected outcomes cont.

•Where possible a participant's or their nominees are confident at managing their support with no or a reduced need for support coordinator in subsequent plans.

•Participant is able to manage any issues that arise with service provision (including optimising service quality and effectiveness).

•Participants will address issues or barriers in accessing service provision within existing funded supports in the first instance. Requests for additional funded supports are made when there is significant change in circumstances. In these instances, the NDIA will review the plan as required.

•All task items are completed as required.

If any of the indicators above are not met, barriers must be clearly identified, and strategies put in place to address them.

7 key steps
Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

20. Service Provision Policy & Procedure

PURPOSE AND SCOPE

To provide guidance for the delivery of supports under registration groups:
- 104 High intensity daily personal activities
- 106 Assistance in coordinating or managing life stages, transitions and supports
- 107 Assistance with daily personal activities
- 108 Assistance with travel/transport arrangements
- 114 Community nursing care
- 115 Assistance with daily life tasks in a group or shared living arrangement
- 116 Innovative community participation
- 117 Development of daily care and life skills
- 120 Household tasks
- 125 Participation in community, social and civic activities
- 126 Exercise physiology and personal training
- 127 Management of funding for supports in participant's plans
- 136 Group and centre-based activities

This Policy and Procedure covers processes aligned with NDIS Practice Standards:

- Outcome 20 - Support Planning

- Outcome 21 – Service Agreements

- Outcome 22 – Responsive Support Provision

Service Provision Policy

Independent Living Victoria is committed to providing support services that are tailored to each individual's strengths and needs.

support services plays a key role in NDIS participants' exercising control and choice and achieving their goals.

Independent Living Victoria is committed to providing support services that support our participants live their best life.

We have transparent processes in place to ensure potential, perceived and actual conflicts of interest are declared and their influence minimised.

We have developed an efficient participant-centred service delivery model with robust systems to ensure participants realise maximum value from our services.

We understand there can be barriers to understanding the aims and role of support services, the resources available and the processes involved, so we commit to supporting people through the NDIS support services process with clear information and solid, professional guidance.

This policy and procedure aligns with the planning requirements as set out in the *NDIS Act 2013* of participation, choice and control, engaging as equal partners in decisions and including families, carers and other significant people.

Service Provision Procedure

Process

6 phases

Service Coordinators implement a collaborative and person-centred approach throughout the participant's journey from pre-service to exit.

This journey has been mapped out over 6 phases and 7 key steps in the Support Plan.

Service Coordinators are responsible for:

assisting the participant to access and use the Participant Portal;

ensuring service bookings are completed;

making referrals for any assessments in a participant's plan;

ensuring any urgent equipment requests are managed;

implementing the supports in the participant's plan;

Liaising with service providers to ensure they:

-understand the participant's goals;

-understand the participant's strengths and needs;

-understand the risks involved in delivering supports where applicable;

-are capable of delivering the planned supports to achieve the participants goals and manage risks;

-post-implementation reporting to NDIA (as agreed)

The Participant Journey = The Support Plan

Process	Pre-Service	Intake	Service Delivery	Service Monitoring	Review	Exit

Steps	**Step 1** Initial Meeting	**Step 2** Initial Assessment	**Step 3** Intake	**Step 4** Support Planning	**Step 5** Monitoring	**Step 6** Review	**Step 7** Exit

Documents	Initial Meeting Service Agreement	Client Support Plan Service Agreement	Client Support Plan Service Agreement Client Strengths & Needs Assessment	Support Plan NDIS 8 Week Review	Support Plan Service Register	NDIS 9 Month Review Support Plan NDIS Plan Review	Exit Plan Satisfaction Survey

Service Provision Procedure

Step 1

Initial Meeting

Independent Living Victoria will ensure the timely and responsive provision of services by responding to requests for support services as soon as possible.

Where people have referred by the NDIS Planner, initial contact will be made with the participant to provide information about the service (ideally within two business days)

If the participant is interested in the service, an initial meeting will be arranged at a suitable place, convenient for the participant (ideally within five days of responding to a request).

Consent processes will be implemented to ensure the participant is aware and provides approval for personal information being obtained. [See participant Consent Form]

With consent, an initial assessment process will commence to identify the appropriate to the level of support required.

A strengths-based approach is employed to ensure participants are directed to progressing towards their established or newly identified goals [See participant Strengths and Needs Assessment and participant Intake Form]

Independent Living Victoria has a strong focus on collaborating with participant to identify meaningful goals. Our competent Service Coordinators will use the initial meeting to discuss some potential support services strategies to support continuation of progress towards existing goals or achieve new goals.

The potential participant's existing NDIS Plan will be reviewed, with consent to support discussions about the development of a support plan.

7 key steps
Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

support services Procedure

Support Networks

Independent Living Victoria recognises the importance of the role of support networks including family, carers and other service providers.

Independent Living Victoria will implement processes to identify family members/carers as soon as possible in all service episodes and maintain an ongoing relationship with family members/carers as partners in service delivery.

participants will be invited to identify their family members / carers during their initial contact with Independent Living Victoria, and Independent Living Victoria processes will include family members/carers to the extent that the participant wishes.

Ways in which Independent Living Victoria will support family members/carers can include (but is not limited to):

•Identifying family members/carers as soon as possible and ensuring this is recorded in the participant's record.

•Reviewing family member/carer information regularly throughout service delivery.

•Promoting and developing the strengths of the family and assisting them to develop their own network of formal and informal resources.

•Ensuring that the needs of family members/carers who are children or aged persons are met, by maintaining knowledge of specialist support services/organisations that can assist them.

•Engaging with family members/carers prior to the participant exiting

Service Provision Procedure

Step 1

INFORMED CONSENT

If a participant refuses or does not wish to nominate a family member / support person during the initial access process, this will be respected.

Independent Living Victoria will review this at each service review.

Information will only be provided to a family member or person directly involved with the participant:

- if the participant provides consent;

- if the information is critical to ensure the person can provide support to the participant;

- the support person needs to know the participant has been made an involuntary patient; or

- it is to prevent harm to the participant or to another person.

If participants do not provide their consent for a support person to be involved in their service, Independent Living Victoria will aim to engage with family members without breaching participant confidentiality.

Independent Living Victoria can:

- provide the family member/carer the opportunity to present their issues and needs;

- consider the concerns and needs raised by family in the assessment, planning and support of the participant ;

- provide participant information in general terms, and provide reassurance about the supports;

- provide opportunities for the family member/carer to be involved in Independent Living Victoria at a service level; and

- provide support to assist family members to access other services and advocacy supports.

Service Provision Procedure

Support Networks - Children

Where Independent Living Victoria provides services to a child, it is important to have the family's involvement in the service provided.

Independent Living Victoria is committed to:

•collaborating with the family and other providers to support the coordination of supports provided

•recognising and acknowledging the expertise and knowledge of the family about the child

•building the confidence of family members to understand how family routines and everyday activities can support the child's development through collaborating with other service providers

•ensuring that support plans are flexible and customised to suit the child's and family member's preferences

•promoting supports that include the child in daily routines in their natural learning environment

•working with the family and other providers where the family wishes to engage a key worker, to identify an appropriately skilled and experienced worker.

•sharing information, knowledge and skills with the family, and other providers where consent has been provided to do so

•respecting and valuing feedback from the child, family and other professionals to improve service delivery.

Service Provision Procedure

Where possible, the initial assessment will identify if the participant considers there have been barriers to participation in services and the community in the past.

If in this step, significant barriers to participation are identified, the Service Coordinator may consider recommending a Plan Review with a view of including Specialised support services.

In the Initial Assessment, the Service Coordinator may discuss NDIS and mainstream service providers appropriately skilled and experienced to provide the required services (see the Service Transition, Referral and Exit Policy and Procedure).

The need for a participant Risk Assessment will be considered and incorporated in a proportional way to ensure early identification of support services strategies to respond to crises, incidents or breakdowns of support arrangements [See Risk Management Policy and Procedure and participant Risk Assessment Form].

Information about all providers involved in implementing the participant's plan will be obtained, with consent, to ensure the benefit of the NDIS Plan is for the participant by:

- getting a holistic/whole picture understanding of the participant's needs and preferences;
- understanding what support service management strategies have been and will be successful;
- mitigating duplication of services.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Initial Assessment

Staff involved in assessment, planning and review activities have the relevant skills (or the capacity to acquire skills) in order to provide:

- active engagement and early intervention strategies, including with families;

- participatory and strength-based planning, assessment and review;

- holistic and collaborative approaches to service delivery; and

- capacity building of families and carers.

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

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

Staff will advise the person of their right to involve a support person in their dealings with Independent Living Victoria.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Where required, participants will be provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. See Independence and Informed Choice Policy and Procedure.

In accordance with the Privacy and Confidentiality Policy and Procedure, respect for and protection of participants' privacy and confidentiality will be reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.

If necessary and with the participant or their supporter/s consent, other parties such as service providers who deliver existing or complementary services to participants will be included in assessment, planning and review activities.

Staff will support each participant's right to practice their culture, values and beliefs while accessing supports.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Step 3	Intake

Following their Intake Interview, where a participant is offered services and accepts, the Service Coordinator will work with the participant and their supporter/s to assess their needs, develop and agree upon a Service Agreement.

Staff will meet with the participant as soon as practicable for an assessment and planning meeting.

Independent Living Victoria will engage in joint assessment and planning activities where the NDIS, Local Area Coordinator, or Plan Management provider in negotiating appropriate supports for the participant. All activities undertaken with, or on behalf of, the participant will be documented in their participant file.

The assessment will take into account:

•the participant's needs (including health, wellbeing and safety needs), goals and longer-term aspirations;

•the participant's preferred links to family, friendships and other support networks;

•the participant's and their supporters' age, ability, gender, sexual identity, culture, religion or spirituality;

•any barriers to community participation;

•risks determined in a participant risk assessment;

•how, when, and where the participant requires the supports to be delivered; and

•the participant's NDIS Plan (noting the Plan does not have to be provided by the participant).

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Step 3   Intake

Where possible, services provided to participants should:

•support them to develop, maintain and strengthen independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances; and

•help participants to take control of and responsibility for their choices and enhance their autonomy, independence and community participation.

Where required, staff will identify and provide referrals and linkages in accordance with the Transition, Referral and Exit Policy and Procedure to other services and activities that will enhance the participant's community participation and provide support and assistance to help them access these, including training, employment, health, wellness, cultural and community services.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Service Agreements

Staff will work in collaboration with the participant to formalise the supports to be provided in an NDIS Service Agreement in which:

• expectations are established,

• supports to be delivered are explained, and

• conditions attached to the delivery of supports, including why these conditions are attached, are specified.

Supports provided should:

• recognise the participant's needs and desired outcomes;

• be based on the least intrusive, person-centred and strengths-based options;

• link with other services and supports where appropriate, with participant consent;

• include the participant's supporters, where possible and with participant consent; and

• recognise, where possible, the participant's preferences including preferred gender of workers providing services.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Step 3   Service Agreements

The participant must sign the Service Agreement before service delivery can commence. Staff must ensure the participant (and their supporter/s):

•understands their Service Agreement, or is supported to understand it;
•has sufficient time to consider and review their options and seek advice if required; and
•receives a copy of the Service Agreement.

If a copy of the Service Agreement is not provided staff should record the reasons for not doing so. A copy of the Service Agreement will also be kept on the participant's file.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Step 4

Support Planning

Independent Living Victoria Coordinators are competent and knowledgeable in efficient planning strategies that maximise participants' rights to exercise choice and control. We understand that effective Support Planning requires a little time to get to know the participant. We anticipate Support Planning to be undertaken within four weeks of the initial assessment meeting.

The information and advice our Coordinators provide is supported with systems that provide accurate, comprehensive and factual information on a broad range of local support available services [See the Referral Register]

Staff will develop strategies based on a deep understanding of the NDIS environment to achieve participant goals and enhance their wellbeing that represent best value for the participant.

Service Coordinators are committed to provide participants with all available information necessary to support participants' choice and control.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Step 4

Support Planning

We are committed to collaborating with participants to increase their understanding of support services processes by:

- engaging participants in the support services process;
- providing information about the processes involved;
- providing information about the resources available;
- strengthening the capacity of participants' informal support networks; and
- providing support and assistance to resolve issues that may arise

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Step 5	Monitoring & Reporting

Service Coordinators will monitor the progress of the plan and report to the NDIA:

- after implementation of the participant's plan @ 8 weeks;

- prior to the annual review of the participant's plan @ 9 months.

Reports to the NDIA should refer to the following expected outcomes:

- The participant has been supported to work towards their goals.

- The participant is well connected with informal and mainstream supports.

- The participant and their network better understand how to participate in the NDIA processes, such as establishing agreement with service providers, managing budget flexibility, and setting and refining goals, objectives and strategies.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Monitoring & Reporting

The participant's supports are managed within the budget parameters in the plan.

- Participants have genuine choice and control of service providers.
- Where possible a participant's or their nominees are confident at managing their support with no or a reduced need for Service Coordinator in subsequent plans.
- Participant is able to manage any issues that arise with service provision (including optimising service quality and effectiveness).
- Participants will address issues or barriers in accessing service provision within existing funded supports in the first instance. Requests for additional funded supports are made when there is significant change in circumstances. In these instances, the NDIA will review the plan as required.
- All task items are completed as required.

If any of the indicators above are not met, barriers must be clearly identified, and strategies put in place to address them.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Service Coordinators will monitor the delivery of supports at 8 weeks to:

•ensure skill-building supports are implemented and delivered, and complementary to other plans that already exist in a participants life (i.e. behavioural management plans, individual learning plans, or existing skill development plans);

•work with the participant to increase their ability to access their local community;

•support participant to monitor plan expenditure to ensure that the participant can manage their budget over a 12 month plan;

•strengthen and enhance the participant's abilities to achieve greater independence in coordinating supports and participating in the community;

•assist the participant or service providers where required to manage crises;

•ensure that participant is accessing eligible supports through the Health, Justice, Education and housing sector (as relevant); and

•conduct 6-monthly case reviews.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Monitoring @ 6 months

Staff, with the relevant stakeholders, will review the provision of supports for each participant every 6 months with the participant and their supporter/s, or at any time where the participant's needs have changed. The participant can also request a review at any time.

Reviews will include:

• assessing changes to the participant's needs (including health, wellbeing and safety needs), goals and longer-term aspirations;

• the participant's progress towards addressing their needs and achieving their goals;

• recognition and celebration of the participant's progress;

• any barriers to community participation and strategies to help participants overcome them;

• risks identified in a participant risk assessment;

• whether a change to the supports provided is necessary.

Reviews will take into account the participant's NDIS Plan and incorporate any changes to the Plan where practicable.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Step 6

Review @ 9 months

Service Coordinators are responsible for:

•preparing the participant for review by developing new goals, evaluating current supports and exploring new supports;

•assisting the participant to fill in and return any NDIS review documentation;

•reporting on outcomes to the NDIA prior to review (as agreed).

Reports to the NDIA should refer to the following expected outcomes:

•The participant has been supported to work towards their goals.

•The participant is well connected with informal and mainstream supports.

•The participant and their network better understand how to participate in the NDIA processes, such as establishing agreement with service providers, managing budget flexibility, and setting and refining goals, objectives and strategies.

•The participant's supports are managed within the budget parameters in the plan.

•Participants have genuine choice and control of service providers.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

Service Provision Procedure

Reports to the NDIA should refer to the following expected outcomes cont.

•Where possible a participant's or their nominees are confident at managing their support with no or a reduced need for Service Coordinator in subsequent plans.

•Participant is able to manage any issues that arise with service provision (including optimising service quality and effectiveness).

•Participants will address issues or barriers in accessing service provision within existing funded supports in the first instance. Requests for additional funded supports are made when there is significant change in circumstances. In these instances, the NDIA will review the plan as required.

•All task items are completed as required.

If any of the indicators above are not met, barriers must be clearly identified, and strategies put in place to address them.

7 key steps

Step 1 Initial Meeting
Step 2 Initial Assessment
Step 3 Intake
Step 4 Support Planning
Step 5 Monitoring
Step 6 Review
Step 7 Exit

21. Community Nursing Policy & Procedure

PURPOSE AND SCOPE

This policy and procedure describes the process for providing Community Nursing services.

Independent Living Victoria is committed to developing and implementing a clinical governance framework that ensures the provision of safe, effective, high quality, consistent and participant-centred clinical care for patients, residents and participants.

Independent Living Victoria will strive to include participants, clinicians, clinical review, training, risk management, workforce management and continuous improvement in its clinical governance framework.

This policy and procedure applies to all potential and existing Independent Living Victoria participants, their support network, and other relevant stakeholders.

DEFINITION

Community Nursing - is the provision of specialist care for participants who have high care need requiring a high level of skill. The services provided under Community Nursing can vary greatly from providing hygiene assistance like showering, changing dressings to higher intensity care.

Community Nursing services will only be provided by health professionals including:

- Registered Nurse - Current AHPRA Registration and experience in the profession and evidence of involvement in clinical supervision and professional development as required by the appropriate professional body; or

- Enrolled Nurse or a Clinical Nurse Consultant.

Clinical governance: is the set of relationships established by a health service organisation between its relevant stakeholders to ensure the best possible clinical outcomes.

Clinical care: is health care that includes the prevention, treatment and management of injury, illness and the maintenance of psychological and physical wellbeing. A holistic and person-centred approach should always be taken in the delivery of clinical care.

Risk management: is the development and implementation of a program which makes every attempt to identify and mitigate potential risks to workers, participants and patients.

Quality improvement: is the collaborative efforts of all workers, clinicians, participants, patients and planners to strive for continuous improvements to achieve better outcomes and the highest possible standard of care.

Community Nursing Procedure

NDIS

Access

It is important to note that there is a distinct separation on what NDIS Funds cover and the services that Government Health Funds provide. The NDIS funds cover:

- Personal care to assist with day to day care needed because of a person's disability and development of skills to help a person become more independent; and

- Training of carers and informal supports to implement health care plans developed by health professionals.

Health systems fund cover:

- Diagnosis and assessment of health conditions, including mental health conditions and disabilities.

- Medication, general medical and dental services and treatment, specialist services, hospital care, surgery and rehabilitation.

- Clinical care for mental health conditions.

- Palliative care, geriatric and psychogeriatric services.

- Sub-acute, rehabilitation and post-acute care including treatment of wounds by a nurse.

- Planning and preparation for a patient to return home after a hospital stay.

- General hearing and vision services not related to a person's disability (for example, prescription glasses).

Community Nursing is the provision of specialist care for participants who have high care need requiring a high level of skill. The services provided under Community Nursing can vary greatly from providing hygiene assistance like showering, changing dressings to higher intensity care.

Community Nursing services will only be provided by health professionals including:
Registered Nurse - Current AHPRA Registration and experience in the profession and evidence of involvement in clinical supervision and professional development as required by the appropriate professional body; or
Enrolled Nurse or a Clinical Nurse Consultant.

The need for a participant Risk Assessment will be considered and incorporated in a proportional way to ensure early identification of support strategies to respond to crises, incidents or breakdowns of support arrangements [See Risk Management Policy and Procedure and participant Risk Assessment Form and Service Transition, Referral and Exit Policy and Procedure].

Community Nursing Procedure

Performance

Safety

Independent Living Victoria is committed to providing a physically and emotionally safe workplace. Staff at all levels of the organisation will undergo training and receive information on improvement tools and methods. Human resources will ensure staff feel supported to develop and consolidate their skills.

Independent Living Victoria will strive to provide a physically and psychologically safe workplace by ensuring:

- Procedures are in place to ensure suitable workers are hired based on their qualification and prior experience, to deliver the highest standard of participant-centred care;

- Procedures are in place to ensure employed and contracted health practitioners are registered by using the Australian Health Practitioner Regulation Agency of Register Practitioners;

- Procedures are in place to foster a safe, respectful and collaborative working environment;

- Workers are clear on their responsibilities and workplace expectations, and are held accountable for meeting these performance expectations;

- Where relevant, visiting health practitioners are informed of the protocols and procedures on the provision of clinical care, including communication processes;

- Workers strive to improve their own practice and organisational processes through continuous learning; and

- An effective complaints management system is in place and regularly reviewed. [See Feedback & Complaints Policy & Procedure]

Independent Living Victoria will ensure safety and quality improvement systems are central to creating a safe working environment and support clinicians to deliver the highest standard of safe and quality care for participants.

Independent Living Victoria will create a safe service environment for the delivery of care by:

•Implementing effective quality improvement processes;

•Identifying opportunities to improve the safety and quality of the working environment;

•Ensuring appropriate resources, facilities, staff, training tools and equipment are available to satisfy the highest standard of care delivery; and

•Minimising the risk of infection. [See Infection Prevention and Control]

Community Nursing Procedure

Quality & Safeguards

To strive for the highest level of clinical practice, Independent Living Victoria will ensure that:

- Research and evidence-based clinical care forms the basis for clinical practice;

- Clinicians endeavour to inform participants on the care they receive, and are transparent and open in their communication;

- Clinicians receive the support they need to work safely and effectively, through training, skills and technology;

- Clinicians strive to improve their peers' and their own clinical care and actively participate in the review of clinical systems and processes;

- Structured processes are in place when participants are transferred to or from external healthcare providers;

- External health practitioners and healthcare organisations from which participants regularly receive care are assessed and where appropriate, formal relationships are established.

- Data is collected on clinical care to ensure that there is organisational accountability and continuous improvement; and

- When new procedures for clinical practice and methods are introduced, they are safeguarded and potential risks are managed.

Independent Living Victoria will implement an effective risk management system which:

- Identifies and documents organisational risk in an effective risk register (see Risk Register);
- Uses data collection to support risk assessments;
- Acts to reduce risks by ensuring clinical incidents are investigated and reported to address root causes;
- Reviews and attempts to improve the effectiveness of the risk management system;
- Reports on risks to the workforce and participants;
- Plans for, and manages, internal and external emergencies and disasters; and
- Complies with and adheres to risk-related legislation and relevant national standards.

Community Nursing Procedure

The Clinical Director is responsible for monitoring and reporting on the clinical outcomes and performance of the clinical governance framework.

Independent Living Victoria will use participant feedback mechanisms, evidence-based data on participant outcomes, staff feedback and quality improvement systems to measure clinical quality and safety performance. A range of clinical templates are available to support the provision of heath-related supports in the community setting with evidence-based. Implementing the PACE Guidelines, support workers and nurses will obtain person-centred data including the following:

• Falls

• Immunisations

• Infections, such as urinary tract infections

• Medication-related incidents

• Prescribing of psychotropic medicines

• Pressure injuries

• Unplanned weight loss

• Use of physical restraint

Reports will be collated [every 3 months at least, or in response to change)] based on this data and feedback and will be used to inform review and improvement of the organisation's clinical governance and clinical risk systems.

The clinical governance review process will identify opportunities for improvement, trends, emerging issues and the impact of improvement actions.

Incidents which are classified high risk/critical and have significant consequences will be reported on using Independent Living Victoria's incident management procedures, to ensure that the causes of high risk/critical incidents are dealt with quickly to prevent recurrence. [See Incident Management Policy and Procedure].

23. Service Transition, Referral & Exit Policy & Procedure

PURPOSE AND SCOPE

This policy and procedure describes the process for the transitioning into and/or f out of Independent Living Victoria service.

This policy and procedure also supports the referral process.

This policy and procedure applies to all potential and existing Independent Living Victoria participants, their support network, and other relevant stakeholders.

Referral, Transition & Exit Policy

Independent Living Victoria aims to provide services that will have a continuing positive effect on participants. As such, Independent Living Victoria recognises the importance of the role of support networks including family, carers and other service providers.

Independent Living Victoria operates proactively with other service providers to increase each person's support options.

Where possible, people (including participants leaving the service or people unable to access Independent Living Victoria services) will be referred using a transparent, supportive and proactive referral processes.

Participants have the right to terminate their services at any time, and this decision will not prejudice future access to the service.

Independent Living Victoria will collaborate with other services to enhance transition planning to meet people's needs where appropriate.

Transition procedures will be fair, transparent, follow due process, uphold the rights of participants and protect the safety and integrity of Independent Living Victoria staff, participants, programs and services.

Independent Living Victoria staff are appropriately trained and knowledgeable in ways to facilitate community linkages, access resources and information for family members / carers and formal supports.

Service Transition, Referral & Exit Procedure

Transition

Risks

Risks in Transition

Independent Living Victoria will assess risks to the participant associated with transitioning to or from the service, including:

• the level and nature of support the client needs;

• the level and nature of support the client will have available after transitioning from the service, temporarily or permanently .

Staff will:

• document and communicate any identified risks in the Strengths and Needs Assessment & Client Transition Plan;

• respond to any identified risk in collaboration with other mainstream, health and/or support services; and

• support the client, supporters, and other support services to manage identified risk, where possible.

All clients will be provided with appropriate:

• Advice and support when entering, temporarily transitioning to and from, and/or exiting the service;

• Referral to other services and links to the community (including those that will assist the client's recovery and wellbeing);

• Information relating to entering or re-engaging our services at a later date (this will also be provided to family members and other service providers involved in follow-up).
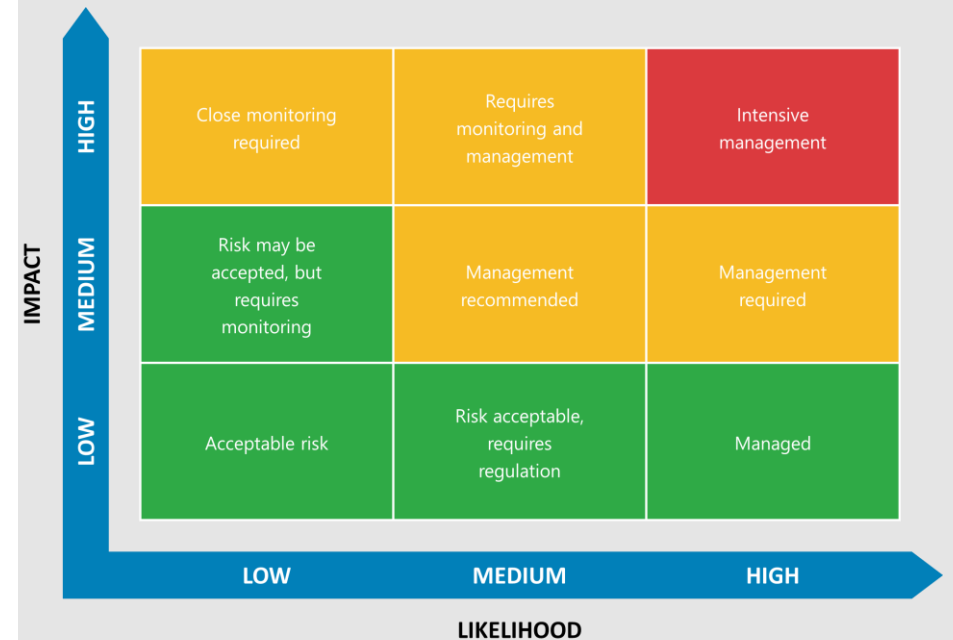
Service Transition, Referral & Exit Procedure

Referral

Referral & Information Sharing

Independent Living Victoria will maintain a Referrals Database, with providers selected on a range of quality indicators. Provider performance will be continuously reviewed and evaluated.

Independent Living Victoria will work collaboratively with all people refused services and transitioning into or from the service, and their supporters, to identify alternative services and referrals that could best meet their needs.

Staff will provide referrals with empathy and sensitivity to the participant's needs.

Where required, people will be provided with information and support to access a person of their choice, such as an advocate, to assist them to interact with the Directors (or delegates) and other services. See Independence and Informed Choice Policy and Procedure.

Staff must be aware of possible barriers that a person may experience in using another service and, where feasible and appropriate, work in collaboration with them to find ways to overcome these barriers.

Prior to the participant's transition, the Support Coordinator will review the outcomes of the service and support in collaboration with the participant.

All participants will be invited to complete a participant satisfaction Survey upon exiting the service and will be offered the opportunity to have an informal interview with the Directors (or delegate).

Participants will be involved in exit planning and follow-up arrangements to ensure continuity of care. Arrangements will be documented in the Transition Plan

24. Safe Environment Policy & Procedure

PURPOSE AND SCOPE

This policy and procedure demonstrates Independent Living Victoria commitment to providing a workplace that is safe and minimises risks to the health and wellbeing of staff, clients, their families and all other stakeholders.

This policy and procedure applies to the Directors, and any additional staff, or contractor.

PRINCIPLES

Independent Living Victoria is committed to meeting all relevant legislation and statutory requirements, codes of practice and Australian Standards.

Independent Living Victoria Directors have a duty of care and will take all reasonable steps to safeguard participants, staff and stakeholders from hazards and risks including communicable disease, and natural disasters.

Health and safety awareness, emergency preparedness and the development of hygienic and safe work practices are promoted.

Information, training, instruction and adequate protective equipment are provided.

Independent Living Victoria staff are not expected to carry out work that is unsafe, and clients are not expected to tolerate unsafe work practices or service environments.

Staff are consulted and cooperated with on health and safety matters and on ways to reduce workplace hazards and improve quality control systems.

Safe Environment Policy

Workplace Health and Safety is the responsibility of all Independent Living Victoria stakeholders including staff members, contractors, participants and their support networks.

Independent Living Victoria is committed to meeting all relevant legislation and statutory requirements, codes of practice and Australian Standards.

Independent Living Victoria Directors have a duty of care and will take all reasonable steps to safeguard participants, staff and stakeholders from hazards and risks including communicable disease, and natural disasters.

Health and safety awareness, emergency preparedness and the development of hygienic and safe work practices are promoted.

Information, training, instruction and adequate protective equipment are provided.

Independent Living Victoria staff are not expected to carry out work that is unsafe, and participants are not expected to tolerate unsafe work practices or service environments.

Staff are consulted and cooperated with on health and safety matters and on ways to reduce workplace hazards and improve quality control systems.

Effective incident and hazard reporting systems are maintained.

Safe Environment Procedure

WHS

Responsibilities

The Directors will:

- comply with all relevant legislation and statutory requirements, codes of practice and industry standards;
- promote health and safety awareness and the development of safe working procedures;
- provide information and where appropriate, training and/or instruction and adequate protective equipment;
- consult with staff and volunteers on health and safety issues as well as identify and implement ways to reduce hazards and improve control systems;
- maintain effective risk and incident handling procedures.

Participants have responsibilities to:

- safeguard workers' personal safety and disclose their health or risk status if there is a potential Independent Living Victoria staff member of other service provider. This includes disclosing a risk or source of infection such as COVID-19.

Safe Environment Procedure

Responsibilities

Staff members and contractors are expected to:

• comply with all relevant legislation and statutory requirements, safe working procedures, codes of practice and industry standards;
• undertake required training on infection control and effective use of PPE procedures.
• report feedback, complaints, incidents and near misses
• proactively rectify hazards and participate in the analysis of accidents/incidents; and
• accept responsibility for protecting themselves and others.

Independent Living Victoria has a no smoking policy. Staff and contractors are not permitted to smoke indoors, within the office, or in the presence of a potential or current participant.

Workers are to wear the uniform issued by ILV (and in-line with client's preferences) and carry appropriate identification.

All accidents or incidents that result in an injury or illness at work must be reported to the Directors within 24 hours of the incident occurring.

Safe Environment Procedure

Standard Precautions

Infection Control

Independent Living Victoria Directors has a duty of care and must take all reasonable steps to safeguard participants, other staff and stakeholders from infection.

Independent Living Victoria staff will practice standard precautions where appropriate and practicable, and particularly where the risk of transmitting infection is elevated in accordance with Victoria's health care system's directions.

Independent Living Victoria implements standard precautions including:
• Correct hand hygiene practices;
• Routine sanitisation of high touch surfaces;
• Appropriate and correct use of personal protective equipment (PPE); and
• Respiratory hygiene and cough etiquette

Independent Living Victoria will work closely with the participant's support network to ensure effective continuity planning and delivery of supports throughout any communicable disease breakout.

Any staff member with any infectious or notifiable disease is required to stay away from the workplace until such time they are cleared by a doctor.

A medical certificate is required to be presented with the staff member's timesheet for payment of sick days.

Vehicle Safety Policy and Procedure

PURPOSE AND SCOPE

The purpose of this policy and procedure is to ensure the safety of staff, participants and other stakeholders when service delivery requires the use of vehicles.

It applies to all staff and contractors and meets relevant legislation, regulations and standards:

- National Disability Insurance Scheme (NDIS) Act 2013

- NDIS Practice Standards (2018) – Support Provision Environment – set out in the NDIS (Provider Registration and Practice Standards) Rules 2018

- Work Health and Safety Act

- Work Health and Safety Regulation

DEFINITIONS

Risk – indicates a potential danger to the business, to its ability to meet stated goals and objectives, maintain financial viability and its reputation. Risks can also be present during service delivery, with the potential to impact the health and safety of participants and staff.

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

Risk management – coordinated activities to direct and control an organisation, with regard to a risk or hazard.

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

Vehicle Safety Procedure

Responsibilities

Risk

Staff and volunteers must apply normal hazard and risk management techniques in their day-to-day work and whenever driving any vehicle. Certain driving environments will present a greater hazard than others. Staff must take the following actions to manage the risks, such as:

- not drive unlicensed;

- not drive under the influence of drugs or alcohol;

- conduct pre-use safety checks of vehicles (see below);

- where possible, ensure participants being transported are not sitting behind the driver and are secured appropriately;

- follow all applicable road rules at all times;

- take regular breaks from continuous driving as required, and at least every two hours;

- avoid driving vehicles in off-road environments;

- report any vehicle accidents immediately to the Police and Director;

- report immobilisation events including breakdown and bogging as an incident in accordance with Independent Living Victoria Incident Management policies and procedures, to enable better information to be gathered regarding the suitability of vehicles and the training provided to staff.

Vehicle Safety Procedure

Vehicle

Safety

When undertaking vehicle pre-use safety checks, staff and volunteers will, at a minimum:

✓ ensure the manufacturer's specified service schedule is being adhered to;

✓ inspect all external lights (grime can reduce their effectiveness by up to 40%);

✓ inspect wiper blades to ensure they clear the windscreen effectively;

✓ clean the windscreen and rear window to ensure good visibility;

✓ periodically check all fluid levels - engine oil, windscreen washer fluid and the radiator coolant;

✓ check tyre pressure and condition; and

✓ ensure mirrors are present and oriented correctly for use.

Vehicle Safety Procedure

Transport

Rules

Seat Belts - By law, all occupants of a vehicle must wear seatbelts at all times. If a seat belt is starting to show signs of wear and tear, (frayed, not retracting back) the vehicle needs to be seen by an authorised repairer.

If transporting participants who can't wear a seat belt, the participant must have a doctor's certificate and staff / volunteers must carry this approval with them when transporting those participants.

Mobile Phones – Drivers must not use a hand-held mobile telephone when driving. Drivers and volunteers must use the handsfree device provided for answering calls and pull over and stop the vehicle's engine before making phone calls, reading or responding to texts.

Speed - Drivers must drive at a speed that suits the road conditions, vehicle, weather conditions and their driving experience. Drivers must not exceed the applicable speed limit for the road used.

In the event a s Drivers is issued with an infringement notice while driving as part of their usual duties, the Drivers is responsible for payment of the infringement notice and any demerit points.

Always wear a seatbelt   Do not use your phone whilst driving, or exceed speed limits   No alcohol or drugs whilst working or driving

Vehicle Safety Procedure

Driver Safety – the Intake and Assessment Officer will undertake a risk assessment to determine if a participant can be transported alone in a vehicle, taking into account the participant's care plan. Generally, participants with behaviours of concern should not be seated behind the driver and must wear a seat belt.

Safe Transfers – Staff and volunteers must consider how best to transfer mobility restricted participants or handling wheelchairs or equipment, using good manual handling techniques to prevent an injury.

Vehicle incidents should be reported in accordance with Community Accessibility Incident Management policies and procedures.

Independent Living Victoria *Continuous Improvement Register* will be used to record identified improvements and monitor the progress of their implementation. Where relevant, this information will be considered as part of Independent Living Victoria service planning and delivery processes.

Safe Environment Procedure

Safety & Security

@SIL Homes

Independent Living Victoria Directors have a duty of care and must take all reasonable steps to safeguard participants, other staff and stakeholders from hazards.

Independent Living Victoria staff will conduct a hazard and risk assessment of the home and maintain the condition of the home and safety of appliances and equipment.

Independent Living Victoria implements standard precautions including:
• Ensuring emergency equipment is implemented and maintained
• Appropriate and correct use of personal protective equipment (PPE); and
• Emergency preparedness and planning is in place

Independent Living Victoria will work closely with the participant's support network to ensure any concerns are effective resolved.

Access to Accommodation is controlled in the following way:

Resident's family and informal support network are welcome to visit unannounced. However, it is expected they ring the doorbell and announce themselves prior to entering the home.

We do not have a fixed curfew, however we think it is fair to the people sharing the house to have a quiet home after 8pm on a weekday and 10pm on weekends. Staff will ask visitors to leave after 10pm if the noise is disturbing the other house-mate.

Independent Living Victoria will work collaboratively with Providers of our resident's choice. We implement a Sign-in Sheet for all Service Providers entering and exiting the house.

Health & Hygiene Policy

Health & Hygiene practices and cleanliness at supported accommodation is the responsibility of Independent Living Victoria stakeholders including staff members, contractors, participants and their support networks.

Independent Living Victoria is committed to meeting all relevant legislation and statutory requirements, codes of practice and Australian Standards.

Independent Living Victoria Directors have a duty of care and will take all reasonable steps to safeguard participants, staff and stakeholders from food hazards and risks including foodborne disease.

The development of hygienic and safe work practices are promoted.

Information, training, instruction and adequate protective equipment are provided.

Independent Living Victoria staff are not expected to carry out work that is unsafe, and participants are not expected to tolerate unsafe work practices or service environments.

Staff are consulted and cooperated with on infection control, hygiene and food safety matters and on ways to reduce hazards and improve quality control systems.

Effective incident and hazard reporting systems are maintained.

Safe Environment Procedure

Food Safety

@Houses

It's important to <u>wash and dry your hands</u> and equipment between preparing different foods.

You should wash and dry your hands:

• before starting to prepare food

• after touching raw meat, fish, eggs, or vegetables with soil on them

• after using the toilet

• after blowing your nose

• after touching an animal

• after touching any sores or cuts

Drying your hands is very important. Bacteria can be transferred in the moisture of damp hands.

To wash your hands effectively and safely:

1. Wet your hands with water.

2. Apply soap or hand wash.

3. Lather and wash for 20 seconds or more.

4. Rinse both sides of your hands with water.

5. Dry your hands for 20 seconds or more.

Safe Environment Procedure

Food Storage @House

Taking care to prepare and cook your food safely is important in preventing illness.
Food needs to be stored, handled and cooked carefully and at temperatures that avoid the spread and growth of <u>bacteria</u> that can make you sick.

Cooking and cooling food
Cooking food properly and to the right temperature reduces the risk of food poisoning. Always cook meats all the way through, until the juices run clear. Make sure there is no pink left in mince or sausages. Keep food steaming hot until you serve it.
When you reheat leftover foods, make sure all parts are steaming hot. Don't reheat food more than once.
Cool leftovers quickly. Cover them and put them in the fridge or freezer. Eat refrigerated leftovers in 1 to 2 days.

You should store food that has to be kept cold at or below 5°C to prevent the growth of bacteria that cause <u>food poisoning</u>.
You should store frozen food at -15°C or colder

The 'temperature danger zone' for food safety is between 5°C and 60°C. Bacteria can't grow easily at temperatures outside of this zone.
Food doesn't immediately become unsafe when it's in the danger zone. It should be okay for up to 4 hours.
If you're healthy, you should be able to eat food that's been properly handled and stored at the right temperature without getting sick.
But if you're pregnant, elderly or you're preparing food for a young child, or if you're ill or have been ill, you need to be more careful, even with foods stored in the fridge

Safe Environment Procedure

Food Safety

@House

Avoiding cross-contamination

Cross-contamination occurs when bacteria get transferred from one place to another, such as from raw food to food that has already been prepared. Bacteria can be transferred by your hands, on cutting boards or by a knife, a fork or tongs.

Raw meat, in particular raw chicken, is the most likely source of cross-contaminating bacteria. Avoid cross-contamination in the fridge by storing raw and cooked foods separately in covered containers. Always prepare raw and cooked food separately.

You should also clean mincers, mixers and cutting boards carefully to make sure there is no residue left on them.

Safe Environment Procedure

Cleaning

@House

Six steps to proper cleaning

1. **Area & Equipment Prep:** If cleaning an area, mark the area with Caution Cleaning signage, and prevent slips and trips.

    Identify appropriate and dedicated chemicals and equipment – equipment will be colour coded/demarked.

2. **Pre-clean**: scrape, wipe or sweep away scraps and surface dirt and rinse with water;

3. **Wash**: use hot water and dedicated detergent/cleaning product to take off grease and stubborn dirt. Soak a soiled product if needed;

4. **Rinse**: rinse off any loose dirt or detergent foam;

5. **Sanitise**: use a sanitiser to kill any remaining germs;

6. **Final rinse**: wash off sanitiser (read sanitiser's instructions to see if you need to do this); and

7. **Dry**: allow to air-dry, if not possible dry with a disposable towel.

How to sanitise

The majority of bacteria are killed if they are exposed to chemical sanitisers, heat, or a combination of both.

To sanitise:

*   soak items in water at 77°C for 30 seconds; or

*   use a commercial sanitiser following the manufacturer's instructions; or

*   soak items in water which contains bleach. The water temperature required will vary with the concentration of chlorine. The table following shows the amount of bleach required and the corresponding water temperature to make sanitising solutions.

25. Handling Participant Money Policy & Procedure

PURPOSE AND SCOPE

This policy and procedure provides guidelines for Independent Living Victoria staff in relation to the handling of participant's funds.

This policy applies to all staff and contractors.

PRINCIPLES

Independent Living Victoria is committed to ensuring that participants are supported to manage, control, access and spend their own money as they determine.

Independent Living Victoria will not provide financial information, advice or information other than that which would reasonably be required under the participant's plan and within the scope of support services.

Staff must never ask for gifts, or encourage gift giving of any kind in connection with the performance of official or work duties. Personal gifts of a nominal value from participants must be declared and reported to the participant's family and Directors. Any gifts that are above a nominal value must not be accepted.

25. Handling Participant Money Policy & Procedure

PRINCIPLES

Independent Living Victoria' systems will include appropriate checks and balances to ensure the safeguarding of participants from being exploited, and to protect staff from allegations of financial mismanagement:

Where direct support services are provided into the community the following process will be implemented:

Participants will identify if they require support with finances in the support planning process.

Transparent and robust controls will be developed in consultation with the participant and documented in the Individualised Support Plan. Controls will be verified by the Director.

Handling of participant money controls can include, are but are not limited to the following:

Dedicated Top Up-Cards and Cash Handling Form implemented in the home.

Money handling activities will always be supported with photo evidence of receipts and documentation in Progress Notes.

All staff are expected to demonstrate a high level of ethical conduct in both their duty to the participant. All staff are required to maintain absolute confidentiality in respect of participant's funds and accounts.

Where a participant requests support with handling cash, or requires assistance with purchases, cash management systems will be implemented in the home, in consultation with the participant and the Director. This can include, the Cash Management Log Form supported with taking a photo of cash and receipts for upload into Service Progress Notes.

Any concerns or complaints regarding Independent Living Victoria handling of participant money will be handled within the incident management system.

26a. Mealtime Management Policy & Procedure

PURPOSE AND SCOPE

This policy and procedure provides guidelines for Independent Living Victoria staff in relation to the handling of participant's mealtime management requirements. This policy applies to all staff and contractors.

PRINCIPLES

Independent Living Victoria is committed to ensuring that mealtime management requirements are identified in the intake process, and where relevant participants are supported to connect to and access appropriately qualified health professionals for assessment.

We have a duty of care and will take all reasonable steps to safeguard participants from mealtime management risks including foodborne diseases, dysphagia, aspiration, diabetes, inborn errors of metabolism, and other chronic health conditions relating to diet.

The development of hygienic and safe work practices are promoted.

Information, training, instruction on effective mealtime management strategies and healthy nutrition practices will be provided to all relevant staff.

All staff are made aware of the requirement to exercise a duty of care to ensure the safety of participants while supporting their mealtime requirements.

DEFINITIONS

Aspiration – when a substance accidentally passes into the windpipe and lungs instead of the esophagus. This typically results from a problem with the swallowing reflex or a lack of tongue control.

Chronic Diet Related Health Conditions – are conditions linked to deficiencies or excess amounts of proteins, fats, carbohydrates and/or other nutrients which impact on the body's organs and their functioning. Such conditions can include but are not limited to anemia, dental caries, heart disease, high blood pressure, and type 2 diabetes.

Dysphagia - occurs when there is a problem with the neural control or the structures involved in any part of the swallowing process. This includes problems with sucking, swallowing, drinking, chewing, eating, dribbling saliva, closing lips, or when food or drink goes down the wrong way. Common causes of dysphagia are reflux, stroke, motor neurone disease, dementia, cerebral palsy, and damage to the lip, palate or esophagus.

IDDSI – International Dysphagia Diet Standardisation Initiative. A standardised method in which fluid and food consistency is measured and achieved.

Inborn Errors of Metabolism – result from a block (partial or complete) to an essential pathway in the body's metabolism. This typically affect the body's ability to process and utilize fats, proteins, and/or carbohydrates. There are a large number of conditions included in this group of disorders such as Lactase Deficiency (Lactose Intolerance), Gaucher's disease, and Phenylketonuria.

Mealtime Management Procedure

Identification & Access to Assessment

Independent Living Victoria Directors has a duty of care and must take all reasonable steps to safeguard participants in relation to mealtime management requirements.

Independent Living Victoria staff will undertake an assessment with the participant and their support network at initial intake and on a routine basis to identify any potential mealtime management risks, inclusive of but not limited to dysphagia, aspiration, diabetes, inborn errors of metabolism, and/or other chronic health conditions relating to diet.

If risks are highlighted and no connections to relevant services are in place, Independent Living Victoria will offer support to connect with appropriate health care professionals, such as speech pathologists and/or nutritionists, to assess and support participants with mealtime requirements.

Independent Living Victoria will work closely with the participant and their networks to ensure that any observed changes to mealtime management requirements are clearly communicated with the relevant appropriate health care professionals.

Mealtime Management Procedure

Mealtime Management Plan

Where participants have a history of mealtime management requirements, a Nutrition and Swallow Management Plan will be documented and followed in the event of a choking or mealtime incident. Independent Living Victoria does not prepare Nutrition and Swallowing Assessments and/or Management Plans but will implement a plan provided by the participant's treating medical practitioner.

Following a mealtime event, an Incident Report (and Medication Administration Form if applicable) shall be completed. The event shall be advised to the parent/guardian and to the employee's supervisor.

Frequent events may require an updated Management Plan which Independent Living Victoria shall ensure it receives from the appropriate treating medical or allied health practitioner.

A Mealtime Management/ Nutrition and Swallowing Plan may include:

- Date of plan and review
- Personal details and current weight
- Emergency contacts
- Current meal preparation requirements, i.e. thickening agents used, consistency of food and assistive equipment.
- Posturing and support while eating/drinking
- Related diagnoses
- Foods/Liquids to avoid
- Other medical conditions and medication
- When to call an ambulance
- Nutritional specialist or other medical practitioners' details
- Plan location

Mealtime Management Procedure

Mealtime

Protocol

When accepting a participant with a history of mealtime requirements Independent Living Victoria shall:

- Ensure a Mealtime Management/ Nutrition and Swallowing Plan has been developed and is provided to Independent Living Victoria;

- Ensure consent is provided by the parent/guardian for the implementation of a Mealtime Management/ Nutrition and Swallowing Plan;

- Ensure all relevant staff receive training on the implementation of the Mealtime Management/ Nutrition and Swallowing Plan;

- Note the required assistive equipment to be used is clean, fit for use and stored appropriately;

- Ensure that thickening agents are within expiry dates, fit for use and stored appropriately;

- Request an annual review (or more frequent if required) i.e. when a significant event occurs;

- Ensure that an updated Management Plan is available when amended and provide appropriate training on updates to relevant staff;

- Ensure all staff have current First Aid Training.

Staff are to:

- Know the signs and possible triggers of a choking or an aspiration event
- Undertake the NDIS Commission Supporting safe and enjoyable meals training module

- Follow the mealtime management/ nutrition and swallowing plan

- Contact emergency services where necessary

- Contact the parent/caregiver

- Ensure an incident report is completed after any mealtime event.

- Record any events in the mealtime management/ nutrition and swallowing plan if required

- Report any mealtime incident to their supervisor

Mealtime Management Procedure

Supporting @ Mealtimes

Risks

Staff have a duty of care to ensure the safety of all participants during mealtimes.

All staff have a responsibility to understand the mealtime management requirements and associated risk of the participants that they support, as identified in the *participant Strengths & Needs Assessment, participant Overview, and the relevant Participant Mealtime Management Plan*.

If staff are supporting participants at mealtimes, there is the expectation that staff follow safe food handling practices and are aware of potential risks of choking, aspiration and other mealtime complications.

Mealtime Management Plans must be accessible and visible to staff supporting applicable participants during mealtimes.

Independent Living Victoria implements standard precautions to prevent mealtime incidents including:
• Correct hand hygiene practices;
• Appropriate and correct use of personal protective equipment (PPE);
• Safe food handling practices; and
• Clear identification, labelling and storage of meals with mealtime management requirements

If staff observe any potential risks while supporting participants during mealtimes, they must follow incident management procedures and escalate to their line manager.

Common Swallowing Risks

- difficulty swallowing or lack of swallowing
- coughing before swallowing, during meal times, or after eating
- heartburn
- drooling
- taking a long time to eat and drink, wasting food
- altered level of alertness or reduced response
- speech or voice changes as they may indicate silent aspiration. Look for slurred speech, a weak, hoarse, crackly, gurgling or wet-sounding voice.
- a history of recurrent chest infections or suspected aspiration
- tongue, facial or lip weakness or altered appearance
- pocketing food or tablets in the cheeks
- the participants describing food as sticking to the roof of their mouth or throat, or the sensation of a 'lump' or discomfort in the throat or chest, or frequent throat clearing during meal times
- unexplained weight loss
- reluctance to swallow food, water or medication.

Mealtime Management Procedure

It's important to <u>wash and dry your hands</u> and equipment when supporting participants at mealtimes and between preparing different foods.

You should wash and dry your hands:
- before starting to prepare food
- before supporting someone at mealtimes
- after touching raw meat, fish, eggs, or vegetables with soil on them
- after using the toilet
- after blowing your nose
- after touching an animal
- after touching any sores or cuts

Drying your hands is very important. Bacteria can be transferred in the moisture of damp hands.

To wash your hands effectively and safely:
1. Wet your hands with water.
2. Apply soap or hand wash.
3. Lather and wash for 20 seconds or more.
4. Rinse both sides of your hands with water.
5. Dry your hands for 20 seconds or more.

Mealtime Management Procedure

Thickened fluids are often used for individuals with swallowing difficulties such as dysphagia to prevent aspiration and risk of choking. It is important to follow the directions both of the mealtime management plan and on the label of the thickening agent container to ensure that the right consistency is achieved with fluids. Examples using the flow test method can be found here.

The IDDSI grading scale for fluids is as follows:

4 – Extremely thick
- Holds shape on a spoon
- No lumps
- Cannot be sucked through a straw
- Not sticky
- Does not require chewing
- Can 'plop' of a spoon
- flows through a 10 mL slip tip syringe leaving 4 to 8 ml in the syringe after 10 seconds

3 – Moderately thick
- Will not hold shape on a spoon
- Sippable, pours slowly off a spoon
- Difficult to suck through a straw
- flows slowly through a 10 mL slip tip syringe leaving more than 8 mL in the syringe after 10 seconds

2 – Mildly Thick
- Flows off a spoon
- Sippable, pours quickly from a spoon but slower than thin drinks
- Some effort is needed to suck through a straw
- flows through a 10 mL slip tip syringe leaving 4 to 8 ml in the syringe after 10 seconds

1 – Slightly Thick
- Thicker than water
- Requires a little more effort to drink than thin liquids
- Flows through a straw, syringe, teat/nipple
- flows through a 10 mL slip tip syringe leaving 1-4 mL in the syringe after 10 seconds

4	**EXTREMELY THICK**	(IDDSI Fork-drip Test and Spoon Tilt Test)
3	**MODERATELY THICK**	(8-10mL remaining after 10 sec flow)
2	**MILDLY THICK**	(4-8mL remaining after 10 sec flow)
1	**SLIGHTLY THICK**	(1-4mL remaining after 10 sec flow)
0	**THIN**	(less than 1 mL remaining after 10 sec flow)

Mealtime Management Procedure

Modified foods are also often used for individuals with swallowing difficulties such as dysphagia to prevent aspiration and risk of choking.

It is important to follow the directions both of the mealtime management plan to ensure that the right consistency is achieved with food. Visual examples of consistency are hyperlinked to each ranking.

The IDDSI grading scale for food is as follows:

7 – Regular
- Normal, everyday foods of various textures
- Any method may be used to eat these foods Foods may be hard and crunchy or naturally soft
- includes hard, tough, chewy, fibrous, stringy, dry, crispy, crunchy, or crumbly bits
- Includes food that contains pips, seeds, pith inside skin, husks or bones
- Includes 'dual consistency' or 'mixed consistency' foods and liquids

7 – Easy to Chew
- Normal, everyday foods of soft/tender textures that are developmentally and age appropriate
- Any method may be used to eat these foods
- Does not include: hard, tough, chewy, fibrous, stringy, crunchy, or crumbly bits, pips, seeds, fibrous parts of fruit, husks or bones
- May include 'dual consistency' or 'mixed consistency' foods and liquids

6 – Soft & Bite Sized
- Can be eaten with a fork, spoon or chopsticks
- Can be mashed/broken down with pressure from fork, spoon or chopsticks
- A knife is not required to cut this food, but may be used to help load a fork or spoon
- Soft, tender and moist throughout but with no separate thin liquid
- Chewing is required before swallowing
- Biting is not required

7 Regular	RG7
7 Easy To Chew	EC7
6 Soft & Bite-Sized	SB6
5 Minced & Moist	MM5
4 Pureed	PU4
4 Extremely Thick	EX4
3 Liquidised	LQ3

Mealtime Management Procedure

5 – Minced & Moist

- Can be eaten with a fork or spoon
- Could be eaten with chopsticks in some cases, if the individual has very good hand control
- Can be scooped and shaped (e.g. into a ball shape) on a plate
- Soft and moist with no separate thin liquid
- Small lumps visible within the food
- Lumps are easy to squash with tongue
- Biting is not required
- Minimal chewing is required
- Tongue force alone can be used to separate the soft small particles in this texture

4 – Pureed & Extremely Thick

- Usually eaten with a spoon (a fork is possible)
- Cannot be drunk from a cup because it does not flow easily
- Cannot be sucked through a straw
- Does not require chewing
- Can be piped, layered or molded because it retains its shape, but should not require chewing if presented in this form
- Shows some very slow movement under gravity but cannot be poured
- Falls off spoon in a single spoonful when tilted and continues to hold shape on a plate
- No lumps
- Not sticky
- Liquid must not separate from solid

3 – Liquidised

- Can be drunk from a cup
- Moderate effort is required to suck through a standard bore or wide bore straw
- Cannot be piped, layered or molded on a plate because it will not retain its shape
- Cannot be eaten with a fork because it drips slowly in dollops through the prongs
- Can be eaten with a spoon
- No oral processing or chewing required – can be swallowed directly Smooth texture with no 'bits' (lumps, fibers, bits of shell or skin, husk, particles of gristle or bone)

Mealtime Management Procedure

Safe

Food Storage

Clear Identification

It's important to clearly label and store meals pre-prepared with specific requirements in separate containers to avoid confusion with other's meals. This can be achieved by using specifically coloured containers and storage spaces within fridges, freezers, and pantries.

Cooking and cooling food

Taking care to prepare and cook your food safely is important in preventing illness.
Food needs to be stored, handled and cooked carefully and at temperatures that avoid the spread and growth of bacteria that can make you sick.

Cooking food properly and to the right temperature reduces the risk of food poisoning. Always cook meats all the way through, until the juices run clear. Make sure there is no pink left in mince or sausages. Keep food steaming hot until you serve it.

When you reheat leftover foods, make sure all parts are steaming hot. Don't reheat food more than once.

Cool leftovers quickly. Cover them and put them in the fridge or freezer. Eat refrigerated leftovers in 1 to 2 days.

You should store food that has to be kept cold at or below 5°C to prevent the growth of bacteria that cause food poisoning.
You should store frozen food at -15°C or colder

The 'temperature danger zone' for food safety is between 5°C and 60°C. Bacteria can't grow easily at temperatures outside of this zone. Food doesn't immediately become unsafe when it's in the danger zone. It should be okay for up to 4 hours.
If you're healthy, you should be able to eat food that's been properly handled and stored at the right temperature without getting sick.
But if you're pregnant, elderly or you're preparing food for a young child, or if you're ill or have been ill, you need to be more careful, even with foods stored in the fridge

26. Administration of Medication Policy & Procedure

PURPOSE

Independent Living Victoria is committed to safe and effective prescription, storage, transportation, and administration of medication for participants that is consistent with legislation and regulation.

This policy will clearly define the:

- procedures to be followed when a participant requires medication while being supported by Independent Living Victoria

- The responsibilities of staff are to ensure the safe administration of medication at Independent Living Victoria

- This policy applies to Independent Living Victoria staff, placement, volunteers, parents/guardians, and participants that are attending Independent Living Victoria activities.

SCOPE

Independent Living Victoria is responsible for:

- Ensuring that all employees involved in assisting a participant with medications are appropriately trained and kept up to date with government policies and legislation, relevant professional standards and organisational policy and guidelines.

- Provision of adequate resources to enable timely training, assessment and reassessment of participants' needs and Support Worker competencies.

- Ensuring the provision of competent and appropriately qualified trainers and assessors

- Providing adequate training for trainers and assessors.

- Upholding and maintaining their accountability to funding bodies and individuals for their contractual obligations where a participant's service includes assistance with medication(s) including facilitation of the appropriate sharing of information relating to medication issues/incidents.

Administration of Medication Policy

Independent Living Victoria is committed to safe and effective prescription, storage, transportation, and administration of medication for participants that is consistent with legislation and regulation.

Independent Living Victoria will:

- Support participants to maintain their independence for as long as possible, including managing their own medicines in a safe and effective way

- Seek informed consent for any assistance it provides in medication management

- Collect and record accurate information about participant medication

- Store, transport and dispose medicines in keeping with the manufacturer's requirements

- Ensure any staff providing assistance with medication are properly trained and assessed as competent to do so

- Any medication errors are reported and managed within the incident management process.

Administration of Medication Procedure

Medication

Responsibilities

Support Workers are responsible for:

Following procedures established to facilitate the safe administration of medications.

Being familiar with the participant's known behaviours in order to understand their usual behavioural patterns and reporting any "unusual" behaviour or adverse side effects.

Ensuring the safe storage of medication(s) and safe disposal of outdated or contaminated medication(s) and medication(s) that are no longer required.

Reporting any concerns, issues, or incidents via Independent Living Victoria's Feedback and Incident Management Policy and Procedure.

Seeking advice from Independent Living Victoria' Team Leader if the appropriate medication authority is unavailable to administer the medication(s)

If the Support Worker is in doubt about their own knowledge, skills or capabilities they must seek assistance from their supervisor to facilitate further training and competency-based assessment.

Administration of Medication Procedure

Medication

Responsibilities

Registered Nurse (RN) is responsible for:

Providing competency-based workplace training and assessment of Support Workers.

Providing additional complex training and competency assessment, conducted on an individual participant needs basis, and by referral from Case Managers.

Requesting, maintaining and installing the Medication Plan from the relevant prescribing doctor/health professional and including a copy of this in the participant's file.

Providing appropriate support and direction to employees in the event of medication concerns, issues and incidents as reported by the Support Worker through the Team Leader

Support Advisors are responsible for:

- Ensuring that only Support Workers with the appropriate qualifications, training and competencies in medication administration are allocated to support participants who require assistance with medications.

- Providing appropriate support, direction and referral to Support Workers in the event of medication concerns, issues or incidents.

Administration of Medication Procedure

Medication

Responsibilities

Medical Practitioner is responsible for:

- Prescribing medications
- Providing signed written authority for all prescribed and over the counter medications that a participant is to be assisted with (including regular and PRN medications)
- Providing clear instruction(s) and indication(s) for administration
- Regular review of medications – particularly post hospital discharge.

Pharmacist is responsible for:

- Accurately dispensing medications from a prescription written by a medical practitioner
- Promoting the safe administration of medications in community settings
- The accurate preparation and labelling of medications
- Providing education, advice and assistance with medication concerns
- Aiding with the disposal of medications

Administration of Medication Procedure

Medication | Responsibilities

Assisting a participant with medication

An authorised member of Independent Living Victoria will identify whether a participant is independent with medication or requires assistance. For participants with complex health support needs a Registered Nurse is responsible for this assessment. For participants who do not have complex health support needs the Case Manager is responsible for this assessment. The outcome of this assessment will be documented in the "Medication Plan' with the participant's care plan.

If the participant is deemed independent, then the Support Worker is not involved with the participant's medication. If the Support Worker has concerns regarding the participant's independent self-management of their medication, the Support Worker must report to the Support Advisor/Team Leader.

If the participant is deemed to require assistance with medication, then the Support Worker must adhere to the directions in the *Medication Plan.*

Participants are responsible for:

- Providing Support Workers with their participant Support Plan, Medication Plan and other required documentation eg: Medication List
- The provision of authorised medication in a Webster pack or medication stored in its original container.

Administration of Medication Procedure

Safe

Practice

Dosage Administration Aid (DAA) In accordance with safe practice principles, Independent Living Victoria requires that all medications, where appropriate must be packaged into a DAA by a registered Pharmacist.

If a medication is not packaged into a DAA it must be stored in its original container or dispensed into a DAA by an authorised member of staff.

Restrictive practice, chemical restraint – the use of medication or chemical substance for the primary purpose of influencing a person's behaviour is a restrictive practice. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

Schedule 8 medications In accordance with Safe Practise Principles, Independent Living Victoria have deemed Schedule 8 medication(s) requires additional health support training and competency assessment before a Support Worker can be involved.

Medications from a webster pack, roll or original container:

- Staff are to wash their hands prior to administration of medication and after
- Staff are to use a pill bob on webster packs and pop the medication into a medication cup
- Webster roll, staff are to tear the corner and pour into a medicine cup
- The medicine cup is to be washed after each use

Administration of Medication Procedure

Medication

Authority

Injectables

Independent Living Victoria Workers are not authorised to administer injectable medication with the exception of adrenalin via Epipen in an emergency situation, and insulin via a pen device:

In this circumstance, the following pre-requisites must be met:

- Support Workers must hold a current First Aid Certificate

- Support Worker must have successfully completed Completing HLTHPS006 Assist participants with Medication within 3 months of commencement of employment.

- If Epipen is given – an ambulance must be called

Medication authority:

Support Workers are not permitted to administer any medication, whether it be prescribed or non-prescribed medication without the accompanying medication authority.

Administration of Medication Procedure

Medication

Authority

A medication authority is a document that identifies:

- Participant's full name

- Participant's address

- Participant's date of birth

- Prescriber's name

- Prescriber's contact details

- The name of the medication to be administered

- The route of administration

- Medication dose to be administered

- Time for administration

- Frequency of administration

- Date of commencement

Medication authority:

Support Workers are not permitted to administer any medication, whether it be prescribed or non-prescribed medication without the accompanying medication authority.

Administration of Medication Procedure

Medication   Administration

Administering of medication

When medication assistance is provided, staff will check medication script labels to ensure the following 7 rights to administering medication principles are adhered to:

1. **Right drug – check label**
2. **Right dose**
3. **Right participant**
4. **Right time**
5. **Right route**
6. **Right documentation**
7. **Right to Refuse**

At the completion of each session of medication management, staff will sign the **Medication Form,** which will contain information regarding participant name, date, time, medication name, dosage and person administering.

Where staff note that previous dosages have not been given or that there has been tampering with the dosage packaging then the prescribing doctor should be consulted and incident report should be completed.

If unforeseen circumstances arise and medication has not been given at the 'right time', 30 minutes either side of the recommend dosage time is acceptable. Anything after 30 minutes contact 13 health (13 43 25 84) and notify the manager. An incident report is to be completed.

Administration of Medication Procedure

Informed **Consent**

Staff are to follow the 7 Rights of Administration of Medication

- Explain to the participant it is time for their medication.

- Always ask the person if they know their name.

- If you can not identify them STOP and seek managers assistance

- Ensure you have the right medication with correct name on the label

- Match the dose

- Medication is to be given at the prescribed time

- Follow the correct route instructed by specialist

- Ask the participant if they would like a drink to assist with swallowing

- Watch the participant to ensure they take their medication correctly

- Fill in the correct and required documentation

Informed consent

For any participants that are supported with medication management, the participant or their authorised representative will provide written consent regarding assistance with medication management.

Collection and storage of participant medication information

Information about participant medication is initially collected at Initial Intake Assessment and stored in the participant file.

The storage of medication must be done in accordance with the manufacturer's instructions.

Administration of Medication Procedure

Medication

Form

A Medication Form is to be signed off when medication has been given. This is for all routine and all PRN medications. This form will be in the participants medication and health folder and will state -

- the participants name
- the participants date of birth
- provided sections for the below information

Staff will document on the Medication form and PRN Form the following

- the date
- the time taken
- the medication taken
- the dose
- and then sign their signature to say medication was given

ENSURE YOU ARE FILLING IN THE CORRECT FORM

PRN Medication

PRN Latin term 'pro re nata' which means when necessary. Staff are to document all PRN medications on a PRN Medication Form, documentation includes the following –

- participants name and date of birth
- the date
- the time taken
- the medication
- the dose
- reason given
- and staff signature

Before administration of any PRN (when necessary) medications, ensure that the specific time frame has passed since the medication was last administered.

Administration of Medication Procedure

Medication

Changes

Medication Changes

Any changes to participant medication must be verified with the prescribing health practitioner.

The RN may consult the pharmacist as well where risks associated with medication have been assessed as high.

Any changes to participant medication must be noted in the participant file and on the *Medication Chart.*

The update must also include information as follows:

- who entered the update
- how the information on medication change was provided.
- the date and time

Required documentation to take to all allied health appointments

Independent Living Victoria staff are to provide the specialist with a Medication Summary and a Participant's Medical Report to complete.

Forms are to be filed in the participants Medication and Health Folder under the correct index.

Administration of Medication Procedure

Side

Effects

Side effects

Staff are to ensure the participant is comfortable and observe the participant for any medication side effects. If staff are concerned about potential or observed side-effects, and the symptoms are not presenting a high or life threatening risk they can call the Service Coordinator. If the symptoms appear to be causing the client any distress call **emergency 000** and following instructions given.

Information on the symptoms of side effects will be addressed by the Registered Nurse during in-service training. Information on the participant's medication will be made available in the service environment. Additional information on side effects can be found at: Healthcaredirect.gov.au

High-risk of contraindications will be identified and documented in the participant's support plan.

Regurgitation of Medication

Staff are to call **the Service Coordinator and** follow instructions given. If staff are concerned about the client's well-being and there are symptoms that appear to be causing the client distress, they can call **emergency 000** and follow instructions given.

Staff are to contact the Service Coordinator and to let them know the situation and outcome. The Coordinator will contact the participants care givers / guardians and advise them of the situation. An incident report is to be completed and given to the manager for further investigation.

Medication Incident

- In the event that a participant's medication has been incorrectly administered or not administered at all, a medication incident is deemed to have occurred. Staff have a responsibility to acknowledge the incident, report the incident verbally to the Care Coordinator and complete a Confidential participant Incident Report Form.

- Failure to report would be unreasonable and would breach the employee's Duty of Care to the participant. If may also constitute grounds for disciplinary action.

Administration of Medication Procedure

Refusal

Refusal of medication

Participants have a right to refuse medications. If someone refuses to take their medication, you must never force them. You can ask the participant why they are refusing and see if you can help or address any concerns.

If the participant is still refusing their medication. Staff are to call the nominated allied health specialists and notify them of the situation and follow their instructions. If the allied health specialist cannot be contacted staff are to call 13 health (13 43 25 84) and follow instructions given. If staff are still concerned, they can call emergency 000 and following instructions given.

Staff are to contact the manager and to let them know the situation and outcome. The managers will contact the participants care givers / guardians and advise them of the situation. An incident report is to be completed and given to the manager for further investigation.

Non prescribed medication

Over the counter medications including vitamins and herbs are still required to be added to the medication summary by the health practitioner before being administered to the participant and must be labelled.

Damaged medication

Staff are to replace any damaged medication from a pharmacist.

Administration of Medication Procedure

PPE, Waste

& Training

PPE (Personal Protective Equipment)

Unless medication is topical, medication is not to come in contact with the participants or staff skin. Gloves are to be worn when administering topical medications. Staff are to still wash their hands after they have taken their gloves off.

Pharmaceutical Waste

Expired, damaged or redundant medication must be returned to the Pharmacist for correct disposal.

Pharmaceutical waste does not belong in household general waste.

Training

Medication that is not administered topical or orally, Independent Living Victoria will source a qualified trainer to provide that specific training, for e.g., midazolam.

27. Waste Management Policy & Procedure

PURPOSE AND SCOPE

This policy and procedure provides guidelines for Independent Living Victoria staff in relation to the handling of waste.

This policy applies to all staff and contractors.

PRINCIPLES

Independent Living Victoria is committed to protecting all workers, participants, and other individuals present from harm resulting from exposure to waste, infectious or hazardous substances generated during delivery of supports. Our waste management processes and use of waste minimisation principles are intended to:

- Minimise risks of contamination and the spread of infection
- Reduce damage to the environment
- Improve occupational health and safety for workers
- Comply with legislation
- Maintain our reputation and strengthen community relationships
- **Waste Emergency Planning** -the risk assessment of waste management emergencies has determined that in the in-home setting the likelihood and impact of waste management emergencies is low. An event of a waste management emergency, for example handling of infectious substance will be handled within the incident management system.

DEFINITIONS:

Clinical waste: Clinical waste with the potential to cause injury, infection or offence. This includes:

- Unrecognisable human tissue (excluding hair, teeth, nails and anatomical waste)
- Bulk blood or other body fluids (or body substances)
- Material and equipment visibly stained by blood or body fluids (includes incontinence pads and disposable nappies that come from an infectious patient)
- Clinical waste also includes "sharps", being any clinical object capable of inflicting a penetrating injury, which may or may not be contaminated with bloody or body substances. This includes needles, ampoules and other sharp objects design to perform penetrating procedures.

General waste: Any waste that is not a kind of clinical waste, is not chemical waste, has not been in contact with infectious agents, hazardous chemicals or radioactive substances, and does not pose a sharps hazard.

Pharmaceutical waste: Includes expired or discarded pharmaceuticals, filters or other material contaminated by pharmaceutical products

Waste Management Procedure

Disposal

Infection Control

General waste disposal

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

Incontinence pads and disposable nappies can be treated as general waste, unless the material is judged to have come from an infectious patient, is visibly blood stained, or is disposed of in a manner likely to cause offence, such as in unusually large quantities, in which case it must be treated as clinical waste.

General waste should be contained in adequate disposal bags and placed in the general waste bin for disposal.

Clinical waste disposal

Clinical waste is waste generated in a clinical or similar setting that has the potential to cause disease, injury or public offence.

Clinical waste must be properly handled and segregated to minimise risk to workers and the community, including needle stick injuries and transmission of disease.

Review local council guidelines to ensure clinical waste management is in accordance with local hazardous waste management requirements.

Clinical waste is to be placed in separate double bags before being disposed of in the general waste bin.

Single-use sharps are to be placed into a sharps container.

Pharmaceutical Waste Disposal

Leftover or expired pharmaceuticals should be returned the pharmacy for safe disposal.

Storage and disposal of waste

Waste generated in the delivery of our services can be generally categorised in to three groups:

- General
- Clinical
- Pharmaceutical

All staff members are required to wear PPE when handling or disposing of waste. PPE can include but is not limited to:

- Gloves
- Face Mask
- Apron

Waste incidents & emergencies

Any waste handling incidents, including but not limited to exposure to contaminated or infectious waste, is to be reported directly to the Director and will be handled within the incident management system.

In the in home-setting, the consequence and impact of waste management risks are medium to low.

Risk controls to a risk will be handled within the Home Risk Management system and High-Intensity Skills Assessment.

High Intensity Personal Activities Policy

Independent Living Victoria is committed to delivering services in compliance with the NDIS Practice standards and in continuously improving its service delivery.

We operate in accordance with comprehensive policies and procedures, which are reviewed regularly and incorporate participant and other stakeholder feedback.

We understand our obligations in delivering complex supports, safely, to NDIS participants. Independent Living Victoria implements robust human resource processes to ensure workers are trained and competent to deliver health-related supports in line with the *NDIS Practice Standards: skills descriptors*.

We ensure that:

- Participants are being provided supports in a safe environment.

- Each Participant receives appropriate support relevant to their individual needs.

- Each Participant is involved in the assessment and development of their specific care plan.

- Policies and Procedure are in place for all High Intensity Daily Personal Activities

- Support Workers are fully trained and supported by appropriately qualified health practitioners

High Intensity Daily Personal Activities

Care

Plan

- High intensity daily personal activities represent some of highest risks for NDIS participants, workers and others. It's an area where NDIS providers must take particular care to source the relevant skills and knowledge to deliver high quality and safe supports.

- Clinical Policies and Procedure are in place for all High Intensity Daily Personal Activities provided by Independent Living Victoria.

- Only Support Workers allocated to provide health-related supports are inducted into these Policies and Procedures and are provided a copy.

- All workers will receive person-centred training that is specific to the participants care needs by Independent Living Victoria' Registered Nurse.

- They must be assessed and be deemed competent to delivery the specific service.
- Evidence of the training and assessment will be recorded in the Training and Competency Register.

Independent Living Victoria will ensure that each Care Plan will:

- Be individual and relevant to the participant's needs

- Be developed in collaboration with the participant

- Include a timeframe for the review by an appropriately qualified health practitioner in order to monitor the health status of the participant.

- Identify the potential risks, incidents and emergencies specific to their individual health needs

High Intensity Daily Personal Activities

- All workers will receive appropriate training specific to the participants needs, that meet the requirements of the *NDIS Practice Standards: skills descriptors* relevant to the support provided.

- The Nurse will conduct a *Registered Nurse Assessment and Care Plan.* The applicable Care Plans will be integrated into the Individualised Support Plan. The Nurse will identify and implement supporting documentation to ensure Support Workers can document observations and activities.
- The RN will:
    - train the support worker on the individual plans for each participant BEFORE the support worker can carry out the supports
    - review and evaluate the support worker after 2 weeks
    - monitor the progress notes daily
    - complete a formal review every three months of the plan and the supports provided, or in response to change.

High Intensity Support Provided by Support Worker	Training provided by	Care Plan developed by	Worker Supervised by
Complex Bowel Care	Registered Nurse	Registered Nurse	Registered Nurse
Enteral Feeding and Management	Registered Nurse	Registered Nurse	Registered Nurse
Urinary Catheter Management	Registered Nurse	Registered Nurse	Registered Nurse
Subcutaneous Injections	Registered Nurse	Registered Nurse	Registered Nurse
Ventilator Management	Registered Nurse	Registered Nurse	Registered Nurse
Diabetes Management	Registered Nurse	Registered Nurse	Registered Nurse
Seizure Management	Registered Nurse	Registered Nurse	Registered Nurse
Severe Dysphagia	Registered Nurse	Registered Nurse	Registered Nurse

High Intensity Daily Personal Activities

High Intensity

Commitment

As an NDIS Provider of High-Intensity Daily Activities, Independent Living Victoria can support NDIS participants with health-related supports. These health-related supports are:

> Complex Bowel Care
> Enteral Feeding
> Urinary Catheter Management
> Subcutaneous Injections
> Diabetes Management
> Complex Wound Management
> Ventilator Management
> Seizure Management
> Tracheostomy Management

As a part of any community service or support delivered by support workers Independent Living Victoria will:

- Assess the initial care needs with the participant
- Develop plans with identified outcomes
- Provide written procedures on the provision of health-related support by the support worker - this may be included as part of the plan.
- Provide Policies and procedures that are clearly documented, accessible and only changed by the doctor, registered nurse or person deemed competent by the provider
- Identify education needs for support workers
- Provide relevant competency-based training and assessment processes for the support workers to ensure they are competent to perform the prescribed duties, tasks and interventions; and
- Monitor, review, evaluate and adapt as required the service, plans and outcomes with the involvement of the Participant

Support workers may:

- Perform any task on the plan apart from those that must be performed by a registered nurse
- Complete competency training and assessment in the task that is managed by a qualified healthcare practitioner provided by Independent Living Victoria.
- Follow the plan as provided
- Report to their supervisor any changes or variations for advice
- Note any changes in the plan and record them including the date and time of changes
- Report any issues arising from the delivery of health-related supported (such as: bowels not open, bleeding, constipation, diarrhea) to the service provider for further advice.
- Identify and report to their supervisor any gaps in their ability to deliver the required service

High Intensity Daily Personal Activities

High Intensity

Commitment

Health Support and Care Planning

Clinical nursing notes and assessment documentation must remain up-to-date and be based on current community nursing industry best practice standards.

The Registered Nurse must report the outcomes of each comprehensive assessment to the original referral source and the entitled person's GP if the GP was not the original referral source if required.

The outcome of each assessment must be recorded in the Support Plan and communicated to the entitled person's/participant and GP/LMO where relevant.

The Support Plan will be tailored to meet the entitled person's/participant's needs and help identify their strengths, areas of difficulty/needs and goals. The plan will be reviewed every 12 months to ensure that the services and supports are relevant.

Participant records including assessments, Support Plans, and Progress Notes are retained in the participant file.

Context – NDIS Skills Descriptors

Bowel care is a routine part of personal support. It requires a specialist level of support where the participant is at risk of severe constipation or faecal incontinence, for example, CP GMFCS1 levels 3,4,5; spinal injuries; some ABI and where the bowel care plan involves nonroutine treatment such as use of non-routine PRNs.

A bowel care plan has been developed and is overseen by a health practitioner. Minimum plan requirements include information on normal stool appearance for the individual; how to identify symptoms that require action, timing of intervention (how long before action is taken) and the action required.

Providers will support their workers and others involved in providing supports to: Follow personal hygiene and infection control procedures; recognise the intensely personal nature of this type of support and make sure of the participant's consent for the approach; observe and record change bowel habits; administer laxatives, enemas or suppositories according to procedure and identify when to seek health practitioner advice.

High intensity support work includes administration of non-routine medication as required. Providers will deploy staff with knowledge of: basic anatomy of the digestive system, importance of regular bowel care and understanding of stool characteristics indicating healthy bowel functioning and related signs and symptoms, basic understanding of related conditions including autonomic dysreflexia; symptoms/indications of need for intervention and when to refer to health practitioner e.g. overflow, impaction, perforation; infection, understanding of intervention options and techniques including administering enemas and suppositories, digital stimulation, massage etc. and related guidelines and procedures, nutrition and hydration requirements.

Complex Bowel Management

29. Complex Bowel Care

High Intensity

Bowel Health

Bowel health

Although it is common to have a bowel motion each day, there is no such thing as a 'normal' bowel habit. How often it happens is different for everyone, but most people have a pattern that is 'usual' for them.

Bowel health is directly related to good nutrition, and together they are essential for the overall health and wellbeing of the person. Bowel health can be adversely affected by many aspects of daily life, including:

- a diet lacking in fiber
- insufficient fluid intake
- disruption to regular diet or routine
- delaying bowel actions due to pain e.g. from haemorrhoids
- some medications
- recent illness or hospitalisation
- low activity levels and reduced mobility, and
- reduced physical and emotional wellbeing.

Having a healthy bowel is essential to good quality of life for all people, but is a subject that people are often unwilling to discuss. For this reason, it is important for carers to know the usual bowel habits of the person they support, and to recognise when something is wrong. When a person is experiencing problems with bowel function carers should understand:

- the issues that affect bowel function, especially for the person they support
- signs and symptoms of bowel problems
- why they need to document bowel patterns to detect changes, and
- the importance of involving health professionals to assess the causes of bowel dysfunction, especially for people with complex health conditions

29. Complex Bowel Care

High Intensity

Bowel Health

The Digestive System

The digestive system has both upper and lower digestive tracts. The upper digestive tract breaks down the food that you eat into the nutrients that fuel your body. The digestion of waste begins in the lower tract small intestine and large intestine. In a wave-like action called peristalsis, the waste is moved through the large intestine where water is removed, resulting in the left-over stool.

A bowel movement (BM) is normally initiated when enough stool collects in the rectum. The urge to empty the bowels intensifies as the rectum fills with stool. When going to the bathroom, the brain then signals the release of the anal sphincter muscle, and muscle action pushes the stool out through the anus.

The frequency between each BM normally differs greatly among people. Some people will normally have 1 to 3 movements per day. Normal frequency for some people can be as few as 3 times a week. Normal consistency of the stool can also vary. Although a normal BM should be easy to pass, some people may have harder or softer stools than others.

Reference: https://www.continence.org.au/about-continence/continence-health/bowel

The Digestive Process - University of Michigan Health System

A JOURNEY THROUGH YOUR DIGESTIVE TRACT

Watch to learn more.

29. Complex Bowel Care

High Intensity

Bowel Health

Nerve Function in Digestion

Nerve function to the bowel is complex due to the length of this huge organ. The function of digestion is controlled overall by the Autonomic Nervous System (ANS). The ANS is the part of the nervous system that works automatically or without voluntary control.

Most of the work of the bowel is accomplished through peristalsis or rhythmic muscle contractions as directed by the vagus and splanchnic nerves, among others. When food enters the stomach, the gastrocolic reflex is stimulated which causes the bowel to increase movement intensity. The bowel is constantly working to remove fluid in the digestive process without thinking about it. With paralysis, the bowel tends to slow the peristalsis process. Even though the bowel slows its movement of chyme (digesting food) through it, the body is still removing fluid.

The farthest end of the bowel is controlled by specific nerves. Thoracic nerves T9-L2 reduce peristalsis while contracting rectal sphincters. Spinal nerves S2-4 will speed peristalsis while relaxing the rectal sphincters to release stool at the appropriate time and place to evacuate your bowel unless interrupted by neurogenic bowel. This is an efficient process when nerve messages are able to be transmitted.
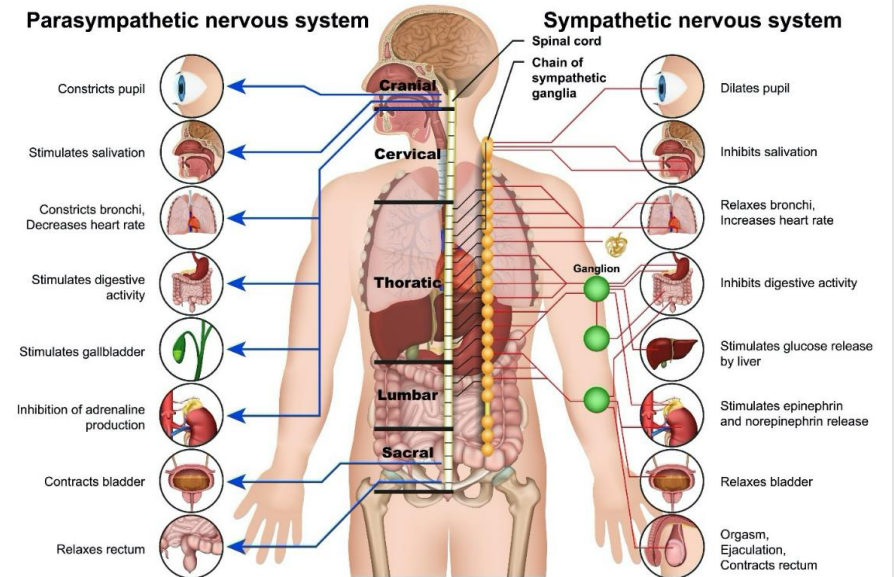
29. Complex Bowel Care

Bowel Dysfunction

Bowel health for people living with disability

People with disability are at risk of having a bowel that does not function properly (bowel dysfunction) for any or all of the reasons described above.

Some conditions make people with disability more vulnerable to bowel problems due to physical immobility, neurological injury or muscle weakness.

Bowel dysfunction – What is it?

Bowel dysfunction is described as difficulty passing faeces (sometimes called stools), or keeping faeces contained in the bowel, or passing faeces that is not considered to be 'normal' 2 in consistency.
Bowel dysfunction is classified under three headings:
- constipation and poor bowel emptying
- diarrhea
- faecal incontinence

Constipation can be caused by disorders affecting digestion and bowel function, psychological or neurological conditions, or a bowel that is not necessarily diseased, but does not function as well as it should. Constipation may be associated with low mobility, inadequate diet, slow movement of faeces through the bowel, or abnormality of the muscles involved in emptying the bowel (pelvic floor muscles).

Diarrhea can be acute and short lived, for example with food poisoning or a bowel infection, and may be spread to other people.
It can be chronic as a result of inflammatory bowel disease, irritable bowel syndrome and coeliac disease.
Diarrhea may also be caused by food allergies, medications, radiation therapy, overuse of laxatives and diabetes.

Faecal incontinence can be caused by poor muscle control, or muscle damage after surgery or child-birth, infection or inflammation of the bowel, irritable bowel syndrome, or stress from haemorrhoids or other conditions involving the rectum or sphincter muscle. It may also be developmental.

29. Complex Bowel Care

Signs and symptoms of bowel dysfunction

There are a number of signs of constipation including:
- straining or pain when trying to pass faeces
- lumpy or hard faeces
- feeling that the rectum is not completely empty
- having fewer than three bowel motions per week
- passing liquid stools (overflow) but having symptoms of constipation
- behaviour that is unusual for the person.

Diarrhea can be observed by a carer but is difficult to identify if the person uses the toilet and does not report it. It may be associated with stomach bloating and pain, and be accompanied by vomiting.

Signs of faecal incontinence include the person's inability to get to the toilet in time, and repeated occasions of soiled clothing.
Other signs of bowel dysfunction may be reported by the person or observed by a carer.

Any of the following signs require immediate referral to the GP or local hospital:
- vomiting blood or faecal matter
- diarrhea and/or vomiting that is more than a one-off event
- bleeding from the bowel
- fresh (red) or old (black) blood in faeces – see note below
- unusual pain before, during or after a bowel action.

NOTE Black faeces occur when a person is taking iron supplements. Take care not to confuse it with old blood in faeces which is also black.

29. Complex Bowel Care

High Intensity

Causes & Risks

Neurogenic bowel occurs with health concerns of chronic illness or trauma such as spinal cord injury, stroke, brain injury, Parkinson's disease, myelomeningocele, amyotrophic lateral sclerosis, multiple sclerosis, sacral nerve injuries, diabetes mellitus or other neurological disease.

Some individuals such as those with multiple sclerosis or diabetes have a bowel concern such as difficulty holding stool, but as their disease progresses, might evolve into neurogenic bowel.

Those with a neurogenic bowel diagnosis can also concurrently have other bowel complications and diseases such as constipation, colitis, or irritable bowel syndrome among many others

29. Complex Bowel Care

High Intensity

Causes & Risks

Autononomic Dysreflexia

Autonomic dysreflexia (AD) is an issue in the autonomic nervous system.

Motor nerves control all the movement in the body. Movement includes moving your muscles to allow function to your arms and legs but also to adjust temperature and blood pressure as well as internal body functioning.

Individuals with injury from disease or trauma to the upper motor nerves are at risk for autonomic dysreflexia.

Symptoms of Autonomic Dysreflexia (AD)
The characteristics of symptoms for AD vary by individual. Some individuals have extremely mild symptoms that are unfortunately often ignored.

Typical symptoms of AD in adults can include:

- Hypertension (A fast increase in blood pressure, 20-40 mm Hg systolic higher than usual)
- Bradycardia (slow heart rate) or Tachycardia (fast heart rate)
- Pounding headache
- Apprehension/anxiety/ uneasy feeling
- Changes in vision
- Nasal congestion
- Sweating
- Flushed skin
- Goosebumps
- Tingling sensation

29. Complex Bowel Care
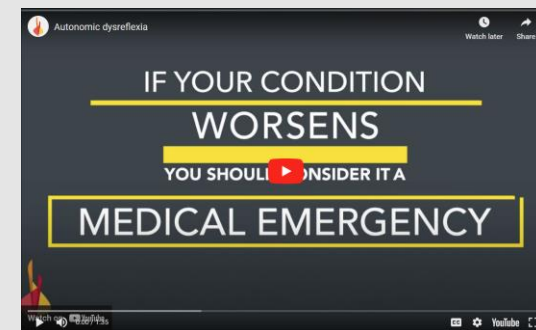
High Intensity

Causes & Risks

Treatment & Response to an AD episode

1. AD is a medical emergency. When blood pressure is raised, you need to act immediately. Do not hesitate to call if needed.
2. When AD symptoms are noted, start by first quickly sitting the client bolt upright. The torso and hips should be at a 90-degree angle. The sudden change from laying to sitting takes advantage of orthostatic hypotension when the blood pressure suddenly drops as the blood vessels cannot constrict to rush blood to your head fast enough.
3. Continue to monitor blood pressure every 2-3 minutes until it returns to the client's normal.
4. Loosen anything tight or restrictive on the body while supporting the person into the sitting position.
5. Look for the cause of this episode of AD. Start with checking the three most common triggers for AD. Check urine flow. Catheterize if necessary (if there is no or little urine output). Then check the bowel for blockage. Disimpact the bowel if stool is present. Then check the skin removing wrinkles, constrictions or tight clothes.

If AD does not start to resolve with corrections, call 000.

Source: Christopher Reeve Foundation www.christopherreeve.org

6. If the client has medication prescribed for AD administer it.
7. Blood pressure should begin to lower and correct itself. Continue to monitor blood pressure for at least two hours.
8. If the trigger or multiple triggers are found and removed or corrected but blood pressure remains elevated, call 000. Medical attention is needed immediately to prevent a cardiovascular event such as stroke, cardiac arrest, seizures, retinal hemorrhage, pulmonary edema, and death.

29. Complex Bowel Care

High Intensity

Monitoring

Monitoring and supporting bowel health

Carers are not required to diagnose health problems. However, they are required to monitor and report regularly on the health and wellbeing of the people they support, including their bowel health.

What you can do to support the person to have a healthy bowel:

1. Learn about the person's usual bowel habit so you can identify when there is a change. A Bowel Chart and the Bristol Stool Chart are included among the Health Planning tools for recording bowel habits. These can also help you to know when medical intervention is required.
2. Use the Bowel Chart to record when the person has a bowel motion and the Bristol Stool Chart to describe what the motion looks like.
3. When the Bowel Chart shows that the person's bowel habit has changed (refer to signs and symptoms for commonly observed changes) record it in the person's Progress Notes.
4. As much as is possible, talk to the person about the observed change in bowel habit in case there has been some variation in the person's circumstances that might explain the change, for example, new medication, different diet or recent illness.
5. Report the change to the Registered Nurse or GP and agree on a plan of action.
6. Review the participant's Progress Notes and Bowel Charts for any previous occasions of changed bowel habits and what action was taken.
7. If there is an ongoing concern (see the previous page for signs that require immediate referral to the GP or hospital), make an appointment with the person's GP, as soon as possible, for an assessment of the observed changes.
8. The carer who is most familiar with the person, and this particular health issue, should accompany the person to the GP appointment.

- Take the person's Bowel Chart, Medication Chart and Individual Support Plan to the GP appointment.
- Following a diagnosis and recommendations by the GP, continue to monitor the person's bowel habit and blood pressure if at risk of AD
- If the GP has developed a bowel care plan, follow it and record what happens in the Bowel Chart.

Take the person back to the GP if there has been an AD event.

29. Complex Bowel Care

Causes & Risks

Monitoring bowel health

The Bristol Scale is a standard language to describe stool using consistent terminology.

Support Workers are required to monitor the participant's stool, observe any changes and record observations in the client's Bowel Chart

BRISTOL STOOL CHART

	TYPE 1	Separate hard lumps, like nuts
	TYPE 2	Lumpy and sausage-like
	TYPE 3	Sausage share with cracks
	TYPE 4	Like a smooth soft sausage or snake
	TYPE 5	Soft blobs with clear-cut edges

29. Complex Bowel Care

Health professionals

The Support Worker supports the person to communicate bowel problems to the GP for diagnosis and treatment. The GP may not diagnose bowel dysfunction during the person's annual health assessment unless the person or carer report changes in bowel habits to the GP at the time.

If the person needs a bowel care plan, the GP develops one with the person and carer. Before leaving the surgery the person and carer should be certain that they understand how to implement the bowel care plan.

IMPORTANT Confirm with the GP what should happen following implementation of the bowel care plan, and how long it should take for the problem to be resolved.

Depending on the diagnosis, the GP may refer the person to another health professional such as a gastroenterologist or a dietitian. If the person's bowel dysfunction is chronic or complex, the GP has access to Medicare items for referring the person to a multidisciplinary team for management.

A health professional may also prescribe bowel retraining after illness or surgery. The person could require special equipment prescribed by an occupational therapist for seating in the best position to empty the bowel.

The person may need a nutrition review by a dietitian to establish the right amount of fiber and fluid for continuing bowel health.

A person with faecal incontinence may experience skin problems from exposure to faecal fluids and constant cleaning, and require a skin care assessment by a specialist.

There are many treatments for bowel dysfunction, and health professionals will prescribe different treatments depending on the diagnosis, their preferred approach, and other elements of the person's health and wellbeing.

29. Complex Bowel Care

Some examples of common treatments that can be safely administered by carers are:

Oral - laxatives	Action	Comments
Lactulose, Duphulac, Actilax	Increase water content in stools to make them more bulky and softer	Used for adults. Small doses of Lactulose and Duphalac are used in children with mild constipation.
Movicol,	Increases water content in stools to make them more bulky and softer	Used for adults and children with chronic or more severe constipation that requires a daily medication.
Metamucil, Benefiber	Adds fiber to stools to make them more bulky	Dissolve in fluids for easier administration
Senna, Osmolax	Stimulates peristalsis in the bowel	Senna: Long term use should be avoided due to adverse effect on bowel motility
Coloxyl	Softens hard stools	Safe for long term use
Glycerol	Stimulant suppository	Works well and is low risk
Microlax	Enema to soften stools	Low risk

Treatment

Some treatments are administered by a health professional, either a gastroenterologist, GP or a nurse specialist. Other treatments can be administered by the person, their nominated carer or Support Worker.

Treatments that are safely administered by a person or carer, are taken either by mouth (orally) or inserted into the rectum. The method of administration, the dose and frequency is prescribed by the health professional.

Support Workers should request information and support from the health professional if they are to implement prescribed treatments.

Due to the intrusive nature and possibility of injury associated with rectal enemas, it is not recommended that carers, as defined in these Guidelines, administer enemas other than Microlax.

Microlax enemas are suitable for children less than three years old and, as such, present minimal risk of injury to children or adults during administration. Consumer Medication Information is available for all medications, and carers should read it before administering Microlax and any other bowel medication.

For rectal enemas, Support Workers must be trained, and assessed as competent to perform Medication Administration – Enemas by Independent Living Victoria' Registered Nurse

29. Complex Bowel Care

High Intensity

Treatments

Digital Rectal Stimulation Digital rectal stimulation is a technique used to stimulate the bowel reflex to start a bowel movement. This is also referred to as anal sphincter relaxation.

Steps:

1. Gather equipment including gloves, lubricant and wipes

2. Don gloves and lubricate gloved finger

3. Communicate with client that procedure will commence

4. Gently insert a well lubricated gloved finger (or adaptive device) 2 centimetres inches into rectum. This is to the first knuckle joint. Insertion of the finger without gentle stretch may be sufficient for bowel action to commence.

5. Hold in a gentle stretch or rotate finger in a smooth circular motion for 10-30 seconds keeping the finger in contact with the rectal wall to trigger the bowel reflex and muscle contractions.

6. Allow the passage of stool or faeces. Use wipes to gently clean the area if necessary. Double bag used consumables and discard in general waste.

7. If no stool or faeces passed, encourage the client to practice deep breathing. Digital stimulation can be performed 5-10 minutes apart, up to four times, until stool is expelled.

8. Document procedure and bowel movement in Bowel Chart

Anal sphincter relaxation is a method of management used in reflex or upper motor neuron lesions. This technique is useful in evacuation of the lower bowel by relaxing the anal sphincter muscle.

The area around the anus and the anal sphincter muscle is sensitive.

Over stimulation can result in damage to soft tissue and spasms.

Observe for spasm & or signs of Autonomic Dysreflexia & discontinue procedure if noted.

Stop procedure if the client is expressing discomfort.

Contact Care Coordinator and follow instructions.

29. Complex Bowel Care

High Intensity

Treatments

Insertion of Suppository

Inserting the suppository may work better when lying down as it may fall out while sitting up on commode or raised toilet seat.

1. Check bowels first by gently inserting a well lubricated gloved finger into the rectum.

2. If there is stool present, hook the stool with the gloved finger to remove it.

3. Then place the lubricated, medicated suppository into the rectum against the wall of the bowel.

29. Complex Bowel Care

Abdominal massage

1. Ensure client is in a comfortable position, this can be lying on back or sitting. Use both hands to put gentle pressure on the abdomen.
2. Start at the right lower side of the abdomen. Slowly make circles in a clockwise direction using gentle pressure.
3. Then, use the palm of your right hand to apply gentle pressure to the inside of the hip bone.
4. Release and apply pressure to the right side, underneath the center of the ribs, and the left side.
5. Switch to your left hand to apply pressure to the inside of the left hip bone.
6. Use your fingertips on both hands to press into the abdomen and pull up.
7. Again, start in the bottom right and move clockwise.

You can repeat any of these steps multiple times, but be careful not to overdo it.

Abdominal Massage can cause complications of hemorrhoids, abdominal pain, anal fissures and rectal prolapse. It will only be done as part of the bowel management plan developed by a health practitioner and under instruction and supervision by the RN

Be sure to observe the client for any displays of discomfort and stop immediately if client expresses any pain.

30. Enteral (NSO-Gastric Tube) Feeding and Management

High Intensity

PEG Feeding

A PEG is a feeding tube, which passes directly into the abdominal wall so that nutrition can be provided without chewing or swallowing. A dietician will prescribe a liquid formula, which is the most suitable for the individual, which contains all nutritional requirements including protein, fat, carbohydrate, fluid, vitamins and minerals.

There are **three main ways** that the liquid feed can be administered:

- By bolus method - the liquid feed is poured down a syringe into the tube. This is the most common method of PEG feeding
- By gravity - a bag of liquid food is hung from a stand and allowed to drip through the tube
- By an electric pump 5

The **primary goals** of long-term enteral nutrition are to:

- Maintain body weight or facilitate weight gain where clinically appropriate
- Correct Nutritional deficiencies and maintain adequate hydration
- Promote growth in children with growth faltering, and
- Prevent deterioration and/or improve quality of life

Implementation of Home Enteral Tube Feeding

Correct feeding position
- Sit in a chair
- In bed with head raised at least 30 degrees
- NEVER whilst participant is lying flat
- To remain in an elevated position for 30 minutes post feed

IMPORTANT: If participant starts to cough, choke or have difficulty breathing while feeding - stop the feed and contact Paramedics on 000 immediately.

How to use formula in cans or long-life cartons
- Get the formula ready
- Wash your hands
- Use clean (not necessarily new) equipment
- Shake can or carton well before opening it
- Wipe top of can or carton with a clean, damp cloth

Storing formula
- Store unopened cans of formula in a dry, cool place
- Keep unused, opened formula in the fridge
- Throw away any formula not used in 24 hours
- Do not heat the formula

30. Enteral (NSO-Gastric Tube) Feeding and Management

High Intensity

Naso-Gastric Feeding Tube

Naso Gastric Feeding Tube

How to:
- Prepare the participant
- Collect and prepare the equipment
- Care for a naso-gastric feeding tube.

Related information
- Before a feed is commenced ALWAYS check that the naso gastric tube is still in the participant's stomach.

Equipment
- Sterile water
- PH indicator strip

Procedure
- Perform hand hygiene
- Collect and prepare the equipment
- Explain procedure to the participant and gain consent and co-operation
- Note the position of the tube where it comes out of the participant's nose. Flocare tubes have graduated marks from 20-100 cm. Alternatively, a small piece of tape can be struck around the tube as a marker guide. If a mark is further out than usual, the tube may no longer be in the correct position
- Aspirate some gastric content with a 50 ml syringe and test with PH indicator strip. PH indicator strip will record 0-5 in the presence of gastric juices

Procedure continued

- Flush the naso-gastric tube before and after feeds with 30-50mls of sterile water and likewise if giving medicines via this route. Medicines must be in liquid form. If several medicines are to go down the tube, flush in between each with 20mls sterile water
- If client is in bed - Elevate head of bed by at least 30º during and for one hour after feed, to prevent aspiration
- If the naso-gastric tube becomes blocked, try flushing with 30-50ml of warm water. If this fails, a new tube may be required
- Always ensure naso-gastric tube is well secured
- Always ensure participant's nostrils are kept clean and well lubricated
- Perform hand hygiene
- Document the procedure, monitor after-effects and report abnormal findings immediately

30. Enteral (NSO-Gastric Tube) Feeding and Management

High Intensity

Care of PEG Tube

Percutaneous Enteral Gastric (PEG) Tube – Care of

How to:
- Prepare the participant;
- Collect and prepare the equipment;
- Care for a PEG feeding tube.

Related information
- Before a feed is commenced ALWAYS check that the level on the disc on the PEG tube remains at the same centimetre level as at the time of insertion.

Equipment
- Sterile water

Procedure
- Perform hand hygiene
- Collect and prepare the equipment
- Explain procedure to the participant and gain consent and co-operation
- Inspect site daily, observing for pain, swelling, redness or leakage
- For the first 48 hours after insertion, clean site with Betadine and leave site exposed where possible, thereafter clean daily with soap and water, paying particular attention to area under disk, dry thoroughly and leave exposed;
- Rotate PEG tube 360º daily, to prevent a build-up of scar tissue inside the stoma and assist cleaning
- Flush tube before and after feeds with 30-50mls of sterile water. If medicines are being given via this route, flush after each medication with 20mls of sterile water. Medicines must be in liquid form

Procedure Continued

- Elevate head of bed at least 30º during and for one hour after feed to prevent aspiration
- If tube becomes blocked, flush with 30-50mls of warm water or soda water;
- Observe for abdominal distension, aspiration of feed, diarrhea or faecal impaction while the participant is having PEG feeding
- Perform hand hygiene
- Document the procedure, monitor after-effects and report abnormal findings immediately.

30. Enteral (NSO-Gastric Tube) Feeding and Management

High Intensity

PEG Feeding

Example of feeding plan-using bolus feeds

Formula Name	Resource ®2:0 Fibre					
Total Volume 24hrs	1422					
Volume of formula per feed	237mls					
20ml Water flush before and after feeds/medications	240-440ml					
How many feeds 24hrs	6 feeds					
	0600	1000	1400	1800	2200	2400
Total Volume of fluids via PEG 24hrs	1662-1862ml					
How much energy 24hrs	8132Kj					
Notes						
Texture of oral feeds	Pureed					
Thickness of oral fluids	Nectar consistency					
For dietician review	26/8/2016					
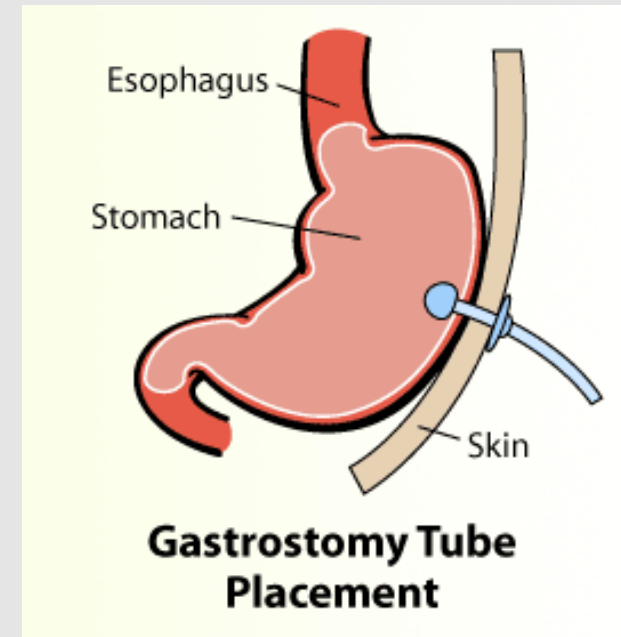
Esophagus

Stomach

Skin

Gastrostomy Tube Placement

30. Enteral (NSO-Gastric Tube) Feeding and Management

High Intensity

PEG Feeding using a syringe

PEG feeds using a syringe

Wash hands
Refer to the client's Mealtime management Plan & Feeding Chart
Gather all supplies needed: Formula, Water in cup, Syringe
Wipe surface prep area
Apply any PPE as required
Discuss procedure with client and obtains verbal consent if client able to provide consent
Verify correct position of client and ensures client comfort
Draw up liquid and or prepared food in syringe, connect to peg tube and administer slowly and carefully • Fill syringe with the set amount of warm water and gently push it through the feeding tube • Remove plunger from syringe • Connect syringe to feeding tube • Pour formula into syringe • Hold the syringe higher than where the feeding tube goes in • Let the formula run in slowly by gravity. If you have a thin tube you may need to use the syringe plunger to gently push the formula through your tube. • Try not to let the syringe get empty before refilling it, as air will enter the stomach • Allow sufficient time to give each feed • Flush tube with the prescribed amount of water
Disconnect tube/turn off pump
Discard all used supplies wipe surfaces used, hand hygiene complete
Ensure client is comfortable and observe for any symptoms or need for intervention
Document procedure and volume administered in notes complete with sufficient detail to support continuity of care

Care of equipment

- Wash all equipment in warm, soapy water.
- Rinse thoroughly with clean water and dry well. Store in a covered container. In the warmer weather store all clean equipment in the refrigerator
- Replace all syringes weekly

30. Enteral (NSO-Gastric Tube) Feeding and Management

High Intensity

PEG Feeding using a syringe

Trouble shooting

Blocked tube
- Check that feeding tube is not kinked.
- Gently massage the tube with the fingers from the insertion site out.
- Flush the tube with warm water.
- Push the water gently, and then with increasing pressure for 10-15 seconds.
- Pull back a few times for a few minutes.
- If unsuccessful, wait for 30 minutes, then repeat the push and pull steps.
- If tube still remains blocked, please contact Independent Living Victoria main office.

Prevent blocked tube

- Always crush medications before giving through the feeding tube.
- Always flush the feeding tube with water before, between and after giving medications..
- Always begin and finish each feeding session with a water flush. This keeps the tube clean and stops feed building up inside the tube.

Contact RN if participant

- Has a chest infection, or coughing whilst having feeds.
- Has inflammation, swelling, pain, redness, oozing or leakage around tube site.
- Has diarrhea for more than 1 day.
- Is vomiting.
- Has a fever.
- Feeding tube comes partially or completely out.
- If the following symptoms don't go away
  - Nausea
  - Stomach bloating
  - Constipation

30. Enteral (NSO-Gastric Tube) Feeding and Management

High Intensity

PEG Tube – Administer medication

Percutaneous Enteral Gastric (PEG) Tube – giving medications

IMPORTANT - Always check with Pharmacist or Medical Officer before giving medications via PEG

Check the following

- Does the medicine come as a liquid?
- Can the medicine be crushed?
- Should the medicine be given on an empty or full stomach?

1. **Prepare Equipment**
   - Medications
   - Tap water
   - 50ml Syringe

2. **Prepare each medication separately.** Do not mix two or more medications together, whether solid or liquid formulations, as this can create a new unknown entity with an unpredictable release and bioavailability.

3. **Flush feeding tube** with amount of water noted in Support Plan in the side port

4. **Connect syringe** to medicine side port on tube, or to end of tube if medicine port is not available, and gently push medication in

5. **Flush** again with amount of water identified in Support Plan to remove all traces of medicine and to prevent tube clogging

6. **Given each medicine separately.** If giving more than 1 medication talk to your health care professional about flushes between medicines or amount recommended by your health carer

Administration of Medication Procedure

Medication   Preparation

Preparation of medication for administration via PEG

- **Capsules.** Open immediate-release capsules and completely remove the powder or crush the solid contents. If prepared in a container (e.g., medicine cup), rinse the container to collect all the particles into the syringe.

- **Tablets.** Certain immediate-release tablets can be dispersed in water (in an the dedicated syringe), so the practitioner does not need to crush them. Pharmacists can be consulted for such information. If the formulation requires crushing, then crush the tablet into a fine powder using a self-contained pill-crushing device such as the RxCrush or the Silent Knight Pill Crusher.

- **Liquids.** Draw up the prescribed dose into a the dedicated syringe. If dilution is needed, pull in some air prior to adding the diluent.

- **Dilute and disperse.** Mix each crushed solid and appropriate liquid medication with purified water free of chemical contaminants, microorganisms, and pyrogens (e.g., sterile water for irrigation). Gently agitate to disperse.

- **Do not mix medications with formula.** Avoid directly adding medications to the feeding formula as this could cause drug-enteral nutrition interactions (i.e., incompatibility and instability) as well as tube blockages.

30. Enteral (NSO-Gastric Tube) Feeding and Management

Percutaneous Enteral Gastric (PEG) Tube – Complication Management

IMPORTANT - Always notify the RN of any incident per the below

Accidental Removal/Dislodging of Tube Procedure

- **Do not give water, food or medication to the participant.**
- **Do not attempt to reinsert the tube into the stoma.**
- Ensure that the exposed stoma is covered with a sterile dressing.
- Contact the RN immediately for further advice.

Nausea, Reflux, and Vomiting Procedure

- **Do not give water, food or medication to the participant**
- Observe for formula in or dribbling from mouth
- Check if the participant has a temperature
- Ensure that the participant is sitting upright at a 30 degree or more angle.
- Always ensure to vent stomach gases prior to feeds.
- Always ensure that feeds are at room temperature.

Aspiration Procedure

- **Cease feeding immediately**
- **Contact RN On Call immediately**
- Observe for symptoms such coughing, choking, wet or gurgly voice after feeding, recurrent chest infections, increased temperature, vomiting, laboured breathing.

Stoma Care – Granulation, Irritation and Infection Procedure

- Ensure that the tube is vented prior to each feed.
- Apply foam or sterile gauze dressing per stoma management advice to absorb leakage.
- Contact RN if signs of skin irritation, redness, pain, swelling or discharge persists.

31. Severe Dysphagia Management

High Intensity

Objective

By the end of this training you should know how to identify and manage dyshpagia-related risks. Additional person-centred training will be provided in the service environment.

Independent Living Victoria will proactively manage dysphagia-related risks by:

- following expert advice and plans provided by qualified health practitioners
- ensuring all relevant workers have access to and understand expert advice and plans provided by qualified health practitioners
- ensuring our risk management practices in line with our Risk management policy and all relevant legislation
- conducting a needs/risk assessment for every participant
- regularly reviewing and updating each participant's assessment in response to changing participant needs
- ensuring workers are familiar with all relevant risks and are implementing risk management strategies
- analysing and managing dysphagia-related risks:
  - during staff meetings
  - in participants' documentation
  - during day-to-day procedures
  - when managing participant intake, transition and exit

Assessing dysphagia management needs

We identify participants that require dysphagia management within intake.

If the participant does not have a management plan, with the participant's consent, we assist the participant to access the services of an appropriately qualified health professional for:
- assessment
- diagnosis
- treatment options
- development of a suitable mealtime management and dysphagia management plans.

In addition, we will ensure that an appropriately qualified health professional conducts regular and timely reviews of the participant's plans as often as necessary. This may need to be done if:
- the participant's needs change
- additional difficulties are observed.

We will undertake ongoing monitoring and evaluation of each participant's dysphagia to ensure all plans are up-to-date.

31. Severe Dysphagia Management

High Intensity

Worker training

Comprehensive training and knowledge is important for identifying and managing all levels of dysphagia. It helps to minimise risks of serious health complications and improve quality of life.

Independent Living Victoria will ensure that each worker that will be undertaking dysphagia management has the ability to do so in a safe and effective manner. This will be done through worker training. Each worker undertaking dysphagia management must have a training plan in place.
An appropriately qualified health practitioner with expertise in severe dysphagia management will deliver training.

All training will cover the requirements of the NDIS Practice Standards High Intensity Skills Descriptor for severe dysphagia management.

Skills Descriptors

- Knowledge and implementation of policies, procedures, and action plans related to supporting a person with severe dysphagia;
- Ability to recognise and respond to the signs, symptoms and risks associated with severe dysphagia;
- Knowledge and avoid the hazards, risks and adverse events associated with not following the person's mealtime management plan.
- Training with a qualified health practitioner for the management of Severe Dysphagia

31. Severe Dysphagia Management

High Intensity

Training

Person-centred training will cover:

•the specific needs and preferences of the participants the worker will be supporting
•the specific skills needed to carry out every aspect of each participant's mealtime and dysphagia management plans
•the signs and symptoms of dysphagia
•how to monitor for symptoms of dysphagia
•the NDIS high intensity support skills descriptor for severe dysphagia management
•risks associated with dysphagia and relevant management strategies
•the use of relevant feeding and swallowing aids (e.g. assistive plates and bowls, adaptive utensils, drinking aids)
•procedures and actions for identifying and responding to early signs of dysphagia

Training on procedures and actions for responding to dysphagia-related emergencies and incidents, including:

•immediate first aid emergency response to ensure safety, such as cardiopulmonary resuscitation (CPR) and relevant emergency choking protocols
•how and when to contact emergency services
•how and when to escalate incidents to key management personnel
•how to provide safe and enjoyable meals in line with:
    •the advice of qualified health professionals
    •each participant's mealtime management plan
    •all relevant health standards and regulations

•if required, how to prepare texture-modified food and drinks, in line with the participant's dysphagia management plan.

31. Severe Dysphagia Management

High Intensity

What is Dysphagia?

Dysphagia is a medical term for any difficulty with swallowing. It is associated with a wide range of disabilities and health conditions.
People with disability who have dysphagia are more likely to die from choking or respiratory illnesses or have serious health complications because of poor management of dysphagia.
Dysphagia occurs when one or more of the four phases of swallowing is disrupted.

There are two main types of dysphagia:

1. Oropharyngeal dysphagia – trouble with moving food around the mouth and forming a bolus, as well as 'initiating a swallow'.

2. Oesophageal dysphagia – the sensation of having food stuck in the throat or chest when swallowing and participants may complain of chest pain.

Source: https://www.health.vic.gov.au/patient-care/swallowing-process-and-its-impact-on-health-impacts-of dysphagia

Impacts of dysphagia

Participants with severe dysphagia are at higher risk of a variety of health complications, including:

- dehydration
- poor nutrition
- pulmonary aspiration
- choking
- respiratory illnesses.

31. Severe Dysphagia Management

High Intensity

Dysphagia management plans

Each participant requiring dysphagia management will be involved in the assessment and development of their dysphagia management plan. This is developed by a Health Professional.

The dysphagia management plan covers:
- the participant's individual needs and preferences (relating to food, fluids, preparation techniques, feeding equipment and any other relevant areas of dysphagia management)
- how risks, incidents and emergencies will be managed to ensure participant wellbeing and safety
- actions and plans for escalation (in cases of incidents and emergencies).

Our Registered Nurse reviews the dysphagia management plan and ensures it can be accessed by all trained workers and participants within the service environment

Mealtime management plans

In addition to a dysphagia management plan, participants will require a mealtime management plan. The mealtime management plan will be developed by a competent Health Practitioner and person-centred training provided to Support Workers that are responsible for supporting the participant.

Health professionals involved in severe dysphagia management

Management for dysphagia should always be done with guidance from appropriately qualified health professionals.

The types of health professionals involved may depend on the participant's specific needs and the cause of their dysphagia.

In general, advice, assistance and guidance will need to be obtained from the following health professionals:
- speech pathologists
- doctors
- dieticians
- pharmacists
- physiotherapists
- occupational therapists

31. Severe Dysphagia Management

High Intensity

Mealtime management plans

A speech pathologist can prescribe and recommend specific actions for a person to eat and drink safely and develop a mealtime management plan for their needs. They will also specify when plans need to be reviewed.

A dietitian may contribute to the mealtime management plan by ensuring there is enough nutrition and hydration in the recommended modified meals. Mealtime management plans may include recommendations to:
- improve the seating and positioning supports for a person's safe positioning during meals
- modify food textures to make the food easier to chew and swallow
- provide specific mealtime assistance techniques, including any reminders about a safe rate of eating, or a safe amount of food in each mouthful
- respond to coughing or choking and make sure risks are monitored while a person is eating or drinking
- use feeding equipment for people who have severe dysphagia, including assistive technology such as spoons, plates, cups and straws; and tube feeding equipment for those with severe or profound difficulty swallowing who require tube feeding.

Part of assisting with meals includes monitoring participants for any issues with coughing, gagging, choking or breathing noisily during or after eating food, drinking, or taking medication.

There are 3 different levels of support required by participants:

1. The participant cannot put food or drink into their own mouth and someone else is needed to feed them

2. The participant requires assistance during a meal (e.g. guidance with utensils).

3. The participant is able to feed themselves but needs to be monitored for swallowing issues.
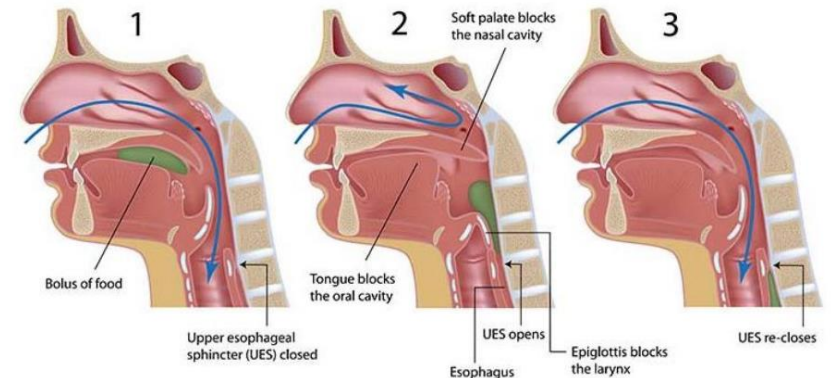
31. Severe Dysphagia Management

There are 4 phases of swallowing:

1. Oral Preparatory Phase – also known as the pre-oral stage, involves the cognitive response to food and fluid and the ability of the person to think about eating. This is the initial phase, which starts with the mouth closing and chewing the food.

2. Oral Transit Phase – is where the tongue works to move the food back towards the throat. Food and liquid is chewed and mixed with saliva, which is then pushed into the pharynx by the tongue.

3. Pharyngeal Phase – is where the soft palate elevates and creates pressure within so food doesn't go back into the nose. The food or fluid reaches the pharynx and triggers the swallow reflex. This acts to protect the airway so that food or fluid pass into the oesophagus and not into the lungs.

4. Oesophageal Phase – is the final stage and involves the passage of the food and fluids down the food pipe (the oesophagus) into the stomach.

Source: https://www.health.vic.gov.au/patient-care/swallowing-process-and-its-impact-on-health#the-swallowingprocess

Swallow Function

31. Severe Dysphagia Management

Risks associated with eating and swallowing

Aspiration - occurs when material is ingested and ends up in the lungs. This may be food particles, fluids, oropharyngeal secretions containing infectious agents or bacteria, which can cause an inflammatory condition. Patients with dysphagia are at increased risk of developing aspiration, as are patients who are critically ill.

Silent aspiration - is aspiration without any key clinical symptoms and signs, making it difficult to identify without imaging and assessment. However, it is common, occurring in more than 50 per cent of patients who aspirate.

Aspiration pneumonia and pneumonitis - Dysphagia is also a risk factor for aspiration pneumonia – pneumonia caused by inhaling secretions or food that have been colonised by bacteria. Aspiration pneumonitis is caused by aspirating gastric contents. It is the most common cause of death in patients with dysphagia.

Choking - is a major cause of preventable deaths for people with disability. These deaths can be prevented by reducing a person's exposure to factors that may increase their risk of choking. The risk of accidental choking can be reduced by following expert advice from speech pathologists and other specialists.

Early identification and management of swallowing problems can minimise risks of health complications.

31. Severe Dysphagia Management

High Intensity

Severe Dysphagia Management

Signs and symptoms of swallowing and feeding difficulties

A person may have dysphagia if they show signs and symptoms such as:
• difficult, painful chewing or swallowing
• a feeling that food or drink gets stuck in their throat or goes down the wrong way
• coughing, choking, or frequent throat clearing during or after swallowing
• having long mealtimes e.g. finishing a meal takes more than 30 minutes
• becoming short of breath when eating and drinking
 • avoiding some foods because they are hard to swallow
• regurgitation of undigested food
• difficulty controlling food or liquid in their mouth
• drooling
• having a hoarse or gurgly voice
• having a dry mouth
• poor oral hygiene
• frequent heartburn
• unexpected weight loss
• frequent respiratory infections.

Source: https://www.ndiscommission.gov.au/sites/default/files/documents/2020-11/practice-alert-dysphagia-safeswallowing-and-mealtime-management.pdf

If a participant shows any sign or symptom of swallowing difficulty, you should support them to consult a GP and a speech pathologist promptly, so they can assess their swallowing and mealtime assistance needs, as well as review their general health.

31. Severe Dysphagia Management

High Intensity

Risks associated with not following the mealtime plan

A Mealtime Management Plan (MMP) is a plan which prescribes specific support recommendations for the person to eat and drink in a safe and nutritious way. Developed by a health professional, its purpose is to minimise risk to the client / participant.

However, plans can recommend thickened liquids, that participants may find unpalatable, or the exclusion of certain foods from a participant's diet, which they may crave. Participants may refuse certain prescribed foods or drinks, particularly if they are new to them, or they may want to eat something that is not on their plan.

Any deviations from the plan, even at the request of the participant, can increase risk to the participant and must be discussed with the RN. It should also be documented on your Progress Notes.

If a person receives enteral nutrition as well, their support requirements will be recorded in their Enteral Nutrition Plan. Only trained support workers can administer any peg feeding required by the participant in accordance with the Enteral Nutrition Plan. See: Enteral Feeding & Management

Dysphagia and Enteral Nutrition

If the participant is receiving naso-gastric, naso-duodenal or gastrostomy feeding (peg feeding), they will have an Enteral Nutrition Plan.

There are two types of Enteral Nutrition Plans:

• Enteral Nutrition Plan – Plus Oral Intake

• Enteral Nutrition Plan – Nil by Mouth Enteral Nutrition Plan – Plus Oral Intake means that the participant may also have drinks and eat some foods.

The Enteral Nutrition Plan – Plus Oral Intake will outline all food and drink requirements and will supersede the Mealtime Plan.

31. Severe Dysphagia Management

Signs of Severe Dysphagia

- drooling and leakage of saliva, food, and/or drink;
- ineffective or incomplete chewing
- food or liquid remaining in the mouth after swallowing;
- the individual may struggle to close their lips while eating or drinking, leading to leaking (drooling) food or drink from the mouth;
- extra time needed to chew or swallow;
- changes in eating habits;
- avoidance of certain foods and/or drinks (such as chips or
- food and/or liquids leaking from the nasal cavity;
- complaints of food "sticking" or complaints of food feeling stuck in the neck;
- complaints of pain when swallowing;
- changes in the client's voice during or after eating or drinking, may sound wet or gurgly;
- coughing or throat clearing during or after eating or drinking;
- difficulty coordinating breathing and swallowing;
- acute or recurring aspiration pneumonia/respiratory infection and/or fever

Signs of Choking

Participants with dysphagia, especially severe dysphagia, face a higher risk of choking. Instances of choking should be treated seriously, as choking can result in severe injuries and death.
The signs of choking can vary depending on the severity and cause of the obstruction. Signs of choking include:
- clutching at the throat
- neck or throat pain
- inability to talk, swallow and/or breathe
- coughing, wheezing or gagging
- chest pain
- inability to make any sounds at all
- no air coming out of nose or mouth
- unusual breathing sounds, such as wheezing or whistling
- a change of colour in the body (e.g. blue lips, face, earlobes or fingernails)
- loss of consciousness

31. Severe Dysphagia Management

Severe Dysphagia– Complication Management

IMPORTANT - Always notify the RMO and Independent Living Victoria Management of any incident per the below

Aspiration Procedure

- **Cease feeding immediately**

- **Contact On-Call and RMO immediately**

- Observe for symptoms such coughing, choking, wet or gurgly voice after feeding, recurrent chest infections, increased temperature, vomiting, laboured breathing.

Choking Procedure

- **Do not give water, food or medication to the participant**

- Ensure that the participant is sitting upright at a 30 degree or more angle.

- Always ensure to vent stomach gases prior to feeds.

- Always ensure that feeds are at room temperature.

31. Severe Dysphagia Management

High Intensity

Responding to coughing or choking / emergencies

If someone is choking and cannot breathe, call triple zero (000) and ask for an ambulance.

If the person becomes blue, limp or unconscious, call triple zero (000) and ask for an ambulance.

1. Try to keep the person calm. Ask them to cough to try to remove the object

2. If coughing doesn't work, call triple zero (000) for an ambulance.

3. Bend the person forward and give them up to 5 sharp blows on the back between the shoulder blades with the heel of one hand. After each blow, check if the blockage has been cleared.

4. If the blockage still hasn't cleared after 5 blows, place one hand in the middle of the person's back for support. Place the heel of the other hand on the lower half of the breastbone (in the central part of the chest). Press hard into the chest with a quick upward thrust, as if you're trying to lift the person up. After each thrust, check if the blockage has been cleared.

5. If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical help arrives.

6. If the patient becomes blue, limp or unconscious, start CPR immediately. Document any incidents in the Accident / Incident Report

32. Urinary Catheter Management

High Intensity

Indwelling Catheter Care

Urinary - Indwelling Catheter Care

Objectives
- By the end of this section you should know how to care and maintain a urinary indwelling catheter.

Procedure and Equipment
A closed drainage system must always be used and the following should be considered when selecting the drainage system
- Sufficient length of tubing;
- An aspiration port to allow the taking of specimens
- Non-return valves
- An outlet tap allowing the bag to be emptied without disconnecting it from the catheter.
- The outlet tap must **NEVER** touch the floor. Always position the drainage system so that the bag is always below the level of the bladder. participants who get up out of bed should be fitted with a leg bag. Always make sure the leg bags are well anchored down using straps or bag holders. A 'G' strap can be used to anchor the actual catheter to prevent the 'pistoning' effect, which can occur causing urethral trauma. An overnight bag can be attached to the leg bag when the participant is in bed. A bag holder should always be used to prevent traction on the drainage system when the participant is in bed. Bed bound participants may only require a larger overnight bag attached to the catheter.

Valves
A catheter valve can be used in place of drainage bags. This is inserted into the catheter and the bladder is drained intermittently. This enables the drainage of urine without having bags to contend with. Catheter valves should be changed every 5-7 days in line with Department of Health Guidelines. The participants who may benefit from this type of catheter valve includes:
- Those who can recognise when the bladder is full
- Those who can operate a valve
- Those with sufficient bladder capacity – minimum 200mls

NB Catheter valves are not suitable for participants with unstable bladders
A spigot must NEVER be used as an alternative to a catheter valve.

Care of the Drainage System
The principle of the closed drainage system is to keep urine sterile until it reaches the drainage bag. Disconnection should be kept to a minimum. Frequent disconnection can increase the risk of infection. The Department of Health recommends that the bag connected directly to the catheter should be changed every 5-7 days. Drainage bags must be positioned to allow free drainage of urine. They must be placed below the level of the bladder and tubing secured. Kinking and bends in the system allows urine to 'pool' which is a medium for bacterial colonisation and multiplication.
Urinary - Indwelling Catheter Care.

32. Urinary Catheter Management

High Intensity

Indwelling Catheter Care

Emptying

Bag emptying and changing presents a high risk of contamination and subsequent infection. It is important that such interruptions to the closed system are kept to a minimum. Once the urine has been drained into an appropriate receptacle, the outlet tap should be wiped with an alcohol wipe. Drainage bags do not need to be emptied routinely, only and when they are around three-quarters full.

Changing the bags

The Department of Health recommends that the bag connected directly to the catheter should be changed every 5-7 days or more often if they become discoloured, damaged, odorous or sediment builds up in the bag. Drainage bags should also be changed following catheter change or after maintenance solution has been instilled.

Procedure

- Perform hand hygiene
- Collect and prepare equipment
- Wear non-sterile gloves and apron
- Wipe the connection site with an alcohol wipe, allow it to dry
- Disconnect the bag
- Attach a fresh, sterile drainage bag immediately
- Dispose of equipment as per Division policy
- Perform hand hygiene
- Document procedure, monitor for after-effects and report abnormalities immediately.

Equipment

- Gloves
- Apron
- Alcohol wipe
- Drainage bag
- Receptacle for disposables

Trouble Shooting

Catheter not draining/ participant oliguric

- Check catheter/tubing not kinked
- Check catheter is still secured to participant leg and hasn't migrated out of bladder
- Checking patency by irrigating catheter with 2-3ml of sterile 0.9% normal saline. Do not use force to instil fluid. This is an aseptic procedure

Catheter leaking

Remove catheter. If indication for IDC remains follow insertion procedure with new catheter

32. Urinary Catheter Management

High Intensity

Collecting a Specimen of Urine from a Catheter

Urinary Catheter - Collecting a Specimen of Urine from a Catheter

How to:
- Prepare the participant
- Collect and prepare the equipment
- Take a specimen of urine from a catheter

Indications for collecting a specimen of urine from a catheter
- Suspected urinary tract infection.

Equipment
- Tray
- Alcohol gel
- Non-sterile gloves
- Apron
- Alcohol wipe
- 10 ml Syringe
- Container for urine sample

Procedure
- Perform hand hygiene
- Collect and prepare the equipment
- Explain procedure to the participant and gain consent and co-operation
- Ensure the participant has privacy
- Perform hand hygiene
- Apply gloves
- Wear apron
- Wipe the sample port with an alcohol wipe
- Take sample by needle aspiration or directly attach the syringe if a needle is not required
- Insert 10mls of urine into the container
- Wipe the sample port with an alcohol wipe
- Check the specimen is correctly labelled and sent to the laboratory with the appropriate form
- Dispose of equipment as per policy
- Perform hand hygiene
- Document procedure, monitor after-effects and report abnormal findings immediately.

Reference
Mallett, J. and Dougherty, L. (2000) Urinary catheterization. Manual of clinical nursing procedures. 5th edn. Oxford, Blackwell Science. Ch.43 pp 600-614.

32. Urinary Catheter Management

High Intensity

Urinary Catheter Removal

Urinary Catheter – Removal

How to:
- Prepare the participant
- Collect and prepare the equipment
- Remove the catheter from the participant

Indications for removal of urinary catheter
- Short Term (up to 14 days)
- To allow access to and minimise the risk of damage to the bladder during surgery
- Drainage of urine post operatively
- Monitoring output during an acute illness
- To obtain an uncontaminated specimen of urine
- To measure post micturition residual urine
- Various urological investigations i.e. urodynamics, x-ray
- Relief of acute/chronic retention of urine
- Pre-and post-partum or during labour
- Long Term (more than 14 days)
- Post-surgical drainage when 'stenting' of the urethra is required
- Hypotonic/neurogenic conditions
- Management of terminally ill participants when micturition may be difficult, painful, frequent or when skin integrity may be compromised
- Intractable incontinence – in dwelling catheters should only be used when all other avenues have been explored and failed.

Equipment
- Trolley
- 10ml syringe
- Disposal bag
- Disposable apron
- Gloves

Procedure
- Perform hand hygiene
- Collect and prepare the equipment
- Put on apron
- Explain procedure to the participant and gain consent and co-operation
- Ensure the participant has privacy
- Assist the participant into a comfortable position and ensure they are not unduly exposed
- N.B. If the participant has been prone to encrustation, instil a solution R Urotainer to dissolve any crystals formed around the catheter.
- Perform hand hygiene and apply gloves
- Attach a sterile syringe to the water port and remove the water from the balloon by applying gently suction
- Gently remove the catheter from the urethra
- Make the participant comfortable and ensure area is dry
- Dispose of equipment as per Division policy
- Perform hand hygiene
- Document procedure, monitor urinary output for 24 hours and report abnormalities.

References
Aridge, D. (2003) Removing a retention catheter. in Perry, A. G. and Potter, P. A. Clinical nursing skills and techniques 3rd edn. St Louis, Mosby. Ch.27 pp 757-75
Mallett, J. and Dougherty, L. (2000) Urinary catheterization. Manual of clinical nursing procedures 5th edn. Oxford, Blackwell Science. Ch.43 pp 600-614.

33. Tracheostomy Management

High Intensity

A tracheostomy is usually done for one of several reasons: to bypass an obstructed upper airway (an object obstructing the upper airway will prevent oxygen from the mouth to reach the lungs); to clean and remove secretions from the airway; to more easily, and usually more safely, deliver oxygen to the lungs. This procedure aims to implement best practice recommendations set by ILV's Clinical Practice Guideline in the use of Tracheostomy Tube inserted in a tracheal stoma in adult participants and provides further instruction on clinical practice management of adult participants on:

- ☐ Tracheostomy Emergency
- ☐ Changing a Tracheostomy tube
- ☐ Removal of a Tracheostomy tube
- ☐ Suction
- ☐ Oral Hygiene
- ☐ Decannulation
- ☐ Humidification

33. Tracheostomy Management

High Intensity

Our service delivery model is based on person centred approaches. As such all participants and or their family/carer are involved in the assessment and development of the plan for tracheostomy management.
If a participant requires tracheostomy management a Complex Care Plan will be developed in partnership with a nominated health practitioner specifically for the participants needs.

If a participant requires tracheostomy management a Complex Care Plan will be developed in partnership with a nominated health practitioner specifically for the participants needs.
This care plan will be developed in partnership with the participant, their family/carer and any relevant health professional (with the consent of the participant/family).

The plans include: nature and frequency of the procedure, who will deliver it, timeframes for review by a health professional, any potential or actual risks involved and how incidents and emergencies are managed and actions/procedures to refer any situation that requires further expertise to the appropriate agency or health professional.

Wherever possible it is the preference of ILV to have any form of complex care delivered by qualified nursing staff. Where this is not possible, or not the preference of the participant/family, we will ensure that the preferred support worker(s) is provided with the appropriate training from a qualified and experienced health professional. This training will encompass the specific needs of each participant's, the type of enteral feeding and nutrition management required and will comply with the NDIS High Intensity Support Skills Descriptor for providing tracheostomy management.

All staff required to deliver tracheostomy management will have a training plan devised to ensure they can competently deliver the type and nature of tracheostomy management including: basic anatomical knowledge of the eliminatory system, skin and stoma care, equipment types, components and functions, this includes speaking valves, common risks and indicators of malfunction; indications of need for suctioning, monitoring and recording requirements, common complications and action required e.g. when to inflate and deflate cuffs, and understanding when to involve a health practitioner, signs of infection, both in respiratory system and the stoma site.

All training and training plans will be delivered and devised by and in partnership with a qualified health practitioner.
All tracheostomy management must be done in accordance with the ILV Waste Management and Infection Control Policy and procedures.
As part of the development of a Complex Care Plan contingencies and actions will be documented by the attendant health professional to manage any emergency or actions that require escalation. If staff are ever in doubt about the health and wellbeing of a participant, they must contact the attendant health professional and/or the Ambulance service immediately.

33. Tracheostomy Management

High Intensity

ILV's Registered Nurse is responsible for the overall clinical management of a high intensity supported participant's care. This policy is to be used in conjunction with ILV's Ventilation Support Policy and Stoma Care Policy (where required).

The participant's support plan is also included and overseen by a relevant health practitioner (e.g. Medical doctor, Registered Nurse). This support plan will be regularly reviewed where procedures and information will be given to the participant/carer/advocate. ILV's participants are ensured their desired level of involvement is respected and maintained. ILV will ensure that each participant requiring Tracheostomy Care will receive support for care of their tracheostomy and ventilation where required, relevant and proportionate to the individual needs.

Please Note: That any cares required outside of what's written in this policy and procedure must be performed by a qualified health practitioner (e.g. Medical Doctor or Registered Nurse). In some cases, frontline workers may respond when a tracheostomy requires emergency procedures to be implemented; there must be active oversight by a health practitioner such as a Registered Nurse.

When providing support to a person who is also reliant on ventilation, the worker also needs to be competent in the support descriptor: support a person dependent on ventilation.

Replacing tracheostomy dressing/ties requires 2 workers to be present due to risk of accidental decannulation.

Workers providing this support also need basic first aid skills and knowledge required to administer CPR and place a person in a recovery position.

33. Tracheostomy Management

High Intensity

Support Plan

ILV's participant support plan is developed with the involvement of the participant/carer/advocate, Registered Nurse and health practitioners (e.g. Registered Nurse). Included in the plan is how to care for the participant's tracheostomy and ventilation requirements.
Frontline workers will confirm consent for the need for any cares to be performed on the tracheostomy from the participant/carer/advocate.

The participant's health status will have regular reviews by Registered nurse or a qualified health practitioner (e.g. Medical doctor, Registered Nurse). The support plan will identify how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant safety and wellbeing.

A participant's tracheostomy care plan is to be reviewed Monthly to ensure that there are strategies in place for acting upon information from the participant/carer/advocate, frontline worker and health professional / Registered Nurse (RN).

33. Tracheostomy Management

High Intensity

Staff Training

ILV's will train their Registered nurse in tracheostomy care, they will also hold relevant and additional qualifications and experience.

For example, the following qualifications: HLTAID001 Provide cardiopulmonary resuscitation and/or HLTAID002 Provide basic emergency life support and/or HLTAID003 Provide first aid. ILV's Registered nurse will be competent in the high intensity support descriptor: *support a person dependent on ventilation* and can implement emergency procedures e.g. an obstructed airway or when to inflate and deflate cuffs. ILV's {Registered Nurse} are trained to be aware of the impact of associated health conditions and complications that impact on participants who have a tracheostomy. Registered nurse will have knowledge of basic anatomy of the respiratory system as well as:

- skin and stoma care;
- equipment types, components and functions, this includes speaking valves (PMV);
- common risks and indicators of malfunction;
- indications of need for suctioning;
- monitoring and recording requirements
- common complications and action required e.g. when to inflate and deflate cuffs, and understanding when to involve a health practitioner;
- signs of infection, both in the respiratory system and the stoma site.

33. Tracheostomy Management

High Intensity

Staff Competency & Emergency Management

All clinical staff providing direct care must be trained and assessed in this tracheostomy management procedure, including the clinical response to a tracheostomy emergency

Participants with a tracheostomy must be cared for in an environment where staff are competent in the clinical management of tracheostomy and the clinical response to a tracheostomy emergency

All clinical staff providing direct care must be familiar with this tracheostomy management procedure, including the clinical emergency response to airway emergencies

All RNs, ENs, and support workers caring for a participant with a tracheostomy must be educated in tracheostomy management by a designated assessor (nurse educator, clinical nurse consultant or senior physiotherapist with the appropriate clinical expertise). Provision of education is required to include all facets of tracheostomy care, including airway emergencies within practice limitations

Senior clinicians responding to participants that require airway and/or breathing assistance with an artificial airway must be provided with ongoing education and training to manage difficult airway situations and undertake 'difficult airway drills'

Transfer of Care and Clinical Handover

Written communication and verbal bedside, clinical handover regarding potential risks, relevant respiratory history including baseline respiratory rate, work of breathing, chest sounds, tube patency, cough/swallow reflex, oxygenation and oxygen administered must also be handed over

Specific information re management and nursing care required by the receiving staff is to be provided during the transfer of care. The handover process must include a visual check to ensure that the tracheostomy tube is patent, aligned and secure

33. Tracheostomy Management

1-2 Hourly:
Assess adequacy of **humidification**
Assess need for **suction**. Document amount, viscosity and colour of secretions
For adjustable flange tracheostomy tubes – observe and document the position of the flange to the tube at the skin following each suction to detect tube migration
Assess **position and alignment** of the tracheostomy tube

2- 4 Hourly:
Inner cannula removes, check for secretion build up; clean and replace
Normal saline **nebulisers** 4hourly/prn, (more frequently for participants with thick secretions)
Check Heat Moisture Exchanger (**HME**)
Mouth care

6 Hourly
Airway - skin colour, air entry - bilateral at axilla, expired air felt from tracheostomy tube
Breathing - bilateral chest movement, and depth of respirations
Vital Signs: Respiratory rate
Oxygen Saturation
Heart rate
BP
Temperature

Once per Shift
Check and restock **Emergency** bedside **equipment**
Cuff pressure measurement
Clean **stoma site**
Stoma site – Observe for bleeding in new stomas; note crusting, signs of infection, smell, discharge

Daily
Trache tapes changed (more frequently if soiled)
Assess **systemic hydration** (fluid balance)
Change heat/moisture exchanger (**HME**)
NB more frequently if soiled

Vital signs, respiratory rate, respiratory pattern (including auscultation), oxygen saturations, heart rate, blood pressure and temperature level of consciousness, to be monitored in critical care areas at frequency dictated by clinical condition and on the wards at a frequency not less than every 6 hours. Consider continuous pulse oximetry for participants with a new tracheostomy and/or any respiratory compromise

Participants who require continuous pulse oximetry should be cared for in a suitable clinical environment where staff can continually observe the participant

Monitor sputum and record amount, colour and consistency on Tracheostomy Management and Observation chart.

33. Tracheostomy Management

High Intensity

Signs of Respiratory Distress

Signs and symptoms for immediate intervention

- ☐ Pulsing of tracheostomy tube (danger of eroding into innominate artery);
- ☐ Inability to pass a suction catheter down tracheostomy tube (deflate cuff and have tracheostomy tube replaced)

Signs of Respiratory Distress

- ☐ Unexplained dyspnoea; difficult or laboured breathing
- ☐ Severe coughing;
- ☐ Bleeding around tracheostomy site;
- ☐ Haemoptysis; the coughing up of blood
- ☐ Changes in consistency and colour of secretions;
- ☐ Erythema or soreness around stoma: superficial reddening of the skin, usually in patches, as a result of injury or irritation causing dilatation of the blood capillaries.
- ☐ **Difficult, laboured or noisy breathing** - In complete tracheostomy tube occlusion, there are no breath sounds heard - however in partial obstruction air entry is diminished and often noisy.
- ☐ **Use of accessory muscles** - A sign of airway obstruction. In complete airway obstruction participants often develop a see-saw pattern of breathing in which inspiration is concurrent with outward movement of the abdomen and inward movement of the chest wall and vice-versa.
- ☐ **No or Limited expired air from the tracheostomy tube. Reduced chest movement or reduced air entry upon auscultation** - All indicate a lack of air movement into and out of the respiratory tract.
- ☐ **Pale/cyanosed skin colour** - Central cyanosis is a sign of late airway obstruction.
- ☐ **Anxiety / Agitation** - The participant will become anxious and agitated as they struggle to breathe and become hypoxic.
- ☐ **Increased pulse/respiratory rate** - Increased respiratory and pulse rate are signs of illness and an indicator that the participant may suddenly deteriorate.
- ☐ **Clammy / diaphoretic skin** - Associated with an increased work of breathing from an occluded airway and stimulation of the sympathetic nervous system causing vasoconstriction
- ☐ **Stridor** – Is caused by an obstruction above or at the level of the larynx

Signs of Respiratory Distress and Potential Causes:

- **Increased work of breathing i.e. participant acutely distressed/restless, tachypnoea, stridor, accessory muscles use, diaphoretic, cyanotic** - Airway partially/completely obstructed due to blockage
- **Decreased/gurgling breath sounds** - Tracheostomy dislodgement
- **High inspiratory airway pressures/low tidal volumes if mechanically ventilated** - Persistent cuff leak
- **Oxygen desaturation** - Faulty oxygen source or ventilation device
- **No breath sounds** - Ineffective humidification
- **Unable to pass a suction catheter or inner cannula** - Tracheostomy in false passage. Consider non-tracheostomy related causes for distress

33. Tracheostomy Management

High Intensity

Required Equipment

EQUIPMENT REQUIRED FOR TRACHEOSTOMY MANAGEMENT:

- One tracheostomy tube of the same size in-situ (with introducer if applicable)
- One tracheostomy tube one size smaller (with introducer if applicable)
- Spare inner tubes for double lumen trachea tubes (if applicable)
- Spare ties (cotton and/or Velcro)
- Scissors
- Resuscitation bag and mask (appropriate size for participant)
- One-way valve (community use only)
- Wall or portable suction equipment
- Appropriate size suction catheters
- 0.9% sodium chloride ampoule and 1ml syringe
- One Heat Moisture Exchanger filter (HME) or tracheostomy bib
- Fenestrated gauze dressing
- Cotton wool applicator sticks
- Water based lubricant for tube changes
- Mucous trap with suction catheter for emergency suction
- Occlusive tape (i.e. sleek)
- 10 ml syringe if cuffed tube in-situ

Diabetes Management Procedure

Diabetes

Support

HOW TO TAKE A BGL (Blood Glucose Level)

- Wash your participant's hand and dry well
- Wash your hands, dry well and apply PPE
- Get your meter, strips, tissues, lancets, and sharps container
- Insert test strip into the meter
- Prick the finger – make sure to use different fingers each time
- Squeeze finger to get a drop of blood to the surface
- Transfer blood onto the test strip
- When the drop icon on the BGL machine is gone and the countdown starts enough blood has been transfer to the strip
- Remove finger and give participant tissue to put on the site
- Dispose of lancets in the sharp's container
- Inform participant of BGL reading
- Record the results
- If the reading is low under 4mmol or high over 15mmol repeat test

Diabetes Management Procedure

Diabetes | Support

IF THE participant READING DOESN'T SEEM RIGHT

Sometime the participant maybe surprised by their BGL reading, if it doesn't seem to be right check the following:

- Has the participant just eaten something sweet?
- Are finger clean?
- Have the strips expired?
- Was the strip placed in the reader correctly?
- Is the meter clean?
- Is the battery low?
- Repeat the BGL reading

WHAT TO DO IF THEY HAVE A LOW BGL READING

A low BGL reading is anything under 4mmol or the LOW appearing on the BGL reader and is called hypo (Hypoglycaemia).

This can be caused from the participant not having enough glucose in the blood, missed a meal, have not had enough carbohydrates through the day or exercise. There are mild and severe types of Hypoglycaemia.

Read the following steps for treatments for Hypo-glycaemia.

Diabetes Management Procedure

Mild

Hypo - glycaemia

TREATMENT FOR MILD HYPOGLYCAEMIA

Step 1
Assist the participant in taking the following, these will be in the HYPO Kit located in the participant's kitchen:
- 6 or 7 regular size jelly beans
- ½ cup of Lucozade
- 1 cup of lemonade or juice
- 3 teaspoons of honey
- 1 x glucose tube
- Recheck BGL in 15 minutes.

Step 2
If your blood glucose level is still 4.0 mmol/L or less, repeat Step 1 and recheck BGL in 15 minutes. **If there is no improvement in symptoms or the participant becomes unconscious, call triple zero (000) for an ambulance.**

Step 3
Once your blood glucose is above 4.0 mmol/L give the participant some long-acting carbohydrates such as a sandwich, bread, fruit, dry biscuits, or a yogurt to ensure their sugars do not drop again.

Step 4
Document what was given and notify the Supervisor.

SYMPTOMS OF MILD HYPOGLYCAEMIA

- shakiness
- restless sleep (crying out, sleepwalking, or nightmares)
- feeling cold and clammy
- blurred vision
- mood changes (suddenly irritable or bad tempered)
- fast heartbeat
- lack of energy
- pale skin
- hunger, along with nausea due to hunger
- feeling anxious
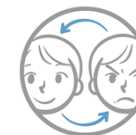
Diabetes Management Procedure

Severe

Hypo - glycaemia

TREATMENT FOR SEVERE HYPOGLYCAEMIA

In severe cases of hypoglycaemia the participant may not be able to assist themselves and you will need to help them. Call for an Ambulance immediately and remain with the participant.

- **RING 000 for an ambulance and following instruction**
- Repeat BGL check every 15 mins until ambulance arrives
- Diabetic Care Plan located in participant folder
- Stay with the participant
- Call Supervisor once ambulance has arrived
- Document everything that happened

SYMPTOMS OF SEVERE HYPOGLYCAEMIA

Drunken-like behaviour (slurred speech, staggering, combative behaviour, confusion)

very low energy: extremely tired, difficult to wake up

loss of consciousness

temporary paralysis

convulsions or seizures

Diabetes Management Procedure

Overdose Management

INSULIN OVERDOSE MANAGEMENT

Risk Factors for Accidental Overdose of Insulin:
- Forgetting time of last injection
- Forgetting to eat or delaying meals
- Vigorous exercise
- Administering the wrong dose and/or wrong insulin type at the wrong time (e.g. taking the night dose in the morning)

Error Prevention in Insulin Administration
- Ensure that the participant's hands are clean with no residue prior to taking their BSL
- When in doubt of BSL results, retest.
- Always double check insulin calculations prior to administration.
- Limit any background distractions while supporting insulin administration.
- Contact your supervisor if BSL levels are unusually low during routine insulin administration times
- Use alternate pre-loaded pen if graduations/numbers on current pen device are illegible

Mild Hypoglycemia Procedure (less than 4.0 mmol):
Step 1 – Support participant by providing short acting carbohydrate

Step 2 – retest BSL within 15 minutes. If BSL still under 4.0 mmols, repeat step 1. If no improvement contact 000

Step 3 – Once BSL is over 4.0 mmols, provide long lasting carbohydrate.

Step 4 - Document what was given and notify supervisor

Severe Hypoglycemia procedure :
- **RING 000 for an ambulance and follow instructions**
- Repeat BGL check every 15 mins until ambulance arrives
- Diabetic Care Plan located in participant folder
- Stay with the participant
- Call Supervisor once ambulance has arrived
- Document everything that happened

Diabetes Management Procedure

Severe

Hyper - glycaemia

TREATMENT FOR SEVERE HYPERGLYCAEMIA

In severe cases of hyperglycaemia the participant may not be able to assist themselves and you will need to help them. Call for an Ambulance immediately and remain with the participant.

- **RING 000 for an ambulance and following instruction**
- Repeat BGL check every 15 mins until ambulance arrives
- Stay with the participant
- Call Supervisor once ambulance has arrived
- Document everything that happened

SYMPTOMS OF SEVERE HYPERGLYCAEMIA
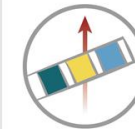
- high blood sugar levels and ketones in the urine
- vomiting
- excessive thirst
- signs of dehydration: dry mouth and tongue, sore throat, dark circles under the eyes
- urinating much more often and in larger amounts
- deep, heavy breathing
- sudden loss of weight
- fruity-smelling breath
- complaints of stomach pains or nausea
- drowsiness leading in time to unconsciousness

34. Subcutaneous Injections

High Intensity

Pen Device

Medications - Subcutaneous Injection of Insulin Using a Pen Device

How to
- Prepare the participant for subcutaneous injection of insulin using a pen device
- Collect and prepare the equipment
- Carry out the Procedure.

Indications for subcutaneous injection of insulin using a pen device
This Procedure is performed to administer the prescribed dose of insulin to in-participants who have
- Type 1 diabetes
- Type 2 diabetes with severe symptoms
- Failed tablet therapy

Equipment
Pen device and needle either pre-filled or containing prescribed cartridge of insulin
- Disposable tray
- Alcohol swab
- Sharps box

N.B. DO NOT RESHEATH NEEDLE

- Dispose of equipment as per policy
- Perform hand hygiene
- Document Procedures, monitor for after-effects and report any abnormalities immediately. Suitable sites for injection
- Upper outer arms
- Abdomen – either side or below umbilicus
- Anterior and outer thighs
- Upper outer quadrant of buttocks.

References

Diabetes Care 22(Suppl 1): S83-S86. 2. Anon. (2000) Insulin administration. Diabetes Care 23(Suppl 1): S86-S89. 3. Anon. (2001) Insulin administration. Diabetes Care 24(Suppl 1): S94-S97. 4. Anon. (2002) Insulin administration. Diabetes Care 25(1): S112-S115. 5. Anon. (2002) Insulin delivery. Diabetes Forecast 55(1): 50-52. 6. Anon. (1998) Position Scope. Insulin administration

34. Subcutaneous Injections

Procedure
- Perform hand hygiene
- Check the insulin type is correct and the insulin looks either clear (if soluble) or universally cloudy (if in suspension)
- Check the expiry date
- Gently tip the pen to and from ensuring the insulin is properly mixed
- Clean the rubber cap of the pen with alcohol swabs and screw on a needle, retaining the outer protective cap
- Recheck the prescription on medication chart and verify participant's identity
- Set dosage
- Explain the procedure to the participant
- Select a suitable site for the injection/ N.B. Do not swab skin
- Taking care not to touch the sterile needle, hold the device like a pen
- Using the other hand, pinch up a large mound of skin and quickly push the entire length of the needle in at an angle of 90 degrees
- Holding the mound of skin, smoothly inject all of the insulin within 3-5 seconds;
- After the injection leave the needle under the skin for 5 seconds then withdraw the needle slowly and release the mound of skin
- Gently press on the injection site with clean cotton wool & check site
- Using the outer protective cap of the needle, unscrew the needle and place in Sharps box
- Dispose of sharps in dedicated sharps receptacle and consumables in general waste.
- Stores medication as per manufacturer's instructions
- Perform hand hygiene
- Document the procedure and monitor for after-effects. Report abnormalities or concerns immediately

Suitable sites for injection
- **Upper outer arms**
- **Abdomen – either side or below umbilicus**
- **Anterior or outer thighs**
- **Upper outer quadrant of buttocks**

35. Complex Wound Management

High Intensity

Simple Dressing

Wound - Simple Dressing

Objectives
By the end of this training session with the Registered Nurse should know how to
- Prepare the client
- Collect and prepare the equipment
- Remove wound dressing and apply clean dressing.

Equipment
- Appropriate dressing product/s
- Sodium Chloride 0.9%
- Sterile gauze swabs
- Two pairs gloves
- Apron
- Receptacle for soiled disposables

Procedure
- Perform hand hygiene
- Collect and prepare equipment
- Ensure client understands and consents to procedure
- Loosen outer dressing and carry out full wound assessment (Do not leave wound without a protective dressing as this will lower the temperature of the wound bed and allow bacteria in)
- Take a photo of wound, noting direction and size and upload into Progress Notes
- Open package of new dressing and swabs
- Perform hand hygiene and wear apron and gloves
- Remove old dressing and discard
- Apply clean gloves
- Clean and dry surrounding skin (If wound requires to be cleansed, refer to Wound Cleansing Guidelines in Tissue Viability Manual)
- Apply new sterile dressing using non-touch technique and secure if necessary Dispose of equipment as per policy
- Perform hand hygiene
- Document the procedure and report any abnormal findings immediately.

35. Complex Wound Management

High Intensity

Pressure Injury

Wound – Management of Pressure Injury

How to:
- Prepare the participant
- Classify pressure injury
- Collect and prepare equipment
- Provide comprehensive management of pressure injuries
- Use the Pressure Ulcer Scale for Healing (PUSH)

Scope
- A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear.

- A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated.

35. Complex Wound Management

High Intensity

Pressure Injury

Classification

Category/Stage I: Non-blanchable erythema
Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its colour may differ from the surrounding area. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue.

Category/Stage II: Partial thickness
Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled or sero-sanginous filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising*. This category should not be used to describe skin tears, tape burns, incontinence associated dermatitis, maceration or excoriation. *Bruising indicates deep tissue injury.

Category/Stage III: Full thickness skin loss
Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are *not* exposed. Slough may be present but does not obscure the depth of tissue loss. *May* include undermining and tunnelling. The depth of a Category/Stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and Category/Stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep Category/Stage III pressure ulcers. Bone/tendon is not visible or directly palpable.

### Category/Stage IV: Full thickness tissue loss

Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often includes undermining and tunnelling. The depth of a Category/Stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these ulcers can be shallow. Category/Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis or osteitis likely to occur. Exposed bone/muscle is visible or directly palpable.

Unstageable/Unclassified: Full thickness skin or tissue loss – depth unknown

Full thickness tissue loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, grey, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar are removed to expose the base of the wound, the true depth cannot be determined; but it will be either a Category/Stage III or IV. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as "the body's natural (biological) cover" and should not be removed.

Suspected Deep Tissue Injury – depth unknown

Purple or maroon localized area of discoloured intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue. Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment
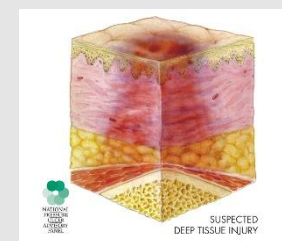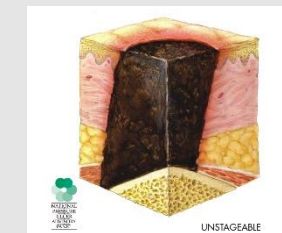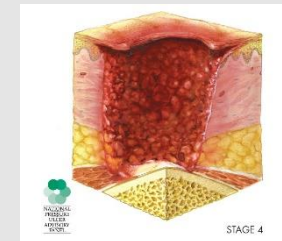
35. Complex Wound Management

High Intensity

Skin Tear Prevention

Wound - Skin Tear Prevention

Scope
A Skin Tear is a traumatic wound occurring principally on the extremities of older adults, as a result of friction alone or shearing and friction forces which separate the epidermis from the dermis (partial thickness wound) or which separate both the epidermis and the dermis from underlying structures (full thickness wound)

Skin Tear Prevention – Scope of Support

Any support with skin tear wounds must only be provided after training, assessment and direction from our Registered Nurse.
This training session will ensure Support Workers are competent to:
- Identify those at risk
- Recognise fragile, thin, vulnerable skin
- Support Workers must utilise extreme caution and gentle touch when bathing, dressing and/or transferring clients at risk
- Avoid wearing jewellery that could snag the skin
- Avoid direct contact that will create friction or shearing
- Protect fragile skin by covering with stockinets, or long sleeves/pants
- Utilise pH neutral skin products – or products recommended by the Health Practitioner

Dressing and adhesives will only be used, changed, or removed under instruction and supervision by ILV's Registered Nurse or Wound Consultant (where applicable)

Where a skin tear is present,
- Apply tape/dressing without tension
- Use porous tapes to allow evaporation
- Remove tape/dressing with extreme caution. Stop removal immediately if the skin tear is being pulled.
- Slowly peel tape away from anchored skin
- Consider using adhesive remover wipes

- Moisturise the skin regularly
- Optimise nutrition and hydration status
- Implement strategies that prevent falls and other trauma

36. Ventilator Management Policy & Procedure

PURPOSE AND SCOPE

The purpose of this policy is to demonstrate that Independent Living Victoria understands that some of our participants may require additional support with their activities of daily living including Ventilation management.

ILV commits to staff with knowledge of: basic respiratory system anatomy; musculoskeletal problems associated with respiration; signs of respiratory distress; types of ventilators and main equipment components and functions; types of breathing masks and techniques for fitting; options to avoid discomfort or pressure sores; common problems and action required, observation parameters and procedures.

All Support Workers providing invasive ventilator support to participants will undertake training and competency assessment with an accredited training provider. ILV will provide Support Workers with non-invasive ventilator management training; training on the participant's support plan and specific needs, and have their competency assessed in the service environment by our Registered Nurse.

Independent Living Victoria will ensure that any support provided to a participant of this nature is done in partnership with that participant to ensure their needs and preferences are given priority.

DEFINITIONS

Non-invasive mechanical ventilation– a simple method of assisting a participant's breathing without using an invasive airway (tracheostomy tube) e.g. Continuous positive airway pressure (CPAP or BiPAP)

1. CPAP (continuous positive airway pressure)

2. 2. BiPAP (bilevel positive airway pressure)

Invasive mechanical ventilation – Invasive ventilation is when a person is attached to the ventilator by way of an artificial airway, either an endotracheal tube or tracheostomy.

Ventilation – carried out via an artificial airway (tracheal cannula) to the trachea.

36. Ventilator Management

Independent Living Victoria's Registered Nurses and support workers (with relevant training) are responsible for the overall clinical management of a high intensity supported participant's care. This policy is to be used in conjunction with Independent Living Victoria's Tracheostomy Care and Management Policy and Stoma Care Policy (where required).

The participant's support plan is also included and overseen by a relevant health practitioner (e.g. Medical doctor, Registered Nurse). This support plan will be regularly reviewed where procedures and information will be given to the participant/carer/advocate.

Independent Living Victoria's participants are ensured their desired level of involvement is respected and maintained. Independent Living Victoria will ensure that each participant requiring Ventilation Management will receive support for care of their equipment and components as well as their tracheostomy and/or stoma, relevant and proportionate to their individual needs.

PRINCIPLES OF VENTILATION MANAGEMENT

- To improve oxygenation and ventilation
- Confirm the need for ventilation and recognise the need for suctioning and follow procedures to clear airways as required.
- To follow personal hygiene and infection control procedures;
- To operate a ventilator for operation (identify and connect or assemble components of ventilation equipment according to instructions, fit the breathing mask)
- To start ventilation and monitor that it is working effectively,
- Trouble-shooting procedures to respond to alarms and maintain equipment.
- To maintain charts/records;
- To recognise and respond to signs that airways are obstructed;
- To implement emergency procedures, deteriorating health or infection.

36. Ventilator Management

Independent Living Victoria's participant support plan is developed with the involvement of the participant/carer/advocate, {Registered Nurse} and health practitioners (e.g. Registered Nurse). Included in the plan is how to care for the participants tracheostomy and ventilation requirements. {Registered nurse} will confirm consent for the need for any cares to be performed with ventilation from the participant/carer/advocate.

The participant's health status will have regular reviews by {Registered nurse} or a qualified health practitioner (e.g. Medical doctor, Registered Nurse). The support plan will identify how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant safety and wellbeing.

A participant's ventilation schedule (invasive and non-invasive) is to be reviewed annually or when is required to ensure there are strategies in place for acting upon information from the participant/carer/advocate, {Registered nurse} and health professional Registered Nurse.

The Registered Nurse is to assess the nature and consequences of a participant's respiratory condition and follow documented procedures, including:
- How to identify and connect or assemble components of ventilation equipment according to instructions, and operate a ventilator and cleaning procedures?
- How to fit the breathing mask and equipment?
- How to monitor that the ventilation is working effectively, following trouble-shooting procedures to respond to alarms and maintain equipment, and recording requirements?
- Reporting on signs and symptoms such as: unexplained dyspnoea; severe coughing; bleeding around tracheostomy site; haemoptysis; changes in consistency and colour of secretions; erythema or soreness around stoma.
- Immediate intervention strategies for: signs of respiratory distress, pressure sores and discomfort, common problems with ventilation and the actions required.
- Incident and emergency procedures

36. Ventilator Management

EQUIPMENT REQUIRED TO PROVIDE VENTILATION IS DEPENDANT ON THE TYPE OF VENTILATION, BUT CAN INCLUDE THE FOLLOWING:

- Access to a continuous supply of electricity
- Ventilator and equipment
- Oxygen cylinder and tubing, adapters and bags
- Humidifier
- Tracheostomy kit (where applicable)
- An available mobile phone with emergency contact numbers
- Suction unit, equipment and batteries
- Spare batteries for all equipment
- Sodium Chloride 10mL X 5
- Water for Irrigation 10mL X 5
- Syringes 5mL, 20mL X 5
- Lubricating Jelly
- Scissors
- Gloves
- Yankauer Sucker

36. Ventilator Management

Securing & Assessment

Non-Invasive

Securing of MASK

STEPS from Competency

36. Ventilator Management

Securing of the Endotracheal Tube (EET)can be done in one of two ways:

1. Cotton white tape changed at least daily
2. An Endotracheal Tube Attachment Device ETAD (Anchor fast) which must be changed every 5 days and PRN administered

Assessing of ETT position must be done each shift by:

- Checking and documenting the level of the ETT at the lips (usually 19 – 23 cm)
- Ensure equal, bilateral chest movement and air entry on auscultation
- Repositioning of the oral ETT to prevent pressure areas.

Assessing and maintaining a tracheal cuff seal:
- A minimum occlusion volume is achieved on first inflation of the cuff at intubation
- The cuff pressure is subsequently measured via a cuff pressure manometer and documented once each shift and as required
- A cuff pressure of 20-30 mmHg is usually required to maintain an adequate seal. If a pressure > 30mmHg is required to eliminate a cuff leak notify ICU medical staff. A pressure > 40mmHg may cause mucosal injury.
- Listen for cuff leaks and monitor low ventilator pressure and tidal volume alarms which may indicate an air leak. Arterial Blood Gas (ABG) sampling and analysis
- An initial ABG is performed 15–30 minutes post intubation. Further ABG sampling is indicated when:
- A deterioration in O2 saturation
- Clinical signs of hypoxia
- Significant changes to ventilator settings
- Changes in participant's respiratory effort and ventilator observations e.g. low tidal volume, increased or decreased minute volume

36. Ventilator Management

SUCTION

Suctioning of the ETT is performed using a closed or 'in-line' suction device only. It must be replaced daily or when overtly soiled along with the suction tubing and receptacle liner. Regular suctioning is not recommended and should be performed only when clinically necessary or at approximately eight hourly intervals.

Procedure:
- Explain procedure to participant
- Pre-oxygenate participant with 100% oxygen
- Observe hand hygiene principles and PPE
- Unlock catheter and advance as far as possible without force, or until participant coughs
- Withdraw the catheter 1 – 2 cm so as to be free of the bronchial wall or carina
- Apply continuous suction while withdrawing the catheter in one continuous motion not longer than 15 seconds
- Use a maximum of two suction passes
- Flush the catheter via the irrigation port with a 10ml syringe of Normal saline
- Lock the suction catheter
- Auscultate lung fields to assess effects of interventions
- Document colour, volume and tenacity of sputum.

HUMIDIFICATION OF THE VENTILATOR CIRCUIT
A Heat Moisture Exchanger (HME) is used for a dry circuit and a heated water bath system (Fisher & Paykel) for a wet circuit.
Changing from a dry to a wet circuit is not routinely undertaken unless:
- Tenacious sputum
- Haemoptysis
- Bronchospasm
- Bronchorrhea (excessive discharge of watery mucous from the lungs)
- ICU Consultant preference

Management of the ventilator circuit
- All circuits, including Laerdal, wet or dry, should be changed weekly or more frequently if soiled.
- The HME needs to be changed daily and more frequently if wet or soiled.

IMPLEMENTATION OF THE "VAP BUNDLE"
Mouth care
- Assessment and Maintenance of Mouth Care Flow Chart
- Always follow mouth care with Oropharyngeal suctioning

36. Ventilator Management

Risks & Emergency Management

SIGNS OF RESPIRATORY DISTRESS	Associated Risk
Increased work of breathing i.e. participant acutely distressed/restless, tachypnoea, stridor, accessory muscles use, diaphoretic, cyanotic	Airway partially/completely obstructed due to blockage
Decreased/gurgling breath sounds	Tracheostomy dislodgement
High inspiratory airway pressures/low tidal volumes if mechanically ventilated	Persistent cuff leak
Oxygen desaturation	Faulty oxygen source or ventilation device
No breath sounds	Ineffective humidification
Unable to pass suction catheter or inner cannula	Tracheostomy in false passage
Ventilator Failure	Due to: Power failure, ventilator malfunction, accidental disconnection, circuit obstruction, mask fit.

EMERGENCY RESPONSE
CALL OOO
Then call RN when client is stable and it is safe to do so

Seizure Management Procedure

Epilepsy

Management Plan

Where participants have a history of seizures, a Seizure Management Plan will be documented and followed in the event of a seizure. Independent Living Victoria does not prepare Seizure Management Plans but will implement a plan provided by the participant's treating (medical) practitioner).

Following a seizure the Incident Report (and Medication Administration Form if applicable) shall be completed. The seizure shall be advised to the parent/guardian and to the employee's supervisor.

Frequent seizures may require an updated Seizure Management Plan which Independent Living Victoria shall ensure it receives from the appropriate treating (medical) practitioner.

Independent Living Victoria does not administer anti-seizure medication such as Midazolam and participants requiring this drug shall be advised of such. Where medication is required that Independent Living Victoria does not administer, emergency services and or the parent/guardian shall be contacted. The participant shall bear the costs of emergency services call outs.

A Seizure Management Plan may include:

- Information on how to assist the person having the seizure
- Date of plan and review
- Personal details and current weight
- Emergency contacts
- Current epilepsy medication
- Emergency epilepsy medication
- Epilepsy diagnosis and seizure description
- Seizure triggers
- Other medical conditions and medication
- When to call an ambulance
- Post-seizure monitoring
- Epilepsy specialist or other doctor
- Plan location

Seizure Management Procedure

Seizure

Protocol

When accepting a participant with a history of seizures Independent Living Victoria shall:

- Ensure a Seizure Management Plan has been developed and is provided

- Ensure consent is provided by the parent/guardian for the implementation of a Seizure Management Plan

- Provide training to all staff on the implementation of the Seizure Management Plan

- Note the required medication and keep all medication current, check expiry and that storage is appropriate

- Request an annual review (or more frequent if required) i.e. when a significant event occurs

- Update Seizure Management Plans when amended and provide appropriate training

- Ensure all staff have current First Aid Training

Frequent seizures may require an updated Seizure Management Plan which Independent Living Victoria shall ensure it receives from the appropriate treating (medical) practitioner.

Independent Living Victoria does not administer anti-seizure medication such as Midazolam and participants requiring this drug shall be advised of such. Where medication is required that Independent Living Victoria does not administer, emergency services and or the parent/guardian shall be contacted. The participant shall bear the costs of emergency services call outs.

Staff are to:

- Know the signs and possible triggers of a seizure

- Follow the seizure management plan

- Contact emergency services where necessary

- Contact the parent/caregiver

- Ensure an Incident Report is completed after the seizure

- Complete a Seizure record if provided for in the Seizure Management Plan

- Report the seizure to their supervisor

Seizure Management Procedure

Seizure

Documentation

- Date of the seizure
- Exact time of day or night?
- What was the person doing at the time?
- Had the person just fallen asleep or woken up?
- What called your attention to the seizure (a cry, fall, stare or head-turn)?
- What parts of the body were affected?
- Was one side affected more than the other?
- Did their body become stiff? Did it jerk, twitch or go into convulsions?
- Was the person unconscious?
- If not, was there any alteration in awareness?

- Did their skin show changes (flushed, clammy, signs of blueness)?
- Did their breathing change?
- Did the person talk or perform any actions during the seizure?
- Was the person incontinent?
- Did the person vomit during or after the seizure?
- Did they bite their tongue or inside their cheek?

Documentation

When preparing the Incident Form or Seizure record, staff may find the questions on the left useful to help gather information for the doctor.

47. Behaviour Support in the NDIS

PURPOSE AND SCOPE

The purpose of this policy is to:

- support the delivery of professional support services to participants implementing best-practice positive behaviour support strategies that reduce or eliminate behaviours of concern;

- minimise and prevent any physical harm to participants and staff within the service; and

- Abide by the legislative restrictions and requirements related to the use of restrictive practices within the service;

- Ensure that responses to challenging behaviour are prompt, individualised, and appropriate and that they respect the dignity and rights of the participant and the rights of any other person/s affected by the behaviour.

We are committed to ensure:

- Knowledge and understanding of the NDIS and state and territory behaviour support legislative and policy frameworks.

- Demonstrated appropriate knowledge and understanding of evidence-informed practice approaches to behaviour support.

- Demonstrated commitment to reducing and eliminating restrictive practices through policies, procedures and practices.

This policy and procedure applies to all potential and existing Independent Living Victoria participants, their support network, and other relevant stakeholders.

47. Behaviour Support in the NDIS

DEFINITIONS

Authorised Program Officer - The Authorised Program Officer has a key role in helping chart a successful path towards the reduction of the use of restrictive practices by keeping an eye out for red flags and helping support the team review progress of behaviour support plans.

A registered NDIS provider who intends to use restrictive practices in Victoria must nominate an Authorised Program Officer. Nomination of APOs is through submission in RIDS. Once satisfied that the proposed APO meets the required criteria, the Victorian Senior Practitioner will approve the appointment of the APO in RIDS. The appointment of APOs for registered NDIS providers must be approved by the Victorian Senior Practitioner.

Behaviour Support Practitioner – a person with tertiary qualifications in psychology, special education, speech pathology, social work or other relevant discipline and/or training and experience in the provision of behaviour support and intervention – see entry for NDIS Behaviour Support Practitioner

Behaviours of Concern – behaviours that are of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or that are likely to seriously limit the person's use of, or access to, services or community facilities. Behaviours of concern are also known as challenging behaviours.

Behaviours of concern should be understood in the social context in which they occur. They should not automatically be interpreted as an expression of deviance or abnormality in an individual.

Behaviour Support Plan (BSP) – A document or series of linked documents that outline strategies designed to deliver a level of behaviour support appropriate to the needs of an individual person. A behaviour support plan is to have a preventative focus and is usually required to have a responsive focus. The plan should include multiple elements, reflecting the level of complexity, assessed needs, parameters and context of the service agreement. A BSP may be either (a) a comprehensive behaviour support plan; or (b) an interim behaviour support plan.

Behaviour Support Practitioner – a person with tertiary qualifications in psychology, special education, speech pathology, social work or other relevant discipline and/or training and experience in the provision of behaviour support and intervention – see entry for NDIS Behaviour Support Practitioner

Capacity – A person has capacity to consent if they are able to demonstrate an understanding of the general nature and effect of a particular decision or action, and can communicate an intention to consent (or to refuse consent) to the decision or action.

A person's capacity to make a particular decision should be doubted only where there is a factual basis to doubt it. It should not be assumed that a person lacks capacity just because he or she has a particular disability. A person may have the capacity to exercise privacy rights even if they lack the capacity to make other important life decisions.

Consent – Consent refers to the permission given by a person or legally appointed guardian (with authority to consent to restrictive practices). Consent must be obtained from the participant, or their guardian, prior to the authorisation of a RRP.

47. Behaviour Support in the NDIS

DEFINITIONS Cont.

Containment – Containment of an adult with an intellectual or cognitive disability means the physical prevention of the adult freely exiting the premises where the adult receives disability services, other than by secluding the adult. The adult is not contained, however, if they are an adult with a skills deficit only, and the adult's free exit from the premises is prevented by the locking of gates, doors or windows.

DFFHs - Department of Fairness, Families and Housing- Responsible for the oversight of the behaviour support plan approval process within Victoria

Duty of Care – This is a legal concept meaning the responsibility to take reasonable care to avoid causing harm to another person. A duty of care exists when it could reasonably be expected that a person's actions, or failure to act, might cause injury to another person.

Functional Behavioural Assessment – the process for determining and understanding the function or purpose behind a person's behaviour, and may involve the collection of data, observations, and information to develop an understanding of the relationship of events and circumstances that trigger and maintain the behaviour

Harm – Harm to a person means:

- physical harm to the person

- a serious risk of physical harm to the person

- damage to property involving a serious risk of physical harm to the person

NDIS Behaviour Support Practitioner – a person the NDIS Commissioner considers is suitable to undertake behaviour support assessments (including functional behavioural assessments) and to develop behaviour support plans that may contain the use of restrictive practices.

Person Responsible – a person with legal authority to make decisions about medical or dental treatment for a person who lacks capacity to give informed consent.

Positive Behaviour Support – a philosophy of practice and a term to denote a range of individual and multisystemic interventions designed to effect change in people's behaviour and ultimately their quality of life. Positive behaviour support recognises that all people, regardless of their behaviour, are endowed with basic human rights and that any assessment, intervention or support should be respectful of those human rights and foster the exercise and experience of those rights. Positive behaviour support recognises that all human behaviour serves a purpose, including those behaviours that are deemed to be behaviours of concern. In order to bring about adaptive change, it is first important to understand the purpose of their existing behaviours, their aspirations and the range of knowledge and skills they already have.

47. Behaviour Support in the NDIS

DEFINITIONS Cont.

Prohibited practice – any of the following:

- **Aversion**, which is any practice which might be experienced by a person as noxious or unpleasant and potentially painful

- **Overcorrection,** which is any practice where a person is required to respond disproportionately to an event, beyond that which may be necessary to restore a disrupted situation to its original condition before the event occurred

- **Misuse of medication**, which is administration of medication prescribed for the purpose of influencing behaviour, mood or level of arousal contrary to the instructions of the prescribing general practitioner, psychiatrist or paediatrician

- **Seclusion of children or young people**, which is isolation of a child or young person (under 18 years of age) in a setting from which they are unable to leave for the duration of a particular crisis or incident

- **Denial of key needs**, which is withholding supports such as owning possessions, preventing access to family, peers, friends and advocates, or any other basic needs or supports

- **Unauthorised use of a restrictive practice**, which is the use of any practice that is not properly authorised and /or does not have validity or does not adhere to requisite protocols and approvals Or

  - are degrading or demeaning to the person

  - may reasonably be perceived by the person as harassment or vilification, or

  - are unethical.

The following practices are also prohibited in relation to participants aged 18 and under:

  - any form of corporal punishment

  - any punishment that takes the form of immobilisation, force-feeding or depriving of food, and

  - any punishment that is intended to humiliate or frighten the person

RIDS - An online reporting system designed to help disability service providers. The Restrictive Intervention Data System (RIDS) is an online reporting system that is designed to enable: Reporting from disability service providers regarding the authorisation of regulated restrictive practices for NDIS participants practices.

Victorian Senior Practitioner - Is responsible for the authorisation of chemical and environmental restraint and the approval for use of seclusion, mechanical and physical restraint and the approval of treatment plans for people who are subject to compulsory treatment orders.

Behaviour Support & Restrictive Practices Policy

Independent Living Victoria is committed to ensuring that clients with an intellectual or cognitive disability who exhibit behaviour that causes harm are supported with professional, evidence-based strategies, in a safe environment with respect for the person's rights and needs.

Independent Living Victoria is committed to providing services in a way that:

- ensures transparency and accountability in the use of restrictive practices
- recognises that restrictive practices should not be used to punish an adult or in response to behaviour that does not cause harm to the adult or others
- aims to reduce the intensity, frequency and duration of the adult's behaviour that causes harm to the adult or others
- aims to reduce or eliminate the need for restrictive practice.

Independent Living Victoria will:

- Nominate an Authorised Program Officer and Independent Person

- Conduct comprehensive individualised assessments for all reports of challenging behaviours with the consent of the client or their legal guardian

- Collaborate with the Behaviour Support Practitioners with involvement of clients, carers, families in the development of an individual plan to manage the challenging behaviour

- Thoroughly document all reports of challenging behaviour, document and report to the Behaviour Support Practitioner to enable an effective evaluation of the intervention strategies

- Support staff with person-centred training to ensure they have knowledge about a range of techniques and tools to assist them to appropriately implement the Behaviour support strategies within the person's Behaviour Support Plan.

- Always manage challenging behaviour by implementing strategies to minimise risk of harm that have been approved by the person's nominated Behaviour Support Practitioner.

Behaviour Support Procedure

Requirements

Responsibilities

To implement a Behaviour Support Plan (BSP), Independent Living Victoria must be registered with the NDIS as an approved provider and meet the expected outcomes of the NDIS Practices Standards - Module 2a.

An NDIS behaviour support practitioners is the only person suitable to conduct assessments and development of behaviour support plans.

Where a comprehensive BSP including Restrictive Practices is required, the person's nominated NDIS behaviour support practitioner will be responsible for:
* assessing the client's behaviours
* developing a behaviour support plan
* reporting via the Department of Human Services Restrictive Intervention Data System (RIDS) and the Q&S Portal (NDIS Commissioner).
* keeping records of the development and implementation of Restrictive Practices.

The behaviour support practitioner will coordinate the development of the BSP to:
* evaluate the BSP and protect clients rights
* authorise the BSP
* submit the BSP for approval by Human Services Restrictive Intervention Data System (RIDS), and
* notify the NDIS Commissioner (via the Q&S portal).

Behaviour Support Procedure

Independent Living Victoria

Responsibilities

Independent Living Victoria will:

- ensure that proper consent is obtained for all use of Restrictive Practices (see more about consent here);
- demonstrate a commitment to reducing and eliminating restrictive practices through policies, procedures and practices (see Record Keeping, below).
- ensure that behaviour support plans have been prepared by an approved NDIS behaviour support practitioner
- ensure all workers implementing behaviour support strategies are appropriately trained, qualified and supported, this includes undertaking professional development to maintain an understanding of practices considered restrictive and the risks associated with those practices;
- participate in the quality and compliance aspects of the Restrictive Practices Approval process report any unauthorised use of restrictive practices to the NDIS Quality & Safeguards Commission as required;
- support participants to raise concerns, make complaints and ensure these are effectively resolved as per the complaints procedure.

To effectively implement the behaviour support plan, Independent Living Victoria will identify and allocate competent workers to:

- implement strategies that have been identified in the plan, only; and
- keep accurate records to support the evaluation of the effectiveness of current approaches
- record and report the use of restrictive practices, including regularly report the use of restrictive practice to the NDIS Q&S Commission (See more on record keeping and reporting;
- notify the behaviour support practitioner if there are any changes in the participant's context that may require the BSP to be reviewed;

Behaviour Support Procedure

Responsibilities

Behaviour Support Practitioners

Our client's nominated Behaviour Support Practitioners will collaborate with Independent Living Victoria workers to support the implementation of the behaviour support strategies identified within the behaviour support plan.

On a regular basis we will work with the Behaviour Support Practitioner to evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices.

The Practitioner will facilitate or deliver person-focused training, coaching and mentoring to our team and, with each participant's consent, their support network (where applicable); training covers the strategies required to implement a participant's behaviour support plan, including positive behaviour support strategies, and the safe use of a restrictive practice.

The Practitioner will offer ongoing support and advice, with the participant's consent, to address arising issues or barriers to implementation.

They will also provide support to us when there has been a reportable incident involving the use of restrictive practices.

We are committed to working closely with the Practitioner to address such situations.

If the Practitioner has concerns the supports and services are not being implemented in accordance with the behaviour support plan. They have a responsibility to report this to the NDIS Commission as a reportable incident.

48. Regulated Restrictive Practices

PURPOSE AND SCOPE

The purpose of this policy is to:

Ensure Regulated Restrictive Practices (RRP) are used only in limited circumstances, and as a last resort. The use of RRP should be underpinned by a positive behaviour support plan.

They must not be used as a first line of response to behaviours of concern or as a substitute for adequate supervision.

Independent Living Victoria staff implementing Behaviour Support Plans that contain RRP's will be trained in and aware of the requirements of the use of RRP's.

Independent Living Victoria is committed to working towards the reduction and elimination of the use of restrictive practices by ensuring:

- Knowledge and understanding of regulated restrictive practices as described in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* and knowledge and understanding of *Disability Act 2006 (Vic)* that details the requirements and processes for obtaining authorisation for the use of any regulated restrictive practices included in a behaviour support plan.

- The *Disability Act (VIC)* requires authorisation, the use of a regulated restrictive practice, such authorisation is obtained and evidence submitted.

- Regulated restrictive practices are only used in accordance with a behaviour support plan and all the requirements as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and Disability Act (VIC).* Regulated restrictive practices are implemented, documented and reported in a way that is compliant with Victorian legislation and/or policy requirements.

- Work is undertaken with specialist behaviour support providers to evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices, including the implementation of strategies in the behaviour support plan.

- Workers maintain the skills required to use restrictive practices and support the participant and other stakeholders to understand the risks associated with the use of restrictive practices.

48. Regulated Restrictive Practices

DEFINITIONS

(Regulated) Restrictive Practice (RRP) – any practice (including the excluded practice categories) can be a restrictive practice if:

- it is used primarily to control or restrict a person's behaviour or free movement, or
- the person (or their authorised substitute decision maker) objects to its use

A restrictive practice is a regulated restrictive practice if it is or involves any of the following:

- seclusion – the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted;
- chemical restraint – the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition;
- mechanical restraint – the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non- behavioural purposes;
- physical restraint – the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.
- environmental restraint – restricting a person's free access to all parts of their environment, including items or activities.

Regulated Restrictive Practices Policy

Independent Living Victoria is committed to working towards the reduction and elimination of the use of restrictive practices.

Independent Living Victoria will:

- ensure that responses to challenging behaviour are prompt, individualised, and appropriate and that they respect the dignity and rights of the participant and the rights of any other person/s affected by the behaviour and are in line with the *Convention on the Rights of Persons with Disabilities, NDIS Restrictive Practices and Behaviour Support Rules 2018* and *Disability Act 2006 (Vic)*

- use the least intrusive responses in all circumstances and only use restraint as a last resort to prevent harm to the participant or others

- ensure that behaviour support plans have been prepared by an approved NDIS behaviour support practitioner and approved via the Victorian RIDS System.

- work with behaviour support practitioners to monitor the plan and notify if there are any changes in the participant's context that may require the BSP to be reviewed

- Induct workers into policies / procedures and implement training in Positive Behaviour Support practices

- monitor the use of restrictive practices and follow the monthly reporting requirements to the NDIS Commission, providing a NIL report when there has been no use of authorised restrictive practices that are in place within our participants BSP.

Regulated Restrictive Practice Procedure

Authorisation
of RRPs

In limited circumstances, and as a last resort, a restrictive practice may be used as part of a behaviour support plan, to address a behaviour that poses a risk of harm to the person or others.

In situations where a restrictive practice is deemed necessary as part of a behaviour support plan, these practices are subject to rigorous approval, authorisation and monitoring.

In some cases it is acknowledged that restrictive interventions may be used as last resort or an interim measure to reduce risk to individuals, while longer- term behaviour support measures are planned, developed and implemented.
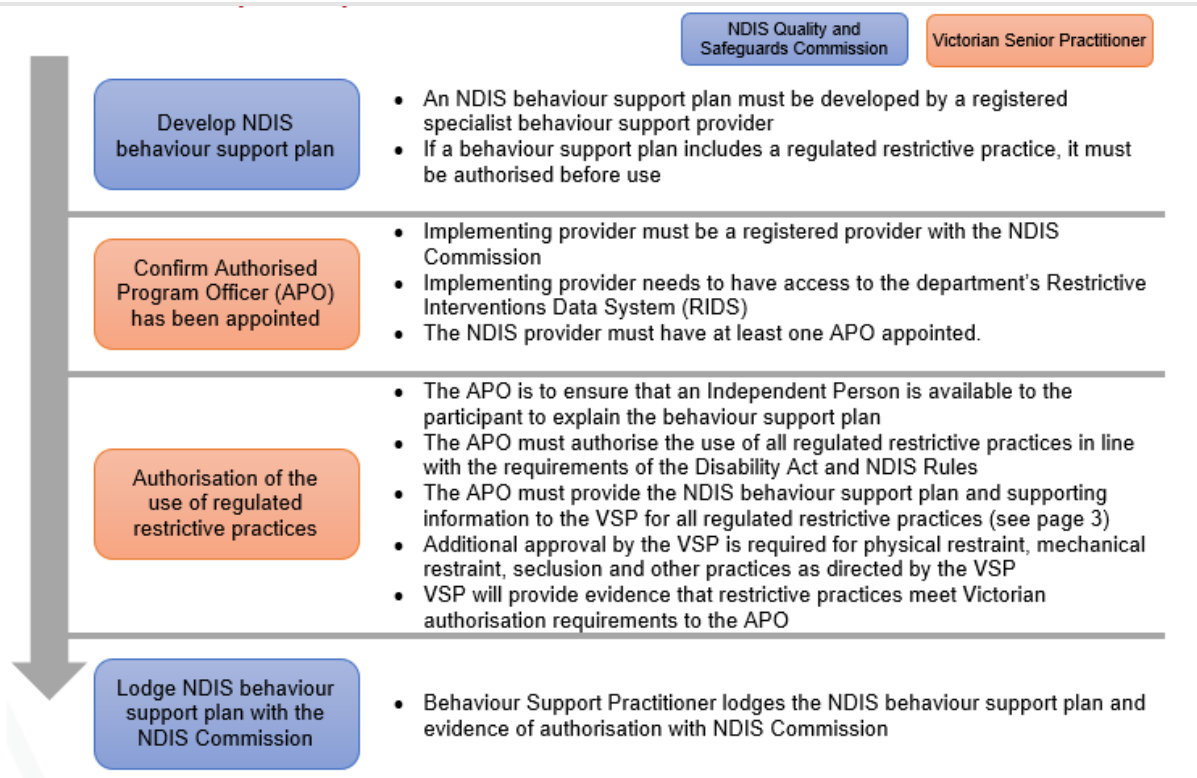
In most cases, it should be possible to eliminate the use of restrictive practices by understanding and responding to the issues underlying behaviours of concern

Behaviour Support Procedure

Approval **Flowchart**

Source: Victoria State Government

Authorisation of RRPs

Restrictive practices authorisation is endorsement for identified restrictive practices to be implemented with a certain individual, in a particular service setting, by associated staff and under clearly defined circumstances.

The use of RRPs must be authorised. There are three requirements for authorisation:

1. a BSP is developed, and
2. informed consent is obtained by the participant or their guardian, and
3. authorisation is approved by the Senior Practitioner. Requests for RRP approval must be submitted via the VIC (RIDS) system by an NDIS Approved Behaviour Support Practitioner.
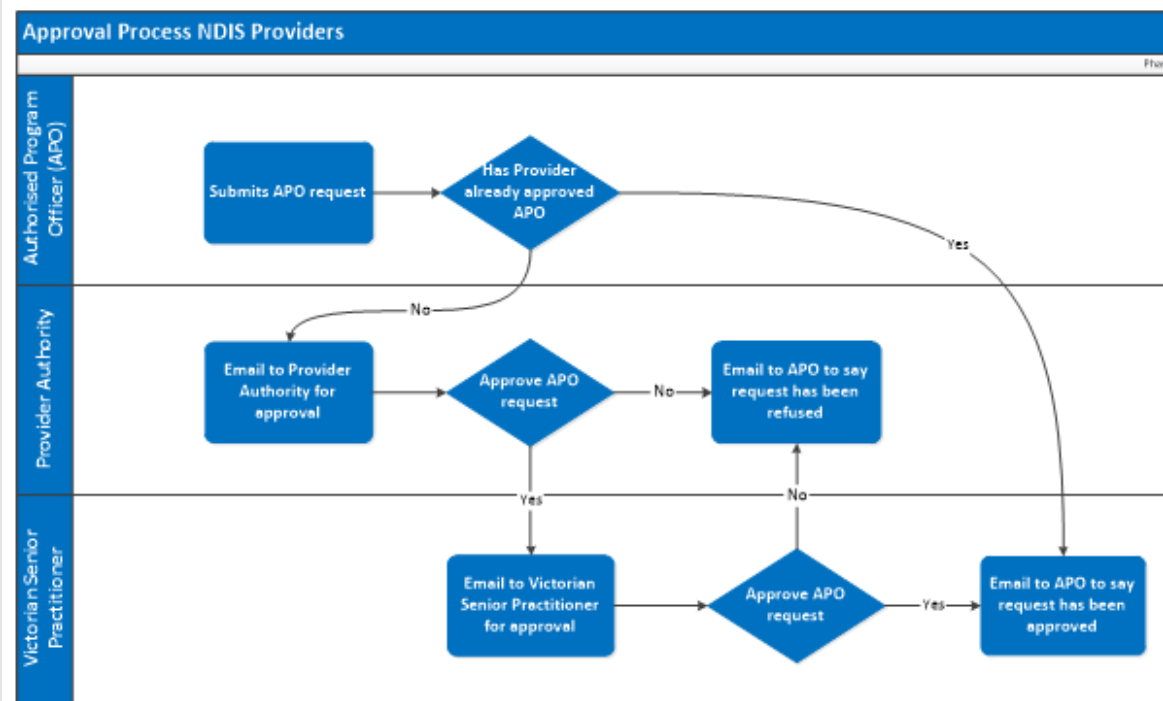
Decisions of the Senior Practitioner are recorded in a formal Outcomes Summary on the VIC RIDS system.

Restrictive Practices

APO

APPLICATION

Flowchart of the APO approval process

APO approval Process

On requesting approval to be an APO, the following will need to be agreed by the APO in RIDS.
APOs who have not been already approved by their Provider authority from their organisation, will require additional approval from the Victorian Senior Practitioner after the Provider Authority approval has been obtained.

Provider Authority approval of APOs

The Provider Authority will receive a notification for approval of their APO, at their disability service from DHHS.
Once the Provider Authority has approved the APO in RIDS, the Victorian Senior Practitioner will review for Approval.
This person will not have access into RIDS until this request is authorised.

An approval email will be sent automatically to the Victorian Senior Practitioner for APOs who require approval by their Provider. APOs who already have prior approval form their provider, do not require additional Victorian Senior Practitioner approval.

Behaviour Support Procedure

Restrictive **Interventions**

Restrictive Interventions requirements of the APO

1. Ensure a behaviour support plan is developed or reviewed if restraint or seclusion is proposed and only approve restraint or seclusion if all requirements of the Act are met.
2. Apply for approval to use restrictive interventions via RIDS.
3. Ensure the behaviour support plan is authorised at least two working days before using restraint or seclusion.
4. Notify the person with a disability in writing 48 hrs before using the restraint or seclusion.
5. Ensure an independent person is available to explain the behaviour support plan to the person with a disability.
6. Report the use of all restraint and seclusion through RIDS as follows:
   • Routine (for example, every day by the end of the month before the 7th day of the next month);
   • prorenata (PRN) (when used before the 7th day of the next month);
   • Emergency (when used before the 7th day of the next month);
   • When the person leaves the service, cancel access via RIDS.
7. Maintain behaviour support plans in RIDS by lodging a new behaviour support plan every 12 months or earlier if specified.

If a person no longer requires restraint and seclusion, the Office of Professional Practice should be notified via email <officeofprofessionalpractice@dhhs.vic.gov.au>

Independent Person
An APO must ensure that an independent person is available to explain inclusion of a restrictive practice in a NDIS behaviour support plan to a person with a disability and that the person may seek a review of the APOs decision (and Victorian Senior Practitioner's decision if applicable) by the Victorian Civil and Administrative Tribunal (VCAT).
An Independent Person must not:
   be an NDIS provider or disability service provider to the person,
   have an interest in an NDIS provider or disability service provider to the person, or
   have any responsibility in relation to the development or review of the person NDIS behaviour support plan.
The APO must provide information to the Victorian Senior Practitioner that an independent person has been made available to the person.
Further information on the role of the Independent Person is available at Victorian Senior Practitioner website <https://dhhs.vic.gov.au/office-professional-practice>.

Behaviour Support Procedure

Restrictive

Interventions

Key responsibilities of Authorised Program Officers

The key responsibilities of authorised program officers as defined by the Disability Act 2006 (the Act), in relation to the use of restrictive interventions and compulsory treatment.
For the scope of Independent Living Victoria, compulsory treatments in a residential setting are not applicable. So, an APO's role is limited to the restrictive interventions.

The responsibilities of the role as defined in Parts 7 (restrictive interventions) of the Disability Act 2006 must be clearly understood and undertaken by the authorised program officer. This document only provides a checklist and it is recommended that all authorised program officers understand Part 7 and if a person within their service is subject to compulsory treatment they should understand Part 8 of the Act.

New authorised program officers and any interested existing authorised program officers are encouraged to contact the Senior Practitioner Disability on 03 9096 8427 to discuss meeting members from the integrated health care team (who work within Part 7 of the Act), the compulsory treatment team (who work within Part 8 of the Act) and the research and service development team who can go through the Restrictive Intervention Data System (RIDS) responsibilities.

The authorised program officers must:
•have been appointed by the disability service provider
•once appointed, advise the Senior Practitioner Disability of their name and qualifications within 5 working days from the appointment via RIDS.

Regulated Restrictive Practice Procedure

Use of

RRPs

Authorisation of regulated restrictive practices

The APO is required to authorise the use of all regulated restrictive practices.

An APO may only authorise the use of a regulated restrictive practice if the proposed use is:

- necessary to prevent a person from causing physical harm to the person or another person
- the option which is the least restrictive of the person as is possible in the circumstances
- included in and used in accordance with the person's NDIS behaviour support plan
- not applied for longer than necessary, and
- in accordance with the NDIS Commission's requirements (under the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (Cth)).

An APO may only authorise the use of seclusion as a regulated restrictive practice if:

- the above requirements are met
- the person is supplied with appropriate bedding and clothing
- the person has access to adequate heating and cooling (as is appropriate for the circumstances)
- the person is provided with food and drink at the appropriate times, and
- the person is provided with adequate toilet arrangements.

The APO may authorise the use of a regulated restrictive practice subject to any condition the APO considers appropriate, other than requiring a variation to the person's NDIS behaviour support plan.

Minimum Requirements for use of RRPs

The RRP must:

- be clearly identified in the BSP;
- be authorised in accordance with Victorian processes;
- be used only as a last resort in response to risk of harm to the person with disability or others, and after the provider has explored and applied evidence- based, person-centred and proactive strategies;
- be the least restrictive response possible in the circumstances to ensure the safety of the person or others;
- reduce the risk of harm to the person with disability or others;
- be in proportion to the potential negative consequence or risk of harm; and
- be used for the shortest possible time to ensure the safety of the person with disability or others.

In addition, the person with disability to whom the BSP applies must be given opportunities to participate in community activities and develop new skills that have the potential to reduce or eliminate the need for regulated restrictive practices in the future.

Regulated Restrictive Practice Procedure

Responsibilities

Behaviour Support Practitioners

- Our participant's nominated Behaviour Support Practitioners will collaborate with Independent Living Victoria's APO and support workers to support the implementation of the behaviour support strategies identified within the behaviour support plan.
- On a regular basis we will work with the Behaviour Support Practitioner to evaluate the effectiveness of current approaches aimed at reducing and eliminating restrictive practices.
- The Practitioner will facilitate or deliver person-focused training, coaching and mentoring to our team and, with each participant's consent, their support network (where applicable); training covers the strategies required to implement a participant's behaviour support plan, including positive behaviour support strategies, and the safe use of a restrictive practice.
- The Practitioner will offer ongoing support and advice, with the participant's consent, to address arising issues or barriers to implementation.
- They will also provide support to us when there has been a reportable incident involving the use of restrictive practices.
- We are committed to working closely with the Practitioner to address such situations. If the Practitioner has concerns the supports and services are not being implemented in accordance with the behaviour support plan. They have a responsibility to report this to the NDIS Commission as a reportable incident.

Regulated Restrictive Practice Procedure

Independent Person

The use of an independent person is a requirement of Victoria's authorisation process.

An APO must ensure that an independent person is available to explain inclusion of a restrictive practice in a NDIS behaviour support plan to a person with a disability and that the person may seek a review of the APOs decision (and Victorian Senior Practitioner's decision if applicable) by the Victorian Civil and Administrative Tribunal (VCAT).

An Independent Person must not:

- be an NDIS provider or disability service provider to the person,
- have an interest in an NDIS provider or disability service provider to the person, or
- have any responsibility in relation to the development or review of the person NDIS behaviour support plan.

The APO must provide information to the Victorian Senior Practitioner that an independent person has been made available to the person.

Further information on the role of the Independent Person is available at Victorian Senior Practitioner website <https://dhhs.vic.gov.au/office-professional-practice>.

Regulated Restrictive Practice Procedure

APO

Authorisation of regulated restrictive practices

The APO is required to authorise the use of all regulated restrictive practices.

An APO may only authorise the use of a regulated restrictive practice if the proposed use is:

- necessary to prevent a person from causing physical harm to the person or another person
- the option which is the least restrictive of the person as is possible in the circumstances
- included in and used in accordance with the person's NDIS behaviour support plan
- not applied for longer than necessary, and
- in accordance with the NDIS Commission's requirements (under the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (Cth)).

An APO may only authorise the use of seclusion as a regulated restrictive practice if:

- the above requirements are met
- the person is supplied with appropriate bedding and clothing
- the person has access to adequate heating and cooling (as is appropriate for the circumstances)
- the person is provided with food and drink at the appropriate times, and
- the person is provided with adequate toilet arrangements.

The APO may authorise the use of a regulated restrictive practice subject to any condition the APO considers appropriate, other than requiring a variation to the person's NDIS behaviour support plan.

Once the APO has authorised the NDIS behaviour support plan, the NDIS behaviour support plan is to be provided to the Victorian Senior Practitioner through RIDS. The Victorian Senior Practitioner may require the APO to provide additional information with the NDIS behaviour support plan including:

- Information about the implementation of the previous behaviour support plan
- Reportable incidents (including emergency use) since the previous behaviour support plan was approved, or for the last 24 months if there was not a previous behaviour support plan
- Relevant assessments
- Any other information required by the Victorian Senior Practitioner.
- An APO must also ensure that an independent person is available to explain inclusion of a restrictive practice in a NDIS behaviour support plan to a person with a disability and that the person may seek a review of the APOs decision (and Victorian Senior Practitioner's decision if applicable) by the Victorian Civil and Administrative Tribunal (VCAT).

Behaviour Support Procedure

Senior Practitioner

Role & Responsibility

The role of the Senior Practitioner is to:

- appraise the need, risk, applicability and outcome of a restrictive practice for a person with disability with reference to the person's needs, quality of life and living context
- sanction the use of restricted practices as a component of a documented BSP
- ensure that people who receive a behaviour support service are protected from exploitation, abuse, neglect, and unlawful and degrading treatment
- ensure that consent is in place for any recommendation for the use of a restrictive practice
- consider the appropriateness of a documented support plan or strategy
- ensure the appropriate documentation is available and contains information that is sufficiently evidence-based to justify the strategies being requested, and
- ensure the timely reduction and cessation of restrictive practices.

The Senior Practitioner comes to a decision based on the documented application and the information supplied by the presenting applicant.

The discussion and determination centres on the justification for the proposed strategy, alternatives, and risks / benefits to the NDIS participant and those around the person.

Registered providers should ensure they have a way of tracking practices nearing the end of their authorisation validity to prompt timely re-submission for renewal of authorisation

Extensive guidance for the Restrictive Practice Approval Process is available in, Section 4 the VIC Restrictive Practices Authorisation Procedural Guide

The Victorian Senior Practitioner responsibilities:

- Responsible under the Disability Act, 2006 (Disability Act) for ensuring that the rights of people who are subject to regulated restrictive practices and compulsory treatment are protected and appropriate standards are complied with.
- Is responsible for the authorisation of chemical and environmental restraint and the approval for use of seclusion, mechanical and physical restraint and the approval of treatment plans for people who are subject to compulsory treatment orders.
- Through the process of authorisation and approval of regulated restrictive practices and compulsory treatment the Victorian Senior Practitioner can assist service providers reduce their use of restrictive practices and compulsory treatment.
- Has special powers under section 27 of the Disability Act in respect of the use of restrictive practices and compulsory treatment by disability services and registered NDIS providers.
- In addition to the powers under section 27, the Victorian Senior Practitioner may give written directions to registered NDIS providers, disability service providers, a specified registered NDIS provider or disability service provider or specified class of registered NDIS providers or disability service providers regarding the use of restrictive practices or a specified restrictive practice under sections 132ZY, 147A, 201I and 201O.

49. Assessment & Development

PURPOSE AND SCOPE

The purpose of this policy and procedure is to confirm Independent Living Victoria's commitment to maintaining and improving participants quality of life by ensuring behaviour support plans are tailored, evidence-informed and responsive to participants needs.

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

We are committed to ensure:

- The specialist behaviour support provider is supported to gather information for the functional behavioural assessment and other relevant assessments.

- Work with an approved APO and support the collaborative arrangements required to effectively monitor and report on restrictive practices

- Nominate and support an Independent person to the participant to explain the behaviour support plan that:
  - Is not an NDIS provider or disability service provider to the person
  - Does not have an interest in an NDIS provider or disability service provider to the person, or
  - Does not have any responsibility in relation to the development or review of the person NDIS behaviour support plan.

- Collaboration occurs with the specialist behaviour support provider to develop each participant's behaviour support plan and the clear identification of key responsibilities in implementing and reviewing the plan.

- Support workers have the necessary skills to inform the development of the participant's behaviour support plan.

- Relevant workers have access to appropriate training to enhance their skills in, and knowledge of, positive behaviour supports and restrictive practices.
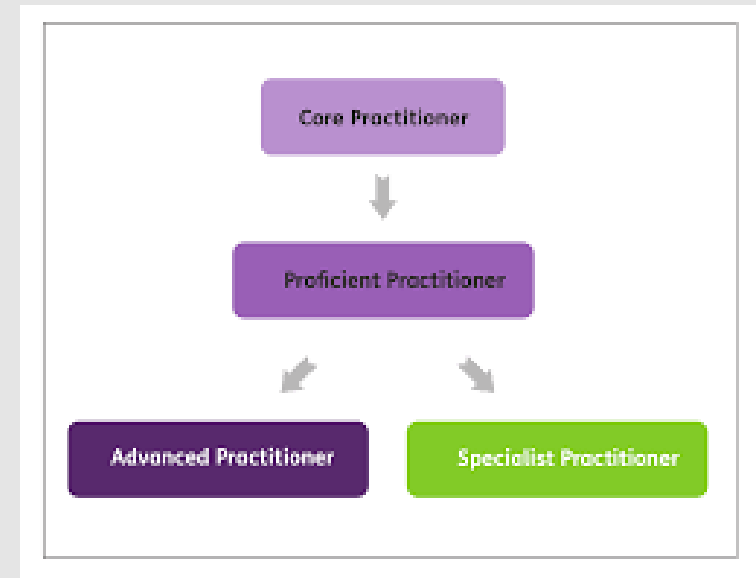
Assessment & Development of BSP's Procedure

Behaviour Support Practitioners are the only people who can conduct assessments and develop a positive behaviour support plan. Behaviour Support Practitioners are professionals who:

- have been assessed as suitable to deliver specialised positive behaviour support, including assessments and development of behaviour support plans;
- meet behaviour support requirements including lodging behaviour support plans that include restrictive practices with the NDIS Commission;
- ensure compliance with RPA policy and guidelines
- undertake ongoing professional development to remain current with evidence- informed practice and approaches to behaviour support, including positive behaviour support.

Assessment & Development of BSP's

Independent Living Victoria will collaborate with Behaviour Support Practitioners to provide support in gathering information for relevant assessments.

A BSP must be developed prior to the authorisation of a Regulated Restrictive Practice.
A behaviour support practitioner must develop a BSP that meets the requirements of the NDIS Commission. For example, it should:
•be developed in consultation with the person with a disability, their support network and implementing provider;
•be considered alongside alternatives that do not require restrictive practices;
•be based on a comprehensive biopsychosocial assessment including a functional behavioural assessment
•contain contemporary evidence-based behavioural strategies including environmental adjustments to constructively reduce behaviours of concern
•be aimed at reducing and eliminating restrictive practices
•be developed in a form approved by the NDIS Commissioner and lodged with the NDIS Commission
•lodged with the RIDS System
•be reviewed as specified below.

The Behaviour Support Competency Framework provides detailed guidance on the issues that should be considered when developing a BSP.
Extensive guidance is available in the VIC Restrictive Practices Authorisation Procedural Guide

BSP Authorisation Process

Authorisation of RRPs

The Victorian Authorisation Framework works together with NDIS Quality and Safeguarding Framework and the NDIS Restrictive Practice and Behaviour Support Rules 2018 to ensure safeguards are in place for NDIS participants who may be vulnerable to the use of restrictive practices.

NDIS registered service providers who plan to implement a restrictive practice as part of an NDIS participant's Behaviour Support Plan must submit a request for authorisation of a restrictive practice to the Senior Practitioner.

Authorisation of a restrictive practice is undertaken as part of a six-stage process. Once the Behaviour Support Plan is developed and APO has been approved, the following steps must be followed:

1. The NDIS registered service provider requests for authorisation of a restrictive practice
2. The Senior Practitioner assessment of the authorisation request
3. Outcome of the Senior Practitioner decision and upload of BSP and supporting docs.

For more information link to the VIC NDIS Restrictive Practice Guideline here:

Authorisation process for the use of regulated restrictive ...
https://providers.dhhs.vic.gov.au › default › files

1 → 2 → 3

STEP 1
Authorised Program Officer (APO) needs to authorise the use of restrictive practices on an NDIS participant

STEP 2
The Victorian Senior Practitioner approves the restrictive practices in the BSP

STEP 3
Upload the BSP and attach the letter of authorisation /approval from the Victorian Senior Practitioner onto the NDIS portal
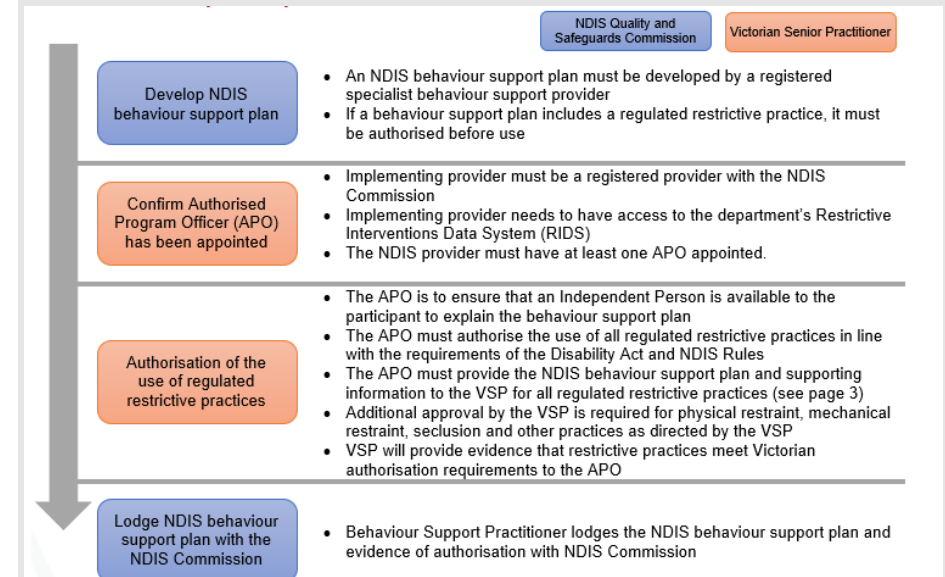
BSP Authorisation Process

STEP 1

All authorisation requests are to be submitted though the Restrictive Intervention Data System website:

All applications must include the following information:

- Particulars of the restrictive practice proposed to be applied to the participant
- A copy of the NDIS Behaviour Support Plan (interim or comprehensive) that specifies the proposed restrictive practice
- Consent of the NDIS participant to disclose information required for the application. Please note these documents must be attached to the online Apply for Authorisation link above
- Evidence of consultation with the participant, their family, carers, guardian or other relevant person about the use of restricted practices as a component of their BSP. Please note these documents must be attached to the online Apply for Authorisation link above
- Particulars of the NDIS service providers who will apply the restrictive practice to the participant
- A summary of every restrictive practice(s) applied (both authorised and unauthorised) from the date of application and the preceding 12 months
- Any other information the NDIS service provider considers relevant to the application, such as reportable incidents relevant to the application.
- Applications for authorisation that do not meet the above mandatory information requirements; and which contain prohibited restrictive practices will not be accepted.
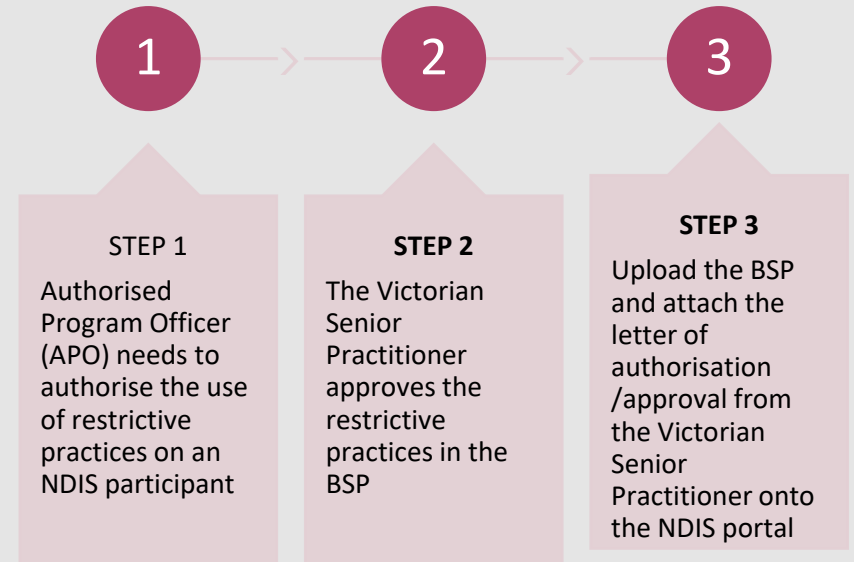
BSP Authorisation Process

STEP 2 - The Senior Practitioner assessment of the authorisation request

Before the APO authorises the use of regulated restrictive practices, they need to make sure an independent person is available. An independent person is someone who has a connection with the person with a disability and is able to explain to them what is in the BSP and their rights. An independent person is someone independent of the NDIS provider; that is, someone who has no connection to the provider and is not a paid support.

The APO can ask questions and give feedback to the NDIS behaviour support practitioner about the BSP. The APO decides if they will need to use the restrictive practices in their service.

After the APO authorises the restrictive practices, the APO submits the BSP to the Victorian Senior Practitioner using the Restrictive Intervention Data System (RIDS) to meet the Victorian authorisation requirements.

1 → 2 → 3

STEP 1
Authorised Program Officer (APO) needs to authorise the use of restrictive practices on an NDIS participant

STEP 2
The Victorian Senior Practitioner approves the restrictive practices in the BSP

STEP 3
Upload the BSP and attach the letter of authorisation /approval from the Victorian Senior Practitioner onto the NDIS portal

BSP Authorisation Process

Authorisation	Assessment & Outcome

STEP 2 Outcome of the Senior Practitioner decision

The Victorian Senior Practitioner will send a letter to the provider confirming authorisation if the regulated restrictive practices in the BSP meet the requirements of the Disability Act (2006).

For the use of seclusion, physical restraint and mechanical restraint, the Victorian Senior Practitioner will send a letter to the APO either approving or refusing the use of these regulated restrictive practices.

If the use of a restrictive practice is refused, the APO must tell the NDIS behaviour support practitioner to change the BSP and the APO must return to step 1 above.

1 → **2** → **3**

STEP 1
Authorised Program Officer (APO) needs to authorise the use of restrictive practices on an NDIS participant

STEP 2
The Victorian Senior Practitioner approves the restrictive practices in the BSP

STEP 3
Upload the BSP and attach the letter of authorisation /approval from the Victorian Senior Practitioner onto the NDIS portal

BSP Authorisation Process

STEP 3 Upload

Once the restrictive practices are authorised the NDIS behaviour support practitioner needs to upload the BSP and attach the letter of authorisation /approval from the Victorian Senior Practitioner onto the NDIS portal

• The authorisation/approval letter is evidence of authorisation for the NDIS behaviour support practitioner to lodge with the BSP to the NDIS portal.

• For detailed information about lodging a BSP in the Portal, see the NDIS Commission Portal User Guide for How to Lodge a Behaviour Support plan.

1 → **2** → **3**

STEP 1
Authorised Program Officer (APO) needs to authorise the use of restrictive practices on an NDIS participant

STEP 2
The Victorian Senior Practitioner approves the restrictive practices in the BSP

STEP 3
Upload the BSP and attach the letter of authorisation /approval from the Victorian Senior Practitioner onto the NDIS portal

50. BSP Implementation

PURPOSE AND SCOPE

Independent Living Victoria Implements participants' behaviour support plans effectively to meet participants individual behaviour support needs

We are committed to ensure:

- Policies and procedures that support the implementation of behaviour support plans are developed and maintained.

- Work is actively undertaken with the specialist behaviour support providers to implement each participant's behaviour support plan and to align support delivery with evidence-informed practice and positive behaviour support.

- Workers are supported to develop and maintain the skills required to consistently implement the strategies in each participant's behaviour support plan consistent with the behaviour support skills descriptor.

- Specialist behaviour support providers are supported to train the workers of the providers implementing a behaviour support plans in the use and monitoring of behaviour support strategies in the behaviour support plan, including positive behaviour support.

- Workers receive training in the safe use of restrictive practices.

- Collaboration is undertaken with other providers that work with the participant to implement strategies in the participant's behaviour support plan.

- Performance management ensures that workers are implementing strategies in the participant's behaviour support plan appropriately.

BSP Implementation

BSP Implementation

Workers are only authorised to Implement Behaviour Support plans after they have received training in the individual behaviour support plan & associated strategies by the behaviour support practitioner.

Workers will work with the behaviour support provider to implement evidence-informed support delivery that aligns with the participants behaviour support plan. Collaboration with other providers will take place to implement strategies in the participant's plan.

Workers will be required to complete training in the safe use of restrictive practices before implementing authorised restrictive practices.

Regular review and performance monitoring of workers will be conducted to ensure they are implementing strategies appropriately.

To effectively implement the behaviour support plan, Independent Living Victoria will identify and allocate competent workers to:

- Implement strategies that have been identified in the plan, only; and

- Keep accurate records to support the evaluation of the effectiveness of current approaches

- Record and report the use of restrictive practices, including a regularly report the use of restrictive practice to the NDIS Commission (See more on record keeping and reporting;

- Notify the behaviour support practitioner if there are any changes in the participant's context that may require the BSP to be reviewed;

51. Monitoring & Reporting the Use of Regulated Restrictive Practices

PURPOSE AND SCOPE

Independent Living Victoria will ensure that each participant is only subject to a restrictive practice that is reported to the Commission.

We are committed to ensure:

- Demonstrated compliance with monthly online reporting requirements in relation to the use of regulated restrictive practices, as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

- Data is monitored to identify actions for improving outcomes.

- Data is used to provide feedback to workers, and with the participant's consent, their support network, and their specialist behaviour support provider about the implementation of the behaviour support plan to inform the reduction and elimination of restrictive practices.

Monitoring and Reporting the Use of Regulated Restrictive Practices

Monitoring & Reporting

Independent Living Victoria will monitor data from the monthly reports to identify actions for improving outcomes for participants.

The data is used to provide feedback to workers, and with the participant's consent, their support network, and their specialist behaviour support provider about the implementation of the behaviour support plan to inform the reduction and elimination of restrictive practices.

With the participants consent, evidence of feedback and communication (e.g. emails, letters, recordings) provided to the workers, participant, their support network, and their specialist behaviour support provider about the implementation of the behaviour support plan is kept in the participants file.

Independent Living Victoria must report to the NDIS Commission:

- **Monthly** regarding the use of regulated restrictive practices. (where regulated restrictive practices are in place but have not been used, a Nil report must still be submitted each month.) The reporting will be completed using the commission portal. *See useful links for access to the reporting forms*

- **Every 2 weeks** where approval has been obtained from the State for short term use of a regulated restrictive practice and while the approval is in force.

Useful links for monthly reporting:

Commission portal user guide for Monthly reporting of the Use of Regulated Restrictive Practices

NDIS Commission Restrictive Practices Monthly Reporting Form (in case of system access issue)

NDIS Monthly reporting form quick reference guide

52. Behaviour Support Plan Review

PURPOSE AND SCOPE

Independent Living Victoria will work with the Behaviour Support Practitioner to ensure each participant has a current behaviour support plan that reflects their needs, and works towards improving their quality of life, reducing behaviours of concern, and reducing and eliminating the use of restrictive practices.

We are committed to ensure:

- The implementation of the participant's behaviour support plan is monitored through a combination of formal and informal approaches, including through feedback from the participant, team meetings, data collection and record keeping, other feedback and supervision.

- Information is recorded and data is collected as required by the specialist behaviour support provider and as prescribed in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

- Identification of circumstances where the participant's needs, situation or progress create a need for more frequent review, including if the participant's behaviour changes

- Contributions are made to the reviews of the strategies in a participant's behaviour support plan, with the primary focus of reducing or eliminating restrictive practices based on observed progress or positive changes in the participant's situation.

Behaviour Support Plan Review

Review of BSPs with RRPs

Review of comprehensive BSPs containing a RRP

A comprehensive behaviour support plan that contains a regulated restrictive practice must be reviewed by an NDIS behaviour support practitioner:
- if there is a change in circumstances which requires the plan to be amended— as soon as practicable after the change occurs; or
- in any event—at least every 12 months while the plan is in force.

Review / revocation of authorisation

Authorisation of a regulated restrictive practice continues until an NDIS behaviour support plan is reviewed or ceases. When a NDIS behaviour support plan is developed, a new authorisation must be obtained prior to the use of regulated restrictive practices.

We provide regular consultation during the implementation of the behaviour support plan to the participant, their support network, and their specialist behaviour support provider.

Regular consultation and supports aim to evaluate the progress and effectiveness of the implementation of the participant's behaviour support plan.

We monitor this process through a combination of formal and informal approaches, including through feedback from the participant, team meetings, data collection and record-keeping, other feedback and supervision.

We record written information relating to the use of regulated restrictive practices and we keep the records relating to the use of regulated restrictive practices for seven years from the day the record is made.

Where the participant's needs, situation or progress, including the participant's behaviour changes, we update the frequency of the review process.

Behaviour Support Plan Review

Record Keeping

Records of the use of RRPs will include a description of the use of the regulated restrictive practice, including:

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

Record Keeping and Reporting

Record keeping should document both:

- compliance in the use of RRPs; and
- the reduction and minimisation of RRPs and the use of alternatives, where possible.

Records should include:

- behaviour support plans proposed and authorised;
- the Senior Practitioner's decisions to authorise BSPs;
- the Senior Practitioner's decisions to reject or modify BSPs.

The use of Restrictive Practice will be logged within the *Restrictive Practices Register.*

These records will be kept for seven years from the day the record is made.

53. Reportable Incidents involving the Use of a Restrictive Practice

PURPOSE AND SCOPE

Independent Living Victoria is required to report and the use of an emergency or unauthorized use of a restrictive practice for each participant.

We are committed to ensure:

- The participant's immediate referral to, and assessment by a medical practitioner (where appropriate) is supported following an incident.

- Collaboration is undertaken with mainstream service providers, such as police and/or other emergency services, mental health and emergency department, treating medical practitioners and other allied health clinicians, in responding to the unauthorised use of a restrictive practice.

- The Commissioner is notified of all reportable incidents involving the use of an unauthorised restrictive practice in accordance with the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*.

- Where an unauthorised restrictive practice has been used, the workers and management of providers implementing behaviour support plans engage in debriefing to identify areas for improvement and to inform further action. The outcomes of the debriefing are documented.

- Based on the review of incidents, the supports to the participant are adjusted, and where appropriate, the engagement of a specialist behaviour support provider is facilitated to develop or review the participant's behaviour support plan or interim behaviour support plan, if required, in accordance with the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

- Authorisation processes (however described) are initiated as required by their jurisdiction.

- The participant, and with the participant's consent, their support network and other stakeholders as appropriate, are included in the review of incidents.

Reportable Incidents involving the Use of a Restrictive Practice

RRPs as Reportable Incidents

The unauthorised use of a restrictive practice is a Reportable Incident and must be reported to the NDIS Commissioner as per the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.*

Unauthorised use restrictive practices must be reported to the NDIS Commission within 5 business days via the NDIS Commission Portal. Further guidance can be found here.

Use of Prohibited Practices (see Definitions) must be reported immediately (within 24 hours of key personnel becoming aware of the incident). Further guidance can be found here.

If a person with disability discloses an incident that occurred in the past, it should generally be treated in the same way as any other reportable incident, noting that the immediate response may differ.

When a reportable incident involving the use of a restrictive practice occurs, the participant is immediately referred to, and assessment by a medical practitioner (where appropriate).

See the Incident Handling Policy and Procedure for further details relating to reporting incidents to the NDIS Commission.

In responding to the unauthorised use of the restrictive practice, it is our policy to collaborate with relevant mainstream services such as the police, other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians

We engage the participant, their family/support network, relevant stakeholders and specialist behaviour support provider in the review process of incidents, with the participant's consent.

Record of the unauthorised use of restrictive practice will be logged in the *Continual Improvement Register* to support traceability and oversight.

Reportable Incidents involving the Use of a Restrictive Practice

Reporting & Incidents

Where an unauthorised restrictive practice is in place, we engage the workers and management in debriefing, to identify areas for improvement and to inform further action. We document the outcomes in the incident report form.

We collect and register statistics and other information relating to incidents in the continual Improvement Register to review the efficiency and effectiveness of the Incident Management process. We aim to make sure that they do not recur or occur elsewhere and also to identify and eliminate any systematic issue.

Based on the results of the investigation and review process, we initiate the authorisation processes as required by the jurisdiction.

As required, we facilitate the engagement of a specialist behaviour support provider to develop or review the participant's behaviour support plan or interim behaviour support plan under the 'National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018'.

Record Keeping

If a reportable incident has occurred in connection with the provision of supports or services we will keep a record of the incident.

The record will be kept for 7 years from the day that notification of the reportable incident is given

Behaviour Support Procedure

Crisis Response

A crisis response may be required in situations where:
- there is a clear and immediate risk of harm linked to behaviour(s), specifically new or a previously unexperienced degree of severity in the escalation of behaviour, and
- there is no interim or comprehensive Behaviour Support Plan in place.

A crisis response should:
- involve the minimum amount of restriction or force necessary,
- the least intrusion and be applied only for as long as is necessary to manage the risk;
- never be used as a de facto routine behaviour support strategy.

Where a crisis response includes the use of a RRP, the use is unauthorised and constitutes a reportable incident (see RRPs as Reportable Incidents below, and the Incident Management Policy and Procedure).
Until authorisation is obtained it remains an unauthorised restrictive practice.

Each occasion where the practice is used constitutes a reportable incident.

Where it is anticipated that a crisis response will be needed again, it must be included in a comprehensive or interim behaviour support plan and authorisation for its use must be sought.

A registered behaviour support practitioner must be engaged to develop a BSP, and must develop:
- an interim behaviour support plan that includes provision for the use of the regulated restrictive practice within 1 month after being engaged to develop the plan; and
- a comprehensive behaviour support plan that includes provision for the use of the regulated restrictive practice within 6 months after being engaged to develop the plan.

54. Interim Behaviour Support Plans

PURPOSE AND SCOPE

Independent Living Victoria will ensure that each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan based on evidence-informed practice, which minimises risk to the participant and others.

We are committed to ensure:

- Collaboration is undertaken with mainstream service providers (such as police and/or other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians) in contributing to an interim behaviour support plan developed by a specialist behaviour support provider.

- Work is undertaken with the specialist behaviour support provider to support the development of the interim behaviour support plan.

- Workers are supported and facilitated to receive training in the implementation of the interim behaviour support plan.

Interim Behaviour Support Plans

Crisis   Response

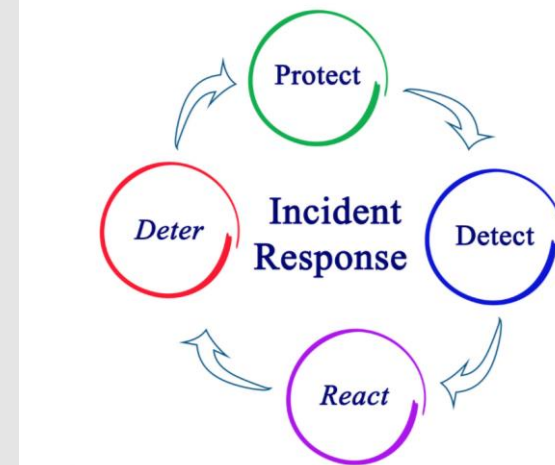A crisis response may be required in situations where:
- there is a clear and immediate risk of harm linked to behaviour(s), specifically new or a previously unexperienced degree of severity in the escalation of behaviour, and
- there is no interim or comprehensive Behaviour Support Plan in place.

A crisis response should:
- involve the minimum amount of restriction or force necessary,
- the least intrusion and be applied only for as long as is necessary to manage the risk;
- never be used as a de facto routine behaviour support strategy.

Where a crisis response includes the use of a RRP, the use is unauthorised and constitutes a reportable incident (see RRPs as Reportable Incidents and the Incident Management Policy and Procedure).
Until authorisation is obtained it remains an unauthorised restrictive practice. **Each occasion where the practice is used constitutes a reportable incident.**

Interim Behaviour Support Plans

Where it is anticipated that a crisis response will be needed again, it must be included in a comprehensive or interim behaviour support plan and authorisation for its use must be sought.

A registered behaviour support practitioner must be engaged to develop a BSP, and must develop:

- an interim behaviour support plan that includes provision for the use of the regulated restrictive practice within 1 month after the first use of the regulated restrictive practice; and

- a comprehensive behaviour support plan that includes provision for the use of the regulated restrictive practice within 6 months after the first use of the regulated restrictive practice.

In contributing to an interim behaviour support plan developed by a specialist behaviour support provider, it is our policy to collaborate with relevant mainstream services such as the police, other emergency services, mental health and emergency departments, treating medical practitioners, other allied health clinicians and the behaviour support practitioner.

All workers receive training in the implementation of the interim behaviour support plan by the Behaviour Support Practitioner before implementing the plan.

Interim Behaviour Support Plans

Interim

BSPs

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Within one month:
- An Independent person should be engaged to explain the use of restrictive practice to the participant
- Interim authorisation should be sought from the APO, within Independent Living Victoria or another service provider working with the participant
- The APO should consider the content of the interim plan for behaviour supports and be satisfied that the strategies outlined represent the least restrictive of alternative options which have an adequate evidence base for managing the risk.
- The APO should specify **the duration of the interim authorisation, which should be the shortest duration required to manage the risk, and must not be longer than five months.**
- The Director (or suitable delegate) **must report fortnightly to the NDIS Quality and Safeguards Commission on any use of restrictive practices, for the duration of the interim authorisation.**

Within six months:
- Authorisation for a comprehensive BSP should be obtained, or
- Restrictive practices must be discontinued.
- Where approval for the short-term use of RRPs has been obtained, Independent Living Victoria must submit reports to the NDIS Commission every 2 weeks while the approval is in force

Where appropriate, the behaviour support practitioner may develop an interim plan for behaviour supports (including RRPs) that prescribes the following:
- strategies to prevent the onset of the behaviour of concern;
- strategies to intervene during the escalation of the behaviour of concern;
- strategies to manage during the occurrence (i.e., incident) of the behaviour of concern in order to de-escalate and conclude the incident as quickly and safely as possible;
- information recording, including that prescribed for reporting the use of the restrictive practice.

The Interim Behaviour Support Plan Template can be used as a guide to complete an interim behaviour support plan. This form is approved by the NDIS Quality and Safeguards Commissioner for the purposes of section 23 of the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018